**ABUSE IN CARE ROYAL COMMISSION OF INQUIRY TULOU – 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’imuamua 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

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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]**

# [Samoan song]

1. **MR POHIVA:** Thank you very much, Commissioners. Can I ask that you remain and we'll just
2. do a quick swap over for our next witness.
3. **CHAIR:** Very well, thank you. This is what's called a pregnant pause.
   1. **FOLAS*Ā*ITU DR APAULA JULIA IOANE**
   2. **MS SHARKEY:** Commissioners, our second witness of the morning is Folasāitu Dr Apaula Julia
   3. Ioane. Dr Ioane, as we've discussed before, you would prefer during this talanoa to be
   4. called Julia?
   5. A. Yes.
   6. **Q.** Okay.
   7. **CHAIR:** Julia, welcome back. Julia has been in front of us in several guises, not the least of
   8. which as a fine facilitator of one half of the talanoa yesterday, and so that was like a good
   9. beginning, I think, towards where we're going today. But now you've turned into a witness,
   10. so before you start, if I just ask you to take the affirmation. Do you solemnly, sincerely and
   11. truly declare and affirm that the evidence that you'll give, the expert evidence you give
   12. today will be the truth, the whole truth and nothing but the truth?
   13. A. Yes.
   14. **Q.** Thank you.
   15. **QUESTIONING BY MS SHARKEY:** Julia, before we get into things, are there any comments
   16. you would like to make?
   17. **A.** Ou te fa’atalofa atu i le tatou mafutaga i lenei aso. Le paia o le mamalu o commisoner.
   18. Faapea lou afioga Alimuamua Sandra Alofivae. Ou te faafetai i le agaga lelei o le atua ua
   19. mafai ona tatou fa'atasi ai i lenei aso. Ae fa'apito ona ou fa'atalofa atu i le tatou nei
   20. survivors, malo lenei aso. Malo lava le onosa’i. Malo le soifua manuia.
   21. Ka tangi te tītī, ka tangi te kākā, ka tangi hoki ahau, tīhei mauri ora.
   22. Ko Vai te maunga, ko Polynesian Airlines te waka, ko Ngāti Hāmoa te iwi.
   23. Ko Fasitouta leova’a lotofaga leo lu’uega tōku hapū
   24. Ko Taotega atefenua I’iga Curessa tōku māmā
   25. Ko folosai Kotaigalala Ioane tōku pāpā
   26. Ko Antony Joseph tōku tāne
   27. Ko Apaole Julia Ioane tōku ingoa.
   28. Tēnā koutou, tēnā koutou, tēnā koutou katoa.
   29. **CHAIR:** Tēnā koe.
   30. A. Firstly, I wish to acknowledge the survivors here today, those who are not able to be here
   31. and those who are no longer with us. I've been truly humbled by your presence, listened to
   32. your stories and marveled at your resilience and bravery to speak and to share your talanoa,
   33. and I hope that the sharing of your story has provided you with some comfort and peace in
   34. knowing that you are being heard. I also hope that I'm able to do you justice and honouring
4. your stories and provide a little bit of expertise in my area of psychology and Pasifika to
5. ensuring that this does not happen again for our Pasifika communities, our children and our
6. youth, now and in the future.
7. I wish to acknowledge our Commissioners and our Pasifika Commissioner,
8. Ali'imuamua Sandra Alofivae. It is with great honour that I am here speaking in front of
9. you today.
10. Finally, I really want to acknowledge the Pasifika team of this Inquiry, malo le
11. faiva, malo le onosai. I empathise with you all on the journey you have taken to be part of
12. this challenging yet crucial moment in creating a new history for our Pasifika people.
13. I apologise now if I get a little bit emotional. It's interesting when you -- as I sit here, all of
14. a sudden, I'm getting just the memories and the thoughts of all the children and the young
15. people and the families that I have worked with, so I apologise in advance.
16. **QUESTIONING BY MS SHARKEY CONTINUED:** Thank you, Julia. Your qualifications are
17. attached at appendix 1 of your statement. The Commissioners have your statement, they
18. have read your statement and it will be available later on on the website, but to summarise,
19. you are a registered clinical psychologist and an associate professor in clinical psychology
20. at Massey University. If we could just start, could you please tell us what is a clinical
21. psychologist for those of us that don't know?
22. A. It kind of depends on who you talk to but, look, with the children and young people that
23. I work with, they tend to think that you see a psychologist when you're mental, or when
24. you're crazy, that tends to be the common response. But if I put it simply, it's really our
25. role is to look at people's behaviour to be able to try and figure out what's going on, what's
26. caused the behaviour, what's led to the behaviour, and then what do we need to do to be
27. able to protect the behaviour. We help to -- our role is to really help our children and
28. young people. We help the judges in court, we provide therapy, it's not a very well-known
29. profession in our Pasifika cultures. I worked in Samoa in 2019 and one of the things that I
30. had to do was really try and figure out where does psychology fit within the fa'asamoa and
31. within our justice system in Samoa. And that was a challenge, it was a good challenge, and
32. it highlights the difference in our worldviews.
33. So our opinions come from our research, it comes from our practice, but for me as
34. a Pasifika person, it's important too that I draw on my own lived experience and my own
35. worldview. If you had to ask my father what a psychologist does, he would say there's no
36. purpose for a psychologist because if people need help, then they should either go to church
37. or talk to their family. It highlights just the difference in our worldviews. And if I'm going
38. to be really honest, I'm probably the least successful out of his three daughters because I
39. was the last one to get married and I still don't have any children. So it highlights, I think
40. for us, just remembering what achievements really look like within the different
41. communities that we serve.
42. **Q.** Thank you, Julia. For the benefit of those watching here in the public gallery or on the
43. livestream, can you please explain what you will be discussing with us this morning?
44. A. I'm going to talk about child abuse and trauma. In this, I draw mainly on my experience
45. working with Māori and Pasifika young people and their families in our Care and
46. Protection and our youth justice systems. I also draw upon over 40 years of lived
47. experience as a bilingual New Zealand-born Samoan with childhood experiences of living
48. in Samoa as well as here in Aotearoa New Zealand. I also wanted to note that I am aware
49. of the different mental health disorders and the substance addictions and the medications,
50. though that has already been discussed by many of our expert witnesses and many of our
51. survivors. So I just wanted to state, whilst I acknowledge that, the purpose of my talanoa
52. will be looking at abuse and trauma. I will not be commenting directly on any of our
53. individual Pasifika survivors. I haven't interviewed them, nor have I had any contact with
54. them. In my talanoa, though, I'm going to focus on the similarities amongst the Pasifika
55. groups, but I don't make any attempt to speak on behalf of the Pasifika communities.
56. Finally, it's important to note that I don't have a lived care experience of being in
57. the care system, though I continue to work with and for our children and young people and
58. their families who are navigating their way through our Care and Protection and our youth
59. justice systems in Aotearoa New Zealand.
60. **Q.** Okay, so we'll start with paragraphs -- looking at paragraphs 5 to 7 of your statement about
61. who you are, if you can just take us through that, please.
62. A. I'm a New Zealand-born Samoan, raised here in Aotearoa with strong ancestral links to the
63. island of Samoa in the South Pacific. I'm a clinical psychologist. I have been in practice as
64. a psychologist since 2011, part-time practice in 2012 and I'm an associate professor.
65. As a New Zealand-born Samoan, the first few years of my life were spent in Ponsonby, Auckland,
66. with many other Pasifika communities in the early-mid 1970s. However, the gentrification
67. of Ponsonby led for my family to relocate to Otara in South Auckland where I was raised.
68. My parents were migrants from Samoa, both blue collar labourers, despite being a school
69. teacher and a plantation owner in Samoa. My parents raised us in the epitome of the
70. fa'asamoa where we were taught only to speak Samoan at home and English in school.
71. Oddly enough, my parents never really spoke to us about the Dawn Raids. Rather, their
72. response was for their three daughters to be educated and never to forget the power of
73. prayer, humility and the reasons for their migration.
74. Before I became a clinical psychologist and probably what's relevant to today, I worked in a mental
75. health community residence as a support worker and I've worked as a youth worker in a
76. secure youth justice facility. I worked in many of our child and adolescent forensic and
77. mental health settings in the past, and I continue to work in our Care and Protection and
78. youth justice environments.
79. I've given evidence in court, continue to give evidence in court in our Family, District and High
80. Court jurisdictions while working in roles with Oranga Tamariki, New Zealand Police and
81. Corrections. I became a consultant psychologist for the judiciary in Samoa, providing
82. psychological expertise within a cultural framework for the justice system. I'm also a
83. member of the Institute of Judicial Studies in Aotearoa New Zealand.
84. **Q.** Can you share some of your experiences as a psychologist academic and even back as a
85. student?
86. A. When I was at uni, I didn't really have many issues, the reason being I think was because I
87. had no intention to learn about my culture and my identity at university. That's not what I
88. was there for. It wasn't in psychology, and at that time it was okay because all of my
89. culture, all of my fa'asamoa was at home, at school -- sorry, in the church and in the
90. community.
91. But I think now things have evolved and the more and more we continue to live
92. here in Aotearoa New Zealand and the more and more our people need support and we
93. need to be talking with our people, there is a need to have that in the curriculum, which is
94. why I went back to university as a lecturer alongside with Dr Siautu Alefaio-Tugia over at
95. the psychology programme at Massey University to try and influence the curriculum,
96. because there's no point if there's only a few of us as psychologists when there's no-one
97. coming in after us, and that was our reason for going back in.
98. But, look, I'd be lying if I said I didn't experience racism throughout my life as a,
99. you know, as a psychologist or as an academic. I remember wearing a t-shirt that had
100. "Psychology" on it at one of the tertiary institutes, I was a lecturer by then, and a colleague
101. stopped me in the hallway and asked me where did I get my t-shirt from, I explained it to
102. her, and then she asked me why I was wearing that t-shirt. I said to her, "Because I like it.”
103. Then she asked me again, "Yeah, but why are you wearing that t-shirt?" Because it had
104. "Psychology", you know, just plastered on the front. And I said, "I like it.” When she
105. asked me the third time, I said to her, "Because I can", and her immediate response was,
106. "You can't, you're not a clinical psychologist", and yet I was, and I found myself trying to
107. convince my colleague that I am a clinical psychologist and I've been her colleague for
108. a year sitting in meetings with her and yet her immediate response was that I couldn't,
109. because I wasn't a clinical psychologist, and when I told her, her response was, "Oh, okay",
110. and just kept walking. And the shame I felt -- I didn't expect to get emotional because you
111. don't want to show your emotions but, yeah, I think I didn't go back to uni for about four
112. days and just worked from home.
113. You know, the thing is for us is that we might be professionals, the so-called word
114. of "professionals", but often we experience racism throughout our different interactions
115. with people and you try and rise above it. Even in my own community, it's not uncommon
116. for people to think -- for our own Pasifika people to think that I'm the sister of the young
117. person who's done the offending behaviour, or more recently the mother, because I think
118. I've aged, so they think I'm the mother now of the young person who's offended, but never
119. an immediate thought that I am a psychologist.
120. It does exist. For me, I think because of my upbringing, I take it that it's their
121. problem, it's not mine, but I will focus on how to influence the way in which we teach
122. psychology and how we target and recruit Pasifika into psychology.
123. **Q.** Right, so you've heard a lot of people talk about the need to build the Pasifika workforce.
124. What are your thoughts on that?
125. A. Honestly, I think enough has been said, you know, we just need to put it into action. This
126. has been around for a while, you know, we've had these diversity programmes, but the
127. thing is, is that whilst we might have these diversity programmes where we target a certain
128. percentage for Pasifika, there's no pathway to get them into those particular roles. And it's
129. really -- it's just being set up to fail, because if there's no pathway, then the assumption is
130. made then, "Okay, then, well, maybe they don't want these roles", and that I think is the
131. issue and when we look at who's making those decisions for us, it's generally non-Pasifika
132. but we're in advisory roles and we all know what advisory roles are, we're only giving
133. advice and there's no expectation that the other party are to take that on.
134. So, yeah, absolutely, it has to be strengthened, you know, but I also think that it's got to be
135. strengthened across the entire workforce. It's got to be led by Pasifika, working with
136. Pasifika and non-Pasifika, because we need to have that mutual respect and those reciprocal
137. relationships.
138. One thing that I want to put out to all of us that are in the room who have done well in our careers,
139. you know, the higher we go up the ladder, the greater the risk there is of us losing our
140. identity and losing our fa'asamoa and our fakatonga, so we have to be really conscious of
141. that when we're the only brown person in that room, that we go back to our community and
142. make sure that our communities, we're speaking for our communities and on behalf of our
143. communities. Never on our own bat.
144. **Q.** Okay, so just getting into the survivor voices that have come through, we're looking at
145. paragraphs 14 to 18. Just going back to your brief, what did you find from your review of
146. the survivor information that you have analysed?
147. A. So most of them were males, which is to be expected. Most of our -- most of the children
148. and young people in our Care and Protection and youth justice are males, but we have to
149. acknowledge there are a growing number of our females coming through as well. This -- in
150. the files that I looked at, more than half identified as full Samoan, with a large portion of
151. mixed Pasifika ethnicity.
152. **CHAIR:** If you're not frightened of Sharkey, be frightened of me.
153. **MS SHARKEY:** She's definitely not frightened of me.
154. **CHAIR:** We've got a green sign we can hold up which is really terrifying.
155. A. Can I have the sign here? Many were born here in Aotearoa New Zealand with the ages of
156. being placed in care from 18 months to 16 years of age. So the average age of these
157. children and young people with the survivor stories was 12. So I want you to really think
158. about what a 12-year-old looks like or what you were like when you were 12 years of age.
159. For most of the survivors, the trauma they experienced before, during and after continues to
160. have a long-lasting effect, as you would have seen from the stories. And whilst everyone,
161. all of them showed their resilience just by being here and sharing their stories, you know,
162. the hurt was huge, you know, and the harm was huge.
163. The care placements ranged, they were from mental health facilities, residential
164. placements, boys, girls' homes and church settings. But from the files I looked at, almost
165. three quarters of the abuse had occurred in boys and girls' homes.
166. **Q.** What led them into care?
167. A. It was a number of things, and I have to say it still exists even today. So before they went
168. into care, there was family violence between parents, parents taking different substance use
169. and abusing them, parents' criminal offending, and gang membership. Some of the
170. survivors talked about their negative experiences in the education system, language
171. difficulties and being bullied by teachers. Some also talked about their negative
172. experiences in church. Some talked about the issue around identity, not being accepted by
173. family members because they were, for example, part-Samoan or part-Palagi, and then how
174. that disconnected them from wider family groups.
175. The reality is, these children and young people got hidings, that's what they referred it to, we all
176. know what that is, but for some of them, there was grief and loss around the loss of a parent
177. that led to unmet emotional needs, the whole concept of just being disconnected.
178. **Q.** Just looking at paragraphs 26 to 30, what happened once they were in care?
179. A. There were a lot of reports from the survivors’ stories that I read of them being beaten by
180. staff and being sexually abused by staff, also from other young people in the residence
181. beating them, and being watched by other young people. There was also the trauma of
182. being placed in a secure room, and I've been in those rooms, and they, for me in my
183. opinion, is the last place that you would want to put somebody, a young child who is -- has
184. completely acted out and we put them in a room, four walls, a mattress, the toilet's there,
185. and then they're expected to think about what they've done.
186. Some of the children, while they were in care, they took off from care, they ran away. They also
187. talked about the racism that they experienced while in care, the difference in staff
188. treatments between the Palagis, the Māoris and the Pasifika, but also how they were
189. miscoded in their identity. Some of these children and young people didn't see their
190. families during the time they were in care and they, you know, expectedly, this is what
191. you'd expect, they expected, they learned antisocial behaviours, so they learned how to
192. steal a car, for example, or they learned how to just do some criminal offending behaviour,
193. and then others talked about the overuse of medication and electric shocks as having a bad
194. impact on their life then and now.
195. **Q.** In terms of the impacts, what happened after they left care?
196. A. You know, the problems continued, you know, the problems continued, but these problems
197. now related to social issues, to economic issues, psychological issues. So things like not
198. being able to get a job or not having the education to be able to apply for jobs, not being
199. able to get accommodation, and while they're trying to get those practical needs, at the
200. same time they're struggling with their emotions and they struggle with trying to build
201. relationships. Mental health issues like anxiety, you know, anxiety is the fear, if I put it
202. simply, it's the fear of what's to come, and you worry about it, and depression is the fear of
203. what's happened, the sadness of what's happened, and I know our children, our young
204. people, they don't call it anxiety, they don't call it depression, so it's our role to figure out
205. what's going on for them. Some were in and out of prison, some had joined gangs and still
206. are in gangs, but the issue around relationships for them is that some just didn't know how
207. to build a relationship.
208. I remember reading somewhere where they just didn't know how to love, and if we think about
209. human beings, if we think of ourselves, when we engage in a relationship, you know, this is
210. all about love and it's all about trusting that that other person is going to look after us, but
211. when you don't have trust, you just can't have the relationship, and that's so crucial to
212. forming any relationship, because if you think of us as Pacific, our identity is relational,
213. you know, that's how we see ourselves. We don't exist on our own, we always exist
214. because of our relationship with our family, our community, our village, our land, but if we
215. don't have that, then what?
216. **Q.** Some of what you saw with the survivors' statements was the intergenerational, their
217. children themselves going into care?
218. A. Yes, absolutely. What we see, and I'm sure most of you will know this, you know, the
219. cycle just goes on. You know, the cycle moves on from one generation to the next, despite
220. the stories that I read of wanting to connect with their children but not knowing how, and
221. then their children experiencing the same thing and being placed into the care of the
222. system. Even now, even in my work, I will come across families where the parents have
223. been in care and now their children are going into care.
224. **Q.** At paragraphs 34 and 35 of your statement, you note that there were a small group of
225. survivors who did have -- or who went on to have a positive experience after care. What
226. happened for them?
227. A. Those survivors talked about finding someone and having a supportive partner. They also
228. talked about re-uniting, reconnecting with their family, having good support people, good
229. mentors. Some talked about music and arts being like a saving grace for them. Some took
230. up counselling, and some learned about their Pasifika culture and finding their faith in God
231. and returning to church. So it's clear different things worked for different people, but what
232. was a common feature throughout all of them was disconnection, you know, disconnection
233. to family, connection to partner, connection to music, to creative arts, and then the creative
234. back to their culture and to their families.
235. **Q.** As you've given us in your statement, could you please just explain the summary of your
236. findings, Julia?
237. A. Just really quickly, before care, these children and young people were already experiencing
238. issues, okay, we've just got to state that, that was a fact that was going on within their
239. families, they were exposed to violence. At the same time, though, they were going
240. through the church, they were being raised within the church environment for some of the
241. survivors. During care, though, they now were being disconnected from their family and
242. from their community, despite the fact that it was violent, despite the fact that it wasn't a
243. good place or even, I think for one, there was -- it was unclear for the reason for them being
244. in care, they were still disconnected, and then the beating happens. Whether it be sexual
245. abuse or whether it be physically abused, and then you're identified as another ethnicity.
246. Imagine what this does to you when you're only 12. That's the average age of the survivors
247. that I looked at.
248. When they left care, the struggle continued, but they didn't have skills, they didn't
249. have skills on how to connect, they didn't have skills on how to build a life, and as I said
250. before, as Sharkey noted, they went on to have their own children and then their own
251. children were placed in care.
252. But there is still light at the end of all of this, there is still light, because for some
253. of these survivors, they found a strong supportive partner, they found family, they
254. connected to arts, music, and some returned to their culture or they found solace within the
255. church and within God.
256. **Q.** We'll have a look at this a little bit later, but in part 2 of your statement, you talk about the
257. Pasifika worldview essentially being a collective worldview, which I think we've heard
258. quite a bit about over the past two weeks, but could you explain further and whether there's
259. any difference when there is abuse and trauma in that collective worldview?
260. A. Sorry, Sharkey, could you just ask me that question again?
261. **Q.** No worries, yes, I can. So you speak about the Pasifika worldview essentially being a
262. collective worldview. Could you explain that further and whether there's any difference
263. when there is abuse and trauma in that collective worldview?
264. A. Thank you. So just really briefly, we all know that the Pasifika worldview, you know, but
265. there'll be differences and similarities, you know, we're a collective community, we -- you
266. know, we're not individual, our connection belongs to our family, our land. It's interesting
267. when I think about when I go into the homes and the first thing that I share with our
268. Pasifika family is not my title, not my qualifications, it's always going to be where I come
269. from, who I am. That's a bit of a tension with psychology and as a psychologist, because
270. we're not meant to disclose our personal -- you know, our personal background, but we
271. have to disclose our qualifications.
272. That's an example of the different worldviews. What's important to our people is not what's
273. important to the western world. What's important to the western world is that we have the
274. qualifications and the credentials and, yes, that's right, there's a place for that, but what's
275. important for us as Pasifika is that we know where we come from and when I was in
276. Samoa, man, I was drilled on that every day. Who are you? Who's your village? Who's
277. your family? Because that's what's important because what that allows the other party to do
278. is then they connection, they connect to that name, they connect to that village, they
279. connect to that land.
280. But when there is abuse and trauma, this is the struggle, because the abuse, when it happens within
281. the family, then what? Because your identity is all about the family, that's who you are,
282. and the same person that's meant to love you is also the same person that's hurting you. So
283. there's a tension, you know, that happens for a child or a young person and that's where the
284. struggle is. They don't know how to deal with that tension.
285. 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
286. vā 'ed out, but the reality is, and I'm just going to be really brief here, within the fa'asamoa,
287. the vā helps us to understand, understand our place within, and our structures. I just wanted
288. to borrow from the Pasifika team and their definition of the vā. They stated we must be
289. prepared to honour the vā for the greater good of our team. We must vā ha'a ngatae, know
290. our boundaries, know our place, and trust those who make decisions for us will do so with
291. respect and honour, for our voices they represent.
292. That's come from the Pacific team of the Inquiry, and it is interesting because there's some of that
293. that I think gets seen by those of us who have been abused or have done the abusing is what
294. happens is the vā accidentally -- not vā, it doesn't accidentally gets used, but the vā gets
295. used as the reason why we cannot talk about the abuse, you know, and as I've been
296. listening, if you think about the different -- you know, there's different vā in the fa'asamoa,
297. the vā feagaiga that was talked about yesterday between a brother and a sister, one of the
298. most sacred types of vā. If you think about it, that's where it starts, the relationship
299. between a brother and a sister, and if a brother and a sister, if that vā feagaiga is being
300. respected, then ideally how that boy or how that girl goes on to have future relationships
301. will be based on that, learning how to respect the other.
302. But what happens when there's abuse? It's the same as vā fealoaloa'i, the respectful relationships.
303. We prioritise that, and then when we make an error or we don't like what somebody else
304. does, I often hear us say ‘oh nah, teu pea le va, tausi le va”, but we're not being honest, and
305. I think that's one of the key things around the vā is also bringing in that in order to honour
306. and respect the vā, we also have to be honest. It doesn't happen, though, in my -- this is my
307. experience, it doesn't happen though when abuse occurs. Because some of our people will
308. say you've got to honour the vā, but what you don't realise is actually you're reinforcing the
309. abuse. That's where the vā I believe gets misinterpreted, it gets misused, it gets abused.
310. We abuse the vā when we honour the relationship and we honour the abuse, because that's
311. what happens. The way in which we do this is when we don't talk about it, we continue to
312. allow for the behaviour to occur. We keep saying to the person that's being hit or sexually
313. violated, "You should have kept your mouth shut.” We say that the relationship is what
314. governs the vā, but when there is harm and abuse, the vā has been breached.
315. The more and more I've sat over these two weeks, I don't think it's being breached anymore,
316. I actually think it's gone. You know, it is not there.
317. **Q.** And the significance of that?
318. A. It's huge in the area that I work in. Even with some of the men in the Islands, when I had to
319. talk to them about the abuse that they had done towards family members and within their
320. own families, they would say to me that they couldn't talk to me because I was female, but
321. also because we had to deal in tausi le vā. I respectfully had to say to them, "I acknowledge
322. the vā, but we're going to put it to the side", because at the end of the day, if we honoured
323. the vā, we wouldn't be here. I think that that's what's important. You know, there's a lot of
324. good stuff written about the vā, but we need to acknowledge and talk about when the vā is
325. breached; in my opinion, when the vā is gone.
326. **Q.** Right, and just keeping it on the vā, can you give us an example of how we as Pacific build
327. and maintain that vā?
328. A. Look, we do it every day, yeah, we do it every day without thinking. You know, when we
329. say hello to each other and we ask how our families are, we share our meals because it's
330. rude to eat a meal in front of someone when they're not eating so we share it, we show it
331. when we care for our elders, you know, our colleagues. But when a crime's committed, it's
332. really hard to restore the vā or bring back the vā. They talked about it yesterday in the
333. redress, you know, it's a process of responsibility, reconciliation, restoration, forgive,
334. forget, come together, and that's a hard thing to do. It's not impossible, it can be done, but
335. we have to acknowledge that it is hard.
336. **Q.** If you could continue, Julia, on that line, as in your statement, why it is hard to do?
337. A. You know, it's hard to do because -- I'll give you an example, I'll make this name up, let's
338. call him Jo, not that every person that offends is a male, so just stating that. But, you know,
339. so let's say Jo went out and committed a crime, say he did a burglary and it was an
340. aggravated robbery, pretty bad, and then somebody finds out and then they tell you, "Hey,
341. you know, did you hear about Jo?" Now Palagis and psychologists, what we ideally look at
342. is we look at the crime that's been committed, okay, we're meant to look at, okay, what's
343. going on, what's led to this behaviour. But for Pasifika, when we go, "Hey, did you hear
344. about Jo?" "What do you mean Jo, what happened?" "You know Jo, so and so's son, you
345. know, the guy that was at church the other day, yeah, aunty's boy, yeah, that Jo", and then
346. we go, "Oh, oh yeah, yeah now I know that Jo, what happened?" And then we talk about
347. the offence. And then we go, "Oh actually, yeah, that's sorry-- Lafoa’i -- that's Lafoa’i's
348. son, or that's Peturu's boy”. Oh, well, you know what goes on in their family.” So we
349. forget about the crime, we haven't even talked about the crime, but we talk about the
350. parents, or the families, you know, because that's our identity, that's how we relate as to the
351. people, to the connections that are there.
352. That's why it's hard to bring that forward, you know, to really acknowledge the vā, because you're
353. not looking at the individual and you're not looking at the crime, you're looking at the
354. family. The individual doesn't exist in Pasifika communities, it's the family.
355. **Q.** Moving to other paragraphs in your statement, 43 to 44, you talk about two particular
356. values. Is there anything else we need to know when thinking about our children and
357. young people in the Pasifika worldview and in care?
358. A. I wanted to focus on two values that I see in my work in these residences. One of them is
359. respect, fa'aaloalo, and faka'apa'apa, as well as humility. Our children and young people,
360. they've been taught right from the getgo that they must respect their elders, they must
361. respect their parents, and it's a blessing to look after our parents and our elders. The Bible
362. even tells us, honour thy mother, thy father, ia e ava i lou tamā ma lou tinā, ina ia
363. faalevaleva ai ou aso , it's in the Bible. The thing is though, it doesn't tell us though what
364. happens when parents or elders or the community or our families don't look after us, don't
365. look after our children or our young people. That's the confusing part, I believe, for our
366. children.
367. If we think about humility, our children are taught to be humble, you know, let someone else speak
368. first, let the other person sit down, let them eat first. But what happens when you're hurt by
369. a family member, then what? Because as a child you don't want to disrespect them. You're
370. afraid of them. You don't want to -- you know, you don't want to make -- tarnish the family
371. name, but you don't want to get trouble either, because your parents, you know, you're
372. going to get in trouble with your parents. But then what if your parents are the ones that are
373. hurting you? So what do you do? You keep it in, you just keep it in, keep it in, until one
374. day it burst, okay, and that's where they act out, they take off from home, they've gone off
375. and hit someone, and what we have to realise though is that when a child acts out, it's only
376. because they don't have the words to say what's really going on for them.
377. 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
378. remember that those in care and in youth justice residences and even in our prisons, they
379. don't necessarily see or feel God. And nor do they want to, okay, because of the hurt that
380. they've experienced. So we've just got to be mindful of that when we're working with them
381. and as we interact with them. You know, our religious leaders, our ministers, they're right
382. up there, you're our messenger from God. Someone with great power and respect, if I think
383. of the Cook Island culture, when there are sexual issues, it's related to mana and it's related
384. to tapu. So mana is a concentration of power in gods and spirits, individuals or objects, and
385. tapu are things that are forbidden, they're set apart to be avoided because they're either
386. divine or they're corrupted. But mana can violate tapu. What happens, what occurs then is
387. that the consequences aren't as much, and the boundaries are not the same as the likes of
388. you and I. Because this is how we regard our church leaders, this is how we regard our
389. faifeau. I've worked with some great faifeau with our families, but I also know from our
390. children, our young people and our families who are involved in the justice sector that
391. they've disconnected from the church because of the backlash that they have received.
392. So we have to really be mindful of that, there is absolutely a role of our churches
393. with our children and young people in care, but our churches are filled with human beings.
394. And humans, we talk, and we have to really be careful of what we say because it's not
395. uncommon for these families that I work with, that they've come away from the church
396. because there's been a lot of gossip, okay, there's been a lot of talk about what's going on
397. for their child or for their young person. So don't assume that all Pacific people want a
398. spiritual intervention at that point in time, because the quick response that might come to
399. you, and it's happened to me, "Where was God when I needed him?" So what's important
400. is building the relationship, which I'll talk about later, and at the same time you still hold on
401. to your Christian values and your Christian beliefs.
402. **Q.** We'll have a break now.
403. **CHAIR:** All right, we will take a break. I think everybody would like a cup of tea, I certainly
404. would. Before we do, Commissioner Steenson's going to leave us, she has a tangi to attend
405. this afternoon, so I just on behalf of the Commissioners thank her for her contribution for
406. the last two weeks and wish her well. Thank you.
407. **MS SHARKEY:** Thank you, Commissioner Steenson.
408. **COMMISSIONER STEENSON:** I just want to say, e mihi ana ki a tātou. Tātou kua
409. whakakotahi mai ki te tautoko i te kaupapa i tēnei wā. Nō reira, tēnā koutou, tēnā koutou
410. katoa.
411. **CHAIR:** 15 minutes.

# Adjournment from 11.35 am to 11.55 am

* 1. **CHAIR:** Welcome back, Dr Ioane or Julia.
  2. **QUESTIONING BY MS SHARKEY CONTINUED:** Julia, thank you. We're just going to
  3. move on to something in your statement. You talk about common misconceptions about
  4. child abuse, we're looking at paragraph 51. Why were the voices of these children not
  5. heard at that time? It's what you describe as delayed disclosure. Can you tell us about this,
  6. and just to clarify, this is about delayed disclosure of abuse, whether in family or in care,
  7. right?
  8. A. Yes.
  9. **Q.** Okay, thank you.
  10. A. It's most commonly in the research around sexual abuse, but it is -- it can be applied
  11. towards those who have been physically or emotionally abused. The thing with telling
  12. somebody is that it's really hard for a child to do that, and that's quite common. Most of the
  13. research, and this isn't just focusing on Pasifika, actually there's probably none on Pasifika,
  14. but most of the research tells us that children and young people don't tell when they've been
  15. abused. When we think of Pasifika though, and I think of when I have to give evidence,
  16. Pasifika takes it to another level, because it's all about family and it's all about culture. So
  17. we honour the relationship, and the way in which a child or a young person honours the
  18. relationship, without recognising that they are, that they put it aside, because they fear that
  19. they might not be believed and they might be blamed. So they give respect to the parent or
  20. to the staff member or to the elder because of their age, because of that staff member's
  21. ranking, because of that parent's or the adult's position in the family, but it's not necessarily
  22. because of character or of service, it's just automatically given to them, that respect. The vā
  23. also makes it difficult because family is the priority. So children and young people who
  24. have been abused, they generally don't tell.
  25. **Q.** You refer in your statement about cases where children do tell, we're looking at paragraph
  26. 53 and something you call dead-end disclosure?
  27. A. Yes. So dead-end disclosure is what we see in the research with regards to sexual abuse.
  28. It's when the child or the young person tells someone but nothing happens. They might tell
  29. an adult and the adult might not believe them because they think it's too weird to be true,
  30. surely it can't happen. Or they tell another child, and when you tell another child, you can
  31. expect that nothing will happen. Or they do tell an adult and that adult is aware of what's
  32. going on, but they've chosen not to tell, because of what's going to happen to the family if
  33. 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.
35. **Q.** Thank you, Julia. So just to recap, you've given a bit of the background of the survivors --
36. A. Yes.
37. **Q.** -- that we've heard in this hearing, you've taken us through a Pacific worldview, breaching
38. of the vā and why people might not disclose or share, and that comes from the abuse. So
39. now what we'd like you to do is if you could comment on the psychology of trauma and
40. abuse within Pacific communities and in your role as a psychologist and academic. That
41. sounds like a lot there, so we'll start with a simple question, what is trauma?
42. A. Okay, so trauma is the experience, it's what happens to us when we've had a traumatic
43. experience. So for example, if you've had a -- if you got a hiding, if you were sexually
44. abused or if you witnessed abuse, the trauma is the experience of it, okay, what's going on
45. inside. And the experience from the research and from the people that I've worked with, is
46. the disconnection, the body separates from the mind, the mind separates from the soul, and
47. that's the disconnection, that disconnection there of the body, the mind, the soul, the spirit
48. separating, that's the trauma. It's not uncommon for me when I'm dealing with, you know,
49. with women who've had abuse or even our children, young people, that they define it as,
50. "I feel so broken.” And the reality is they are. You know, the mind's disconnected from
51. the body, from the spirit, from the soul, and if you think of us as Pasifika, we're all about
52. connections, you know, we're all about identity. But what happens to that relationship with
53. the body, the mind, the soul, the spirit, has been disconnected. You know, what then is our
54. identity?
55. Because people with trauma, they don't feel safe in their bodies, you know, because for them, very
56. much that experience, that traumatic experience and the trauma, they're still feeling it, and
57. they become really good at ignoring their feelings. You know, it's what we often call
58. desensitisation, but they've just -- or disassociation, sorry, they've just -- what they've done
59. is they've just ignored what's going on for them and how they're feeling. Sometimes it's
60. just easier to stay angry, because if you start going into those negative feelings of sadness
61. and distress, that makes it even worse, so they push it away.
62. If I give you an example, let's say you met a really -- let's say you met a really nice person and you
63. thought, "Oh, this is somebody that I could really have a good relationship with", so most
64. of us in the room would think, "Oh, yeah, this is good, I'm going to stay connected to this
65. person" -- well, I'm not going to say I'm going to stay connected, we'll say, "I'm going to
66. hang out with this person", but somebody who has trauma will say, "This is a really good
67. relationship, but how long is it going to last?" And then somebody, another person with
68. trauma might even take it a step further and say, "This is a good relationship. How long is
69. it going to last, though? So you know what? I better just cut it off now, I better just end the
70. relationship now.” And we see that a lot when our children and young people are in care,
71. and they, you know, they damage placements in terms of, they damage their relationships
72. with their caregivers. And so the system steps in and says, "Okay, we'll take you to another
73. placement", and it's not uncommon they just get shipped from one placement to another
74. placement because the reality is they've either assaulted that carer or there's been a bad
75. relationship.
76. What we don't realise is, actually, that's the point, that's why we have to put support into the carers.
77. Because we want the child -- we need the child to stay there, stay in that one placement,
78. because all we're doing when we're moving them from one placement to the next is we're
79. telling them, "You know what, you're not good enough, and because you're not good
80. enough, we're going to take you out.” The child sees that as well, "I'm not good enough,
81. I'm a bad person, I can only rely on myself", and that's where all the distress comes
82. through.
83. **Q.** Okay, just continuing along that vein in your statement, you talk about different types of
84. trauma. Could you explain that further, that trauma is not all the same?
85. A. Yeah, I mean this is how we as psychologists kind of just make sense of the different
86. traumas that can occur. So as I said before, trauma is the experience that happens to you
87. within your body, within your mind, within your soul. But when we look at trauma, there's
88. three types of trauma. There's complex trauma, which is where anyone can experience
89. different types. So they might experience being physically abused, being sexually abused,
90. being emotionally abused, all at the same time. That's the complex trauma.
91. The chronic trauma is when they're experiencing the same type of trauma day-in day-out. So it
92. could be the physical abuse in care just ongoing everyday. That's the chronic trauma.
93. We have the cumulative trauma, though, which is when both of those exist, when you've got the
94. chronic -- the complex trauma, which is the physical abuse, the sexual abuse, the emotional
95. abuse, all happening at the same time, and it's happening almost everyday, just consistently,
96. or even every week.
97. So if you think about that, if you think about cumulative trauma, which is basically what many of
98. our survivors in care have been going through, think about that happening and yet you're
99. only 12. What's going on? Because there's been a disconnection, the disconnection
100. occurred when the abuse happened at home, so there's a disconnect from the mind, the
101. body, the soul, the spirit, then they've been disconnected again when they've been removed
102. from home. They've been taken away from their family and the world that they've known
103. and they've been removed without contact. Then the disconnection occurs again when the
104. abuse has happened in care. It happens again, the disconnection, when they've left the
105. system, they've been discharged from the system. And then the disconnection occurs again
106. when they've disconnected from their own next generation, from their own children.
107. **Q.** Just looking at those types of trauma, when children are in care, just thinking about the
108. State -- when children have suffered abuse before they've come into care, but then more
109. abuse occurs in State care, the accountability of the State, so are the State only partially
110. accountable, so do you quantify the abuse, excluding what happened to a survivor prior to
111. coming into State care?
112. A. I think everyone is responsible. Everyone has to respond, but in turn for everyone to
113. respond, we've got to have access to equitable resources. We've got to be able to have the
114. same resources across all of us. And when I'm saying everyone, I'm talking not only about
115. the system, but also within our communities, we've got to have the same resources. So this
116. goes into the discussion around improving equity and making sure that those of us who
117. don't have -- or who need it are able to access those services. The reality is that you can't --
118. you know, you can't kind of separate the trauma, you can't say, "Oh, okay, your experience
119. that happened here when you came into care at eight, we're only going to deal with that
120. trauma.” It doesn't happen like that. But the reality is when the child or the young person
121. came into care, they needed to. Not necessarily into the care of the system, but someone
122. needed to intervene, someone needed to come in and step in and say, "Hey, this is not
123. okay", because these children couldn't be left there.
124. What we have to remember, though, is that the responsibility of the State or the responsibility of
125. the Government is to protect all its citizens, make sure that they care and heal when they
126. come into their care. But, rather, what happened to our children and young people in care
127. is they experienced a cumulative trauma, that's where the trauma continued and it got even
128. worse, it intensified. So just imagine what does this do to your insights, what does this tell
129. you about yourself, about your world? It's not great, it's not good at all, and no child should
130. ever go through this.
131. **Q.** Okay, just moving on to paragraphs 61 to 67, looking at the impacts of abuse. Julia, can
132. you tell us what leads or contributes to that, and you've outlined some different sections
133. that you'd like to go through, starting with socio-economic harm?
134. A. Yes, I think it's important to note that, yes, you know, for our children, before they went
135. into care, there was harm from families, we know that. But it wasn't on its own. You
136. know, there is the influence of poverty, the influence of racism, the influence of migration
137. that conflicted with our traditional ways of being. That contributed to the issue. You
138. know, people struggle -- when we can't make sense of things, we struggle, you know, we
139. get stressed out, and when we don't have the resources to manage, we -- you know, we flip
140. off, you know, we fly off the handle, you know, we yell, okay, or we start to get aggressive.
141. If you think of the Dawn Raid era, at that time there was a lot of terror there, there was fear,
142. there was anxiety, and even though that happened like more than 50 years ago, the trauma
143. or the experience of that still gets translated from one generation to the next. In the -- with
144. the boys that I work with, when they talk about their experiences with Police, for example,
145. it's not uncommon for some of them to refer back to the Dawn Raids even though they
146. weren't even alive. But they hear the stories, you know, from their parents, and they don't
147. trust, you don't trust -- you know, they don't trust services, they don't trust authority. So
148. there's that that comes into it.
149. You see, if we think about our kids in the care system and those who have been in the care system,
150. generally speaking, none of them come from affluent families like some of us that are in the
151. room, like most of us Pasifika in the room. So we've got to take note of our own diversity
152. when it comes to socio-economic status. We've got to be the ones to hold the baton up for
153. those of us who don't. We've all got strengths, we just need to make sure that we're using
154. them for those who are not able to access those services.
155. **Q.** Just moving on to the loss of attachment and neglect.
156. A. Attachment is -- you know, it's one of the biggest things within psychology and especially
157. when you're working with children and young people. Attachment is about the bond that
158. develops between a caregiver, or a parent with the baby from birth. So if the parent is
159. trusting and loving, it allows the baby to go off and explore the world. It allows the child
160. that if they get upset, they can see their parent and it's okay, they can self-serve, they can
161. calm themselves down. It's also what allows them to create like a template of how future
162. relationships are going to be.
163. But when a child is being raised where they've been unloved or they've been abandoned or the
164. parent might be there for them one day and then they're not there for them to the next, the
165. child realises that they can't trust the world, no-one cares, and so there's no secure base for
166. them. That's what leads to the difficulties that they experience, they're not able to calm
167. themselves down, they're not able to love, and they flip out, and when they go to school or
168. when they have relationships or friendships, they -- you know, they break down those
169. relationships. Because the first relationship or the first attachment that they had with their
170. parent or caregiver wasn't great, so that becomes the model as they continue to build further
171. relationships.
172. It's something that we always have to speak about in court, because we've always got to think
173. about that primary attachment, but it's different when it comes to Pacific people, because
174. when we think about the theory of attachment, it's a Palagi theory and it's a Pākehā theory.
175. I'm not putting it down but I'm just stating that it's a western world theory. But what we
176. forget is that Pasifika come from a community worldview, so our attachment or our bond is
177. not always to one parent. You know, if you think of all of us, we would have been raised
178. by our grandparents, we would have been raised by an uncle, an auntie, even an older
179. sibling. So, yeah, when there is danger in the home, absolutely, you've got to remove the
180. child from the danger, but you've got to make sure that they still stay connected to those
181. other attachments, to the grandparents, to their sisters, their older brothers, to their aunties
182. and uncles, and that's the tension that I have to explain in court, is that our attachment is not
183. just to one person, our attachment is to our families, and we have to bring that into account.
184. **Q.** So when children are in State care?
185. A. Yes.
186. **Q.** The importance of them having a relationship with their family in terms of contact?
187. A. Absolutely. So it's important to keep that relationship going, and it might not be with -- it
188. shouldn't ideally be with -- it shouldn't be with the person that's caused the harm to start off
189. with, okay, it needs to be with the other family members. But at the time that -- so the
190. person who's doing the harm, they need to get the support, they need to get the
191. interventions so then they can rebuild that relationship with that child. Because children,
192. they often think that if they can't see their father anymore because their father's been the
193. one that's abused them, they will think that it's because that's their fault, they've disrupted
194. the family, because dad's no longer living there.
195. So, yes, there shouldn't be contact -- on a case-by-case basis, you have to review that, but dad also
196. needs to make sure that they get support. When they're in care, the relationships with staff
197. members are just as important. You know, that's what we have to remember, when they're
198. in the care system, those of us that are working in the care system must remember that our
199. relationship with those children and those young people are just as important as the
200. relationships with their families.
201. **Q.** Can you elaborate on that just a bit, the importance of that child's relationship with those
202. staff that you're just talking about?
203. A. Remember, when they've been placed in care, we've removed them from the only world
204. that they've ever known. So they're likely to be distressed, they're likely to be upset, they're
205. likely to be angry. And what you're doing in care is you're giving them another way of a
206. relationship. Because if they've come from a violent background, your role in care is to
207. provide them with a different type of relationship. Not all relationships are violent, not all
208. Pasifika people are violent, not all Palagi people are violent, but your role is to introduce
209. them, to provide them with a different way of relating, and that's why it's important,
210. because if the carer is going to be the same as the person who hurt them in their family,
211. then all you're doing is just reinforcing to the child and the young person that this is what
212. relationships look like, and then that's how they go off and build future relationships.
213. **Q.** Thank you, Julia. Okay, so just looking at paragraphs 68 to 80, if you could just give us a
214. general overview of the impact of abuse.
215. A. You know, the survivors have already told us that the cycle repeats itself, you know, that
216. the violence occurs, whether it be within their families, you know, outside of their families,
217. the violence continues, whether it be physical violence, sexual violence, emotional
218. violence. I also just wanted to highlight, yes, I'm talking about trauma in relation to
219. physical, sexual, emotional violence, but trauma also includes the trauma of being in -- you
220. know, watching a natural disaster, okay, watching, you know, being part of the war, but just
221. stating that I'm only talking about this type of trauma.
222. You know, if you think about -- I mean I was raised in it too, the children are seen
223. and not heard, you know, it's just no longer acceptable for our Pasifika families. This is
224. where we have to remind ourselves that as we've migrated away from our Islands, things
225. have changed, and that includes our values and our principles, not that they've changed
226. completely, but they've evolved, they've evolved because our children and young people
227. are not raised in the same environment as our parents who were born and raised in the
228. Islands were, because that's what I was raised in.
229. We have to be honest here as a community. We all know this, violence breeds
230. violence. I'm going to argue that, actually, that's not new, you know, if you look at our
231. reports in the Pacific Island countries, there's been a lot of stuff looking at violence in our
232. communities back home. But for us here, a real change has to occur, it has to occur now
233. because we've run out of time, you know, that's the reality. We have to review our
234. understanding of the vā when it comes to this, when it comes to our children and care,
235. children in Care and Protection, youth justice and in prisons. We've got to review our
236. understanding of respect and humility.
237. It's understandable that the state did intervene, but someone needed to come in,
238. someone needed to help us, but the interventions that were given, either they were poor,
239. you know, they were just poor methods of delivery, they had poor processes, there was
240. systemic biasness, there was racism and there was further abuse. We have to acknowledge
241. that as well, but we also have to state that when there's poor relationships and there's no
242. skills, the child or the young person stays in that trauma. They stay as if they're
243. re-experiencing that traumatic experience again and again.
244. **Q.** As we've discussed, you'd like to say a bit about our younger children. What happens to
245. them?
246. A. One of the survivors nailed it yesterday. He actually described it really well and I'm going
247. to take from, you know, from his words, helpless. Just feeling completely helpless and
248. having no voice. It's scary, they just go with whatever's being done to them, but when they
249. get older, that's when the change occurs. You know, they've moved from Care and
250. Protection where they just give in to what's going on for them, but when they get older,
251. that's when they start acting out. That's when they start acting out towards other peers,
252. that's when they start acting out and damaging stuff. I always find that really interesting in
253. my work, that when it's a child in Care and Protection, the system when all of us just go,
254. "Okay, we need to make sure we put the right interventions in place, we need to do this, we
255. need to do that", but the moment that child hits the age of 14 and they continue to engage in
256. offending behaviour, they switch over to youth justice and all of a sudden they need to be
257. held accountable. Yes, we put in the intervention, but they need to be held accountable. So
258. we focus on their behaviour, but we forget that it's the same child that was growing up in
259. care, and is continuing to be in the system. So it's the same kid with the same needs.
260. **Q.** Okay, and just getting even younger, the impacts on babies when they are exposed to
261. violence, or some children, when they've experienced violence. We're just looking at the
262. impacts on babies.
263. A. Some of you may have heard the term "first 1,000 days”. You know, the first 1,000 days of
264. a baby's life, right from the moment that the mum has conceived the baby, that's where the
265. day one starts. The reason why that's important is because that's when the brain, the body
266. and the immune system, that's where it does a lot of its growing, okay, and that's where it
267. does a lot of its developing. So it's those first 1,000 days that are really important, because
268. that's where the foundation gets set for life-long health. If you think about a house, for
269. example, it's where the ground is, you know, we've got to make sure that those foundations
270. are really done well right from the beginning, like the first 1,000 days. And as we've been
271. talking -- there's been a lot of talk about the Fonofale model, and if you go back to the
272. Fonofale model, what's at the foundation? It's the family. And that's the crux of it, if the
273. family, the mother is not grounded well, then when a traumatic experience occurs for the
274. child later on in life, there's going to be -- there's going to be an impact. So the first 1,000
275. days is all about making sure that from day one, the mother is being supported, because
276. that's where the brain, the body and the immune system does most of its growing, that's
277. where it's growing and developing. And, you know, we already know this. I remember
278. growing up at home and every now and again the pregnant women would come and stay at
279. our place and I'd ask my mum, "How come so and so's staying over", and my mum would
280. say, "Oh, she needs to be looked after, we need to make sure she's fed well and she's not
281. stressed out", and I would be like, "Why's that?" Mum would say, "Because if the mother
282. is stressed out, then the baby is stressed out, and that's not a good thing.” That's stuff that
283. we already know as Pacific people, that's our science, that's our way of being and we need
284. to bring that into the way we do things now and really make sure that those first 1,000 days
285. are very crucial to how a baby develops, but more importantly, what their life is going to
286. look like in the future.
287. **Q.** Thank you, Julia. We've heard in this public hearing about fight or flight or freeze mode.
288. Can you just take us through that, please.
289. A. It might be easier if I do a hand model. This is the hand model of the brain. This is done
290. by Professor Dan Siegel over in the United States. This is the hand model of the -- can you
291. see that?
292. **CHAIR:** You look like Black Power and in a way it might be.
293. A. If we take the hand model of the brain, so this is the brain, and this is this part, okay. What
294. we have here, if the wrist, that's the brain stem, that's the mid-brain. This is the stuff where
295. breathing, eating, sleeping happens. Okay, it just happens, we don't even think about it
296. when we breathe and we eat, it just happens. So that's this part down here, that's the
297. mid-brain. You didn't see that because I forgot to do that. The thumb is what's known as
298. the limbic system -- don't worry, I'm not going to ask you questions about this later on, but
299. this limbic system where the thumb is, okay, this is the part that's responsible for emotions,
300. it's responsible for memories, it's also responsible for the value, you know, of the emotions.
301. So I'm just going to open up the top part of the brain and we're going to look underneath.
302. Underneath here is what's known as the amygdala, this is where making decisions
303. are and this is where we manage our emotions. This is the part which lights up in the brain
304. when we either fight, flight, freeze or fawn, I'll come back to that. So we call this the
305. downstairs brain, I'm just going to close that, and I'm just going to go towards the upstairs
306. brain, which is this part here. Now this is the pre-frontal cortex, this is the part where we
307. plan things, where we have our factual memory, it also tells us when our actions are not
308. okay to do. Okay, so this is the brain, this is the upstairs brain.
309. Now the upstairs brain, this part here, and the downstairs brain, they have a
310. relationship, because they're connected, and there's a number of functions that goes on
311. between the upstairs brain and the downstairs brain. Just really quickly, the upstairs brain,
312. they're like the brakes and the accelerator, they regulate our emotions, they tell us, "No,
313. don't yell. Calm down and you're going to be all right.” They allow us to tune into
314. someone else without always having to be about me. They listen to the other person. It's
315. also about emotional balance. Balancing our emotions. But when you can't do that, you
316. can't show compassion, you can't show feeling, you can't show empathy.
317. We also have what's known up here as the response flexibility, you know, which is
318. about impulse. So they did this research back in -- over in the United States, they call it
319. like the marshmallow case study where they gave these 2-year-olds marshmallows and they
320. said to the 2-year-olds, either you can eat those two marshmallows or you can wait until
321. I come back, I'm just going to go and get some more marshmallows, and then you can have
322. some more.
323. So, obviously, as a 2-year-old, what does the child do? They're just going to take
324. it. But some children, they waited until the other marshmallows came, and what the study
325. found when they looked at these same kids 25 to 30 years later is that the ones who were
326. able to wait were the ones that had better life outcomes. So this is that whole response
327. flexibility, this is that whole impulse control. That impulse control is what's related directly
328. to attachment relationships and the ability to calm down. It's where the upstairs brain tells
329. the downstairs brain, "Hey, chill out. It's going to be okay.”
330. But when there is trauma, the brain doesn't necessarily develop at the same
331. pace or at the same developmental stage. So this part down here that's responsible for how
332. we respond to fear, which is flight, fight, freeze, fawn, it's over-stimulated. So when stuff
333. goes on outside, the upstairs brain is like, "Oh, okay. Yeah, maybe the other person's trying
334. to take me on, but it's okay, we're going to be all right.” But this downstairs brain, because
335. it's over-stimulated, starts firing away. It starts to fire away to a point where, what we call,
336. they flip the lid, and that's what we see with our children and our young people in care, you
337. know, is they can go from kind of like 0 to 100. And we have a response to that, because
338. we can't see it, but what's happening is part of the brain development, they flip the lid,
339. because this fear, this flight, this fight, this fawn, this freeze response is over-stimulated
340. because of the trauma that's occurred.
341. So we heard the survivors talk about when they experienced fear, it was a fight or
342. flight mode, so it's also their perception of the fear. So somebody standing away might
343. think, "Oh, that wasn't really a situation that you needed to freak out about", but what's
344. happening within them is that those neurons are just firing away, okay, where the brain just
345. flips and there's four responses. They can either fight back, and we've seen some of our
346. young people fight back. They can take off, we see that happen when they run away from
347. these care homes. They can also freeze, at the moment that the abuse is going on, they can
348. freeze right there and then, but there's been more recent developments where there's a
349. fourth one, and it's called fawn. That's where they just comply, they just go with whatever
350. is happening to them and they don't do anything else.
351. That's just a brief explanation of just -- you know, it makes sense when we know
352. about what's going on in the brain and when we know what's going on in development, it
353. makes sense as to why these children and young people in care have responded the way that
354. they have.
355. **Q.** Right, and the next part you wanted to describe, in its simplest form, what happens when a
356. child or young person is hit.
357. A. They experience the trauma. I mean it's -- it makes sense. They've been hurt, okay, and the
358. fale, if we think about the fale, it's no longer standing. The materials are there, but there's
359. no more fale.
360. You know, when you go to a movie and it's sad, you know, and you get -- and
361. you're in tears, for example, like I watched “The Father” and Antony Hopkins and I was
362. just in tears, you know, so you're crying. Well, when a child's been hit a lot of times or
363. they've been sexually abused, you multiply that feeling 1,000 times and you still haven't felt
364. what it's like for a child who's experiencing that trauma. It's confusing, you know, because
365. the person that loves them or the person that's meant to look after them in care is hitting
366. them. So if that person loves me or if that person cares for me, well, then they must be
367. right for hitting me. It must be okay. But yet it hurts. So there's a disconnection, there's a
368. disconnection that's going on in the mind of that child and that young person, and what
369. happens is they lose the value of who they are and they begin to think and they're already
370. thinking they're not good enough, so the world is a bad place, the world is not to be trusted.
371. So imagine how they then build future relationships and how the intergenerational
372. transmission of that trauma continues.
373. **Q.** Does it matter who is doing the abuse? Does it matter whether the person inflicting the
374. 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
375. case-by-case matter, though, because every situation is different. It is about trying to
376. maintain their well-being, and I remember coming through training and always being told,
377. "First, do no harm.” Because they've already come from a place of harm.
378. So in my view, it's never too late. But when you're working with the child, the young person and
379. their family, you have to find out from them, "What does healing look like for you?"
380. Because what they see as doing well might not be what I see as doing well. So they might
381. see getting into a place of their own and just hanging out on their own, that's a good thing.
382. But I want them to be able to live in society, hang out with everyone, that's what I want.
383. But yet for that young person who's transitioning out into independence, that's what they
384. want. So we have to make sure that when we're talking about healing, it has to be what
385. they want it to be, and the improvement has to be in their eyes and not ours.
386. **Q.** It's not tied to a timeframe, right, so you are looking at putting as much of the supports into
387. this child or young person and not expecting it to be done within 6 to 12 months?
388. A. Yes, I often say to, you know, the group of people that we'll be working with is you have as
389. much hope as you can and you lower your expectations, okay, because the reality is I often
390. get asked to do 12 sessions of CBT, you know, cognitive behaviour therapy, which is a
391. therapy that we do with children and young people. It's still debatable whether it works for
392. Pacific, but they say 12 sessions, and immediately I go back and I go, "Yeah, okay we'll
393. take that, but you have to be open that we're going to need more", because the reality is
394. you're trying to deal with a traumatic situation or trauma for a child that has lived it for that
395. life, okay, and I'm only trying to figure it out doing one-hour sessions once a week.
396. It's almost like the system has to just open their purse, okay, but the interventions
397. have to be clearly targeted, there has to be a clear focus, it has to be done by people who
398. have a heart for this work, who have compassion, and are also willing to prioritise the needs
399. of that child, that young person, and their family.
400. **Q.** Okay. And in your experience, what are the care facilities like?
401. A. Okay, so --
402. **Q.** You can be honest.
403. A. -- I might not get anymore work after this.
404. **CHAIR:** How many weeks have we got, Ms Sharkey?
405. A. But the reality is I've never liked them, I've never liked these care facilities. To be honest, I
406. don't think anybody does. It's cold, you know, it's sterile, it's cheap, there's nothing warm
407. about it, and you're 12 years of age. You're going into this place -- yeah, I don't like it.
408. You know, the care of our children is really hard, you know, and that's the reality.
409. So the training of our people who are providing that care has to be intensive and
410. I'm talking about training in mental health, talking about training in culture, in substance
411. abuse and addictions, but what often gets overlooked is training in relationships. We don't
412. offer any papers at our university about relationships, you know, but we need to. The
413. mistake that often gets made, though, is that when you put a child into care, we assume that
414. because we've given hem food, because we've given them shelter, then we can tick the box.
415. But we forget the emotional support, the ability for them to be able to express their anger,
416. express their sadness, express their loss, and when that doesn't happen, they fail to thrive.
417. Okay, they don't trust, and yet trust is key to building relationships. Because if we have
418. good relationships, those are good adult outcomes.
419. If we think of the system in itself, I think, and I'm just going to call it, it is -- and
420. other people have called it, there's biasness, there's racism in there, there's a large majority
421. of our Pasifika children and young people who have been in care or who are currently in
422. care, but how many of us have been trained, you know, in those different worldviews?
423. It's not something new. If you think about, you know, back in the 1980s for those
424. of you who were around, there was the Puao-Te-Ata-Tu report, that looked at this with
425. Māori. And I find that the recommendations that we are still making now, we can almost
426. just take from those recommendations from 30 years ago.
427. One of the recommendations from that report is to have cultural training, so I see
428. that in some of our disciplines, but it's still seen as a nice to have, not as a must have. It's a
429. nice to have, so it gets added to the curriculum, added to the service, but there's no
430. monitoring of that, it's not examinable, and so, come on, if you were a student, what are
431. you going to revise? You're not going to revise the non-examinable stuff.
432. We now have cultural advisors and I know that as clinicians, we only get the
433. cultural advisor in when we think the cultural advisor should come in. But, actually, the
434. cultural advisor should always be there. When a family member tells us, "No, we don't
435. want the cultural advisor", the non-Pacific practitioner will go, "Okay, that's fine.” But
436. that's the time when you need the cultural advisor to work with you, because something is
437. going on for that family if they don't want their identity in the room, you know, and that's
438. what we have to realise. We also think, though, as practitioners that because the cultural
439. advisor is there, then we don't need to be culturally competent, and that's not the right way
440. to go, because we all have to be culturally competent. We wanted to practise here in
441. Aotearoa New Zealand, we have an obligation to Te Tiriti o Waitangi, but also in our code
442. of ethics, we have our responsibility to make sure that we are practising in a safe and
443. appropriate manner with our children, our young people and their families.
444. So to make a long story short, sorry, I don't like the care facilities.
445. **Q.** Thank you, Julia. I think we got that message. Just looking at paragraphs 74 to 77, and
446. your comments, your message to our Pasifika communities.
447. A. Bear in mind, this is the Pasifika communities that I work with that are in Care and
448. Protection and youth justice, as well as actually all of us. The reality is we don't have a
449. choice anymore. We've got to the do better, okay, we've got to do better right now as we've
450. been listening to this Inquiry. These children in care are disconnected from their families,
451. their faith, their cultural protocols, and those families have been disconnected from the
452. wider system. I'm doing a project at the moment, looking at health and well-being of our
453. high-risk Pasifika youth in the justice system, and what I'm finding is that our young people
454. that are in the court system, the problems are still coming from the disconnections within
455. their families, okay, the disconnections with their parents, between the parents and between
456. themselves.
457. So we have to do better. You know, the cultural protocols and practices that are important for our
458. identity as well as our sustainability, so that's our ability to be able to keep our cultural
459. practices and protocols in mind, they have to evolve. We have to kind of let it evolve
460. because we're no longer living back in our Islands, we're living here. If I think of the next
461. generation in my family, home is not the Islands, home is here. So we have to evolve our
462. cultural values and principles. We have to lift the veil of silence, the veil of denial that
463. continues to exist, and we have to stop using our cultural values as a reason why we can't
464. go there, why we can't have those discussions.
465. You know, when I'm out in these families, I see the impact of family violence when I see a young
466. boy hit another young boy in the family and our families laugh and they think it's funny
467. when a 3 or a 4-year-old do that. There's no recognising that that's not good behaviour.
468. But what the adults don't realise is that if we're not dealing with that behaviour now, that's
469. going to be the same kid, when they grow up, who's going to hit out at other people. So
470. that same child could easily be seen as the one who ends up in care because of their
471. challenging behaviour, they end up in Youth Court because of their offending behaviour,
472. and they end up in prison because of their violent behaviour. It all starts from somewhere,
473. and where do we see it start, we see it in our families, we see it in our community. So we
474. have to do better.
475. If we really think about our Pacific beliefs and our attitudes, in some ways it reinforces the
476. violence. I say this respectfully, because it's not uncommon for when I go into these homes
477. that I hear the comment, "The role of the woman is to listen, you know, the role of the
478. woman is to do what the husband has told her to do, that's why she got the hiding. You
479. know, these children just needed to listen.” You know, these are things that are still
480. occurring. So these children grow up in these environments and it's a disconnection
481. between what they get taught and what they see.
482. Those of us in the audience, we already know this, and those of us who are in the audience,
483. hopefully none of us are doing this at home, but we know that there will be family members
484. and extended family members who may be practising this behaviour, so we have to help
485. them. We have to actually call it and we actually have to say this is not okay. Because if
486. we don't, we're reinforcing that behaviour.
487. **Q.** Okay, thank you, Julia. So your comments, paragraph 78, about the system, please.
488. A. In my work, what I see is that decisions get made about a child without any discussion with
489. families, okay. I remember an example of a young person who was placed in youth justice
490. and he had quite an extensive Care and Protection history, and there had been an
491. acknowledgment that this child, who was now 15, had been sexually touched by a family
492. member and it was reported that at the age of 7 years old, he was smoking cannabis. But it
493. wasn't a Care and Protection issue because the response was no further action. And we
494. have to ask ourselves what on earth is a 7-year-old doing smoking cannabis, what is going
495. on for that child?
496. We remove the child because we think that they need to be removed, but there's no work done on
497. the parents, no work done on the family. They have another child, that child gets removed.
498. But we forget, because we're no longer part of their system, that when that child gets older,
499. they go home. When we place a child into care, it is believed that safety has been achieved,
500. but safety is not just about the absence of threat, safety is the presence of connection. Work
501. still has to be done in looking at that child's life course, and that means putting resources
502. into the families so they can still influence decisions about their child and maintain a
503. connection, but in a safe way.
504. **Q.** Thank you. Just before we break for lunch, you had some final comments about this area,
505. and then after lunch, we'll finish off with what you call your vision for the future.
506. A. Despite all these comment that I've made about our families, I also want to acknowledge
507. that sometimes, you know, our families are doing as much as they can with what they have.
508. The reality is, nowadays, that's no longer good enough because of what they have available
509. to them. They struggle with not having enough money, like the parent I knew who was
510. trying to hold down two low-paying jobs to care for her family that she just didn't have time
511. to do her child's homework, she didn't have time to attend the school meeting or the FGC
512. because he was in trouble. Sometimes they don't even get the information because the
513. system is biased and they've already decided that that parent won't access those support
514. services anyway so we won't give that referral, and we don't give that referral because it's
515. privately funded, so they're not going to get that anyway. But sometimes the support
516. doesn't align with the worldviews, doesn't make sense to our families.
517. Dealing with this stuff is really hard, it's really complex, so the solutions and the
518. answers will just be as complex. The reality is we've just got to start, it's not going to get
519. any better, and the reality is that mistakes are going to be made, okay, if we just put the
520. action plan in. So there's no more call to action, it's action that we have to do. We have to
521. accept as Pasifika people that violence goes against all of our beliefs and our values, but it
522. happens now. So what are we going to do about it? The system has to accept that what's
523. happened doesn't work, it can't work, and it won't work, so what is the system going to do?
524. But one thing that I've realised, sitting here for the last two weeks discussing things, and
525. even when we talked about systems change, is that we are the system, our Pasifika
526. community, we are the system. We've run out of time doing the same thing and keep
527. getting the same results, and the one thing that really crushes me the most is that I don't
528. want to be here, if I am here in 20 years' time, giving the same talk at another Inquiry.
529. Because our families are struggling, that's the reality. They're just struggling to just be
530. good enough. And those of us who can, we need to do better.
531. **Q.** That's a sombre note to end on for lunch, but thank you.
532. **CHAIR:** Yes, food for thought, but food for the stomach. 2 o'clock?
533. **MS SHARKEY:** Yes.
534. **CHAIR:** We'll come back at 2 o'clock.

# Lunch adjournment from 1.01 pm to 1.56 pm

1. **QUESTIONING BY MS SHARKEY CONTINUED:** Julia, we're just now moving on to the last
2. section of your opinion, which you've titled "Vision for the future of Pasifika", if you could
3. please take us through that vision.
4. A. Liu kitekite ki tua to kita maali atu kimua, learn from the past so you may see what your
5. needs for the future are.
6. In reading through the survivor stories alongside my own experience as a
7. psychologist and as an academic, I have come to ask myself the question, have we
8. inadvertently created a systemic intergenerational transmission of trauma? Have we, as a
9. system, because I too am part of that system, become part of the problem? And as a
10. practitioner, as an academic, as a researcher and as a member of the Pasifika community,
11. I say yes, we have.
12. In many ways, the recommendations and the visions that I present before you will
13. not be new. They have been raised before in various reports from Puao-Te-Ata-Tu, through
14. the Children's Commissioner, to the Chief Science Advisor Justice in their reports.
15. And whilst it's been reported that changes have been made, I can tell you as
16. someone that's at grassroots level, we need to do more. I note the mistrust and the biases
17. by Pasifika towards systems in Aotearoa New Zealand and we all know the ongoing
18. overrepresentation of Pasifika in all the different statistics. Whilst this Inquiry provides us
19. with a mechanism for the voices of Pasifika people abused in State care to be heard, the real
20. vision or, sorry, the real challenge for any vision and any recommendation is whether what
21. we've heard over the last two weeks is actually going to have real impact for Pasifika
22. people. I really hope it does.
23. In this final section, I'm going to talk about recommendations from survivors and
24. I'm incorporating them and their voices in my talanoa. I'm also drawing on previous
25. reports and recommendations to substantiate what I've got, and I draw on my lived
26. experience as Pacific and having a vested interest in the future of my family, my
27. community and our Pacific people.
28. You know, the worldview of Pacific is holistic, it's interconnected, and my
29. recommendations are intended to reflect this. I have incorporated the family, the
30. community, the church, the education, and the system within which we live, but
31. underpinning all of these areas is having a genuine understanding of our Pasifika cultures,
32. their similarities and their differences.
33. It's not perfect by any means, but I think it's a start. I actually think the talanoa
34. panels yesterday might have been given a copy of my opinion because what they were
35. saying yesterday, you know, that's what I think, you know, that somehow what they were
36. saying, I was like, "I think they got a copy of my opinion.” I'm joking, I'm joking.
37. I wanted to start off with the saying, "When a flower does not bloom, you fix the
38. environment in which it grows.” Not the flower.
39. **Q.** You've taken us through the community church and education parts of your vision?
40. A. Yes.
41. **Q.** We're now coming to the question of what we've heard from survivors in the review of
42. tertiary training?
43. A. Sorry, Sharkey, can I just backtrack a bit?
44. **Q.** Yes, you most certainly can.
45. A. I wanted to highlight just a few things from these different areas. If we think of the family,
46. the Whānau Ora model of working with families needs to be strengthened. You know, we
47. need a family systems approach that is inclusive of our Pasifika cultures. We already know
48. that. But what we need to do is we need to co-design and co-deliver it. It needs to be done
49. together for our children and our young people. We know that our families are a source of
50. distress, but we still need to work with them. The interventions have to co-occur, they have
51. to co-exist, because there's no value if we're wanting to work with the child and not
52. working with the family.
53. In reality, we have to stop the pipeline into care. That I think is where we're going to get our best
54. opportunity. This is about what was raised yesterday about having a prevention-based
55. model, having a strengths-based model, and strengths based means looking at the strengths
56. of the family, because there are strengths there regardless, there will be strengths, it's our
57. job to find out what it is, and then to co-determine what is the best for the family.
58. For example, the Pasifika mother that I talked about with the two low-paid jobs, her child was
59. about -- was ready to go into care and the practitioner, the social worker at the time then
60. decided to help the young boy, so the mother went off back to the recruitment agency so
61. she could go off and do interviews to get a better paying job, give her that time, while the
62. social worker then worked with the child -- not a child, he was actually 15, 16 at the time,
63. and try to get him back into education. So the mother was able to prioritise her looking for
64. a job that was able to be better hours and give better jobs -- sorry, and give her more time.
65. So it's a bit outside the box because the social worker has gone in, they're doing work with the
66. child so the mother could go off and do her work, and then it allowed for the mother to then
67. spend more time with her child, because the employment that she got now was better, so
68. there was now less stress at home and she was able to spend more time with her mum --
69. sorry, with her son. So it's about thinking outside the box.
70. We have to do family-based interventions. It's funny because in our universities, we don't have
71. many training programmes that focus on family therapy. We have them as papers, but not
72. as a training programme, and that's something that we need to address.
73. We also need to make sure that these models take into account all the different environments that
74. our families live in. If you think of the Samoan context of the au fa’atasi , working together
75. and translating this way of working into policy, this is what Dr AlefaioTugia was speaking
76. about yesterday, this is about our practice informing the policy.
77. At the end of the day, it doesn't help if it's just Pasifika for Pasifika if our Pasifika staff are not
78. culturally competent, are not skilled in the different areas and do not have excellent
79. relational skills. We all need to have that. We need to be the ones who have those cultural
80. competence, be highly skilled, have excellent relational values in practice, because we need
81. to work with our families and our agencies. At the end of the day, what we want for these
82. families is that they become the best social worker, the best psychologist, the best
83. counsellor, the best police officer for their child. Those of us that are helping, we should
84. only be there for a short period of time, because we've empowered and we've helped that
85. family do things on their own.
86. If I think of the community, there's a Samoan proverb, e fofo le alamea le alamea. Whatever the
87. issues are within the community, we need to go back to the community to resolve those
88. issues. So we need to look at the existing resources that are already out there for our
89. Pacific communities in health and in education. Those that are doing well, upscale them.
90. Those that we need to get some programmes in, co-design, co-delivery, give resources to
91. the communities, we're talking about early childhood centres and the schools, because that's
92. where our children and young people are, they're in early childhood centres, they're in our
93. schools.
94. I know of a lot of good Pasifika initiatives that are out there in the community, but they're local and
95. they're limited in their funding and they have uncertain futures. As a system, we need to
96. support them, evaluate them, and then roll out the best ones to scale. When I say scale,
97. I mean roll them out at a national level, because this is having a preventative approach, this
98. is about responding early and this is what will stop our children going into care.
99. I believe, and this is my own opinion, that we do need to have a trauma-informed training. I mean
100. we talk about it, but it's still not going down to those who are actually sitting in our family's
101. homes, you know, and are sitting with our kids in residences, it's still sitting in that
102. management level and in that governance level. We need to bring the training down to
103. grassroots level.
104. Trauma-informed training is all about having that question, "What is it that has happened to this
105. child that has led to this behaviour?" So being informed by the trauma, to be able to then
106. work with the child.
107. We need to resource our local community groups, our educations, but you resource them on a high
108. trust system, on a high integrity system, because we need to educate our families, our
109. Pasifika families about what violence does when you're a baby, what violence does when
110. you're a child, and how that harms that child and that young person because violence was
111. never in line with any of our cultural values.
112. If I think about the church, and I know, a lot of these children in care with the stories that I read,
113. they had been raised in the church, so while the abuse was going on, the families were
114. attending church, so they had negative experiences and we can't change that. But we can
115. change the environment. We can restore connection with the churches as another option.
116. My experience in the justice sector is a disconnection from church because of the fear of
117. being judged. I've never come across a child, a young person or a family who's just said, "I
118. don't want to go to church, I don't want to go to God.” There is a reason why they don't
119. want to go there, and we need to respond to that reason.
120. Church ministers need to work with us, with those of us that are in the field, to address these issues
121. and work together. And those of us who are in the field, we have to know that at the end of
122. the day, we were western trained, we were trained under a western worldview. So we've
123. got to be really conscious of that in the way in which we're working with our Pasifika
124. communities. Because cultural worldviews, we've got to be both culturally competent and
125. clinically competent, because I have to remind myself, and I know that when I went to
126. Samoa, that was a big awakening for me because I was reminded constantly that I was
127. trained under a Palagi system, okay.
128. Lastly -- sorry, just one more point. The working with professionals, I mean I really wish that that
129. word didn't exist for us, because it puts us into another category. At the end of the day,
130. though, our professionals are you. You know, it's you in our families, it's you in our
131. community. And often when I go into the residences and they say, "Oh, the psychologist is
132. here", I always try and say to them, "No, just let the young person know that it's someone
133. here that's here to catch up with them", because it does provide a stigma. And our
134. professionals are not just in our universities. I'm honest in that sense. I know that, I know
135. that that's been mentioned. We have to work together, though.
136. And we have to have community training workshops. You know, these are things, people will
137. often say, you know, e le fo’i se mea e fai ga mea, there's no reason for us to do that. But
138. the reality is, it's us that can only make those changes. But for us to make changes, we
139. need to understand the full picture of what's going on for our children and our young
140. people.
141. I think that when it comes to education, we need a roll-out programme that's able to have a
142. Pasifika-led trauma-informed education system. We need to identify early trauma and
143. abuse and then start prioritising the pathways for prevention and early intervention.
144. Because in my experience, you have to have a real understanding of what are the
145. underlying causes of those challenging behaviours that we see in our early childhood
146. centres and in our schools. Remember, a child only acts out when they do not have the
147. words to express what's going on for them, and when they do act out, it becomes a barrier
148. for learning. We end up having a pathway for them to be suspended or for them to be
149. excluded.
150. The teachers who know a lot, because I know of some great teachers who know that these children
151. and young people need to be referred, but those specialist services have to be paid for, and
152. so only those who can afford it will have access to those services.
153. We need to invest. At the end of the day, we need to invest in culturally appropriate programmes
154. and intensive support for our school-aged children. None of this is new, we all know this,
155. but at the end of the day, this will pay lifelong dividends in comparison to the potential cost
156. of care and pathways to justice for involvement and possible imprisonment. So let's fund it
157. early, and if we fund it early, we make sure that it's funded properly.
158. We need to make sure that we have formal integration in terms of Pasifika models in our
159. curriculum. You've heard the Fonofale model being discussed, but it's not a formal model
160. that we as practitioners have to learn, it's still our western models. So we need to bring, we
161. need to make it formal, particularly because we are going to be working with our Pasifika
162. communities. If you're going to work in South Auckland or in Porirua or in areas which
163. are -- have got a lot of Pasifika people, then you need to know our worldview.
164. And we need to still do research. But research has to be done in a way where we draw on our
165. Pasifika ways of working. Now, those Pasifika ways of working won't have
166. evidence-based, it won't be scientifically evaluated, but I always ask the question, "Who's
167. defining the science? Who's defining the evidence?" We need to be at that table, we define
168. that science and we define that evidence.
169. **Q.** Thank you, Julia. Just in terms of your views on the review of tertiary training, we heard
170. from survivors about not having qualifications, it's not just people with academic
171. qualifications that have the solutions. What are your thoughts on that?
172. A. Look, for me, I think we need each other. I think that survivors come with their lived
173. experience, their lived knowledge, their lived wisdom, and they will have a view of the
174. advantages and disadvantages. At the same time, they must be protected, because we have
175. to ensure that we don't inadvertently create further harm.
176. So I agree. I think, though, that we need the both of us. Practitioners and academics, they come
177. with the knowledge of research. You, as the community, are families, you also come with
178. knowledge of what's going on. So we need to work together and we need to work together
179. to support and protect each other, because we are all experts in different areas and if we
180. draw on our principles of the fa'asamoa, of the fakatonga and the different Pasifika
181. principles that are out there in Niue, Tokelau, Fiji, Kiribati and so forth, we can actually
182. complement each other. But to do that, we need to have a relationship.
183. **Q.** Just carrying on with those two sections before we move on to your care system for Pacific.
184. A. So we have to work with the disciplines, you know, with social workers, psychology,
185. counselling, we have to work with them to formally adopt these cultural models of
186. engagement, of theory, of practice. That's why I went back to the university. It wasn't by
187. choice, because I want to be with my community face-to-face, but there's no point if there's
188. only one or two of us doing this work when we retire and there's no-one coming in after us.
189. So we have to create the path line, we have to have good succession plans, so all of you in
190. your roles, think to yourselves who is coming in after you.
191. None of the stuff that I've talked about is new, and I often think to myself, "Well, why aren't we
192. doing more -- why isn't this happening", and it comes back to power. It comes back to
193. sharing the power between the system, with the community, with the family.
194. And so I think in the universities, there has to be targeted effort by the New Zealand universities,
195. by the tertiary institutions, like the Tertiary Education Commission and Pasifika who are
196. leaders in those roles, in those areas, to prioritise making sure these models are in our
197. curriculum. We have to target recruitment into the disciplines, into social work, but we
198. have to get them into leadership roles, so we create formal pathways for them in the
199. workforce, but then be able to create pathways into leadership. We need to have a mirror
200. on society policy, because there's no point in having a diversity programme if the processes
201. and the enablers to get there are not there.
202. So we need to have research in these areas, they have to be led by Pasifika. They have to have the
203. models that we want to use. And it could be Pacific and non-Pacific, but it needs to be our
204. choice. But then, at the same time, we need to have them evaluated, and the reason why we
205. need to have them evaluated is because it's all good for the family to tell us that they are
206. feeling really well, but we still don't know what's going on behind closed doors. So we
207. need that independent evaluation because for some of those families, they will tell us what
208. they think we want to hear, because they want to maintain the vā.
209. Last of all is the responsibility of the Government. I said this before and I'll say it again, the
210. responsibility of Government is to keep all its citizens safe. We must prioritise prevention
211. and early intervention. We must understand you as the system that the voice of the child is
212. the voice of the family, and it should be supported by the voice of the community. We've
213. got to stop working in silos. Even in our own Government departments, there are silos
214. even within that Government department, so how do we respond to this? I think we go
215. back to our holistic way of doing things. In all of community, by all of Government
216. approach, having one vision, one plan, one direction for Pasifika that is upheld by all
217. Government agencies and it's led by the Ministry of Pacific Peoples. The Ministry of
218. Pacific Peoples is what is needed to support the voice of the community at the Government
219. level. You see, our Pasifika communities cannot be assessed by those of us that do well,
220. because it doesn't make sense. We have to assess our success by those who need our help
221. the most, and that is our children and our young people in care, our children and young
222. people in the justice system, our children and young people with disabilities, and I go on.
223. That's where we need to measure our success. Not in the achievements of someone like
224. myself or you, we need to be looking at those children and our young people.
225. Our policies, we talked about policies yesterday. They must accurately reflect the needs. So those
226. of you in policy, you've got to get uncomfortable. You know, you've got to shift. Because
227. the reality is, push those boundaries, but call on the community to support you. That's
228. where it has to happen. We have to have trust and good faith, even within ourselves. We
229. need to target programmes to build the workforce, but we need to have good Pasifika
230. people, and not just because we know our language or because we're compliant and we
231. don't make a fuss, but because we prioritise the elements of cultural safety, you know, of
232. cultural competence, and someone mentioned yesterday, cultural humility. This is what
233. needs to be practised by all.
234. We have a child and youth well-being strategy. We need a Pasifika focus if we're going to look at
235. what do we need to do right now. We need to listen to the voices of our children and our
236. young people, but it still has to be within the context of family. There's no separation
237. between them, because if our parents and our families are supported, then our children and
238. our young people will be supported.
239. **Q.** Thank you, Julia. Moving on to the last part of your statement where you talk about a care
240. system for Pasifika, and at paragraph 102, you've outlined that. If you could please take us
241. through that before we hand you over to the Commissioners. Hand you over, I mean, you
242. know, refer you to Commissioners.
243. A. “O au a matua fanau” ,children are the precious offspring of parents.
244. As I've been listening or reading the stories of the survivors, a care system for
245. Pasifika could look like something that is a relational-based and trauma-informed system of
246. care. You know, when I talk to our children and young people in the residences and even
247. out in the community in this area within the justice system, I often ask the question, "Oh,
248. you know, when things are going really well" -- sorry, I'll backtrack. I say to them, "Who's
249. important to you?" "Family.” "Who do you love the most?" "Family.” And I ask them,
250. "When good things happen and you want to tell somebody, who is the first person that you
251. tell?" And that child or that young person will always say mum, dad, or someone in their
252. family. So then I ask them, "Okay, when things are not going well and you might be sad or
253. you might be angry about something, who do you tell?" And I always get things like, "Oh,
254. no-one Miss", or, "I just go to sleep", or, "I don't know.” And what that tells me is there's a
255. disconnect, because their family is the most important thing to them, but when they need
256. their family the most, they don't go there. And that's where we see some of our children
257. and young people heading towards the gangs. That's the reality, because I can tell you, in
258. my experience, for these children and young people, when they go to a gang pad, they're
259. always going to be accepted. They're never going to be declined entry. That's been in my
260. experience.
261. So I think the relationships in our families and amongst ourselves is a protective
262. factor. We know that it's also a risk factor, but we need to really work with our families,
263. because at the end of the day, the identity of Pasifika people is relational.
264. This is what I think is needed if that child or that young person has to be placed in
265. care. It would also mean, though, that the Government would need to share the power, as
266. I said before, because systems need to be prepared for change, because it's not going to
267. reflect what we know as a system. That's why the high trust element is needed.
268. We need to take care of our workers if they're going to go into care. We need to
269. have a care strategy that is values-based. It always -- I always find it really weird that our
270. staff who have the direct contact with our children and our young people in these
271. residences are the least trained. You know, like I get seven years' training, but when I go
272. into these residences, I'm there for an hour, a couple of hours, but our youth workers who
273. are there 24/7, they're the least trained, and yet they are dealing with our most hard to reach
274. families. We need to prioritise that and we need to look after our carers.
275. Survivors talked about having a strong vetting system and I agree with them. A
276. vetting system that doesn't just look at a conviction history or what they've done before, but
277. a vetting system that looks at independent references, but has a recruitment strategy, has a
278. recruitment process that is done within a Pasifika worldview, that is done, for example,
279. going through a talanoa process, okay, to be able to interview our carers. Training is really
280. crucial because they've got to have regular training, so not one-off training, but regular
281. training that allows them to then be up-to-date with the knowledge, but also the supervision
282. of these people in care needs to occur regularly.
283. The other point I thought of was around therapeutic family homes. I know that
284. they are going up in the community, but I was thinking, you know, where are they going to
285. go, because location is a big thing. You know, is it going to be in the community? I mean,
286. could it even be connected to a church or a Pasifika centre so that it blends in with the
287. community? The more we put them in places away from where we are, the message that
288. they're getting told is that you're not good enough to be in our community, you're not good
289. enough to be in our village. You know, we need to have them as part of our everyday lives,
290. because they are our responsibility.
291. I also think, though, that despite having these things, we do need a board of
292. governance that is independently led by Pasifika, but it doesn't just include Pasifika. I think
293. that there is value that whilst it's led by Pacific, that it has both Pasifika and non-Pasifika on
294. that independent board that's going to make sure that there is -- that they have oversight of
295. what's going on in that care system, that they are able to have direct contact with families to
296. find out whether what's going on is actually happening. Because I've sat in courtrooms
297. where the system is saying, "We're doing this with the family", and when I've gone to see
298. the family, it's a completely different thing that's happening with them. So we need to have
299. that direct. As a board of governance, you need to have that direct contact.
300. I noted there data management, it has been spoken about before, but that's really
301. important to make sure that we are capturing the data correctly, okay. I'm not an expert in
302. that area, so I'm just stating that I know that's important, I just don't know the ins and outs
303. of that.
304. **Q.** Okay, thank you, Julia. Julia has some concluding remarks following questions from the
305. Commissioners and I thought I'd just say that following those concluding remarks, we will
306. have the song Lo Ta Nu'u, composed by Julia's grandfather I’iga Kuresa.
307. **CHAIR:** I've got lost in the instructions. Are we going to have Julia's concluding remarks or are
308. we going to ask questions first?
309. **MS SHARKEY:** You're going to ask questions.
310. **CHAIR:** We go first, all right. We'll start at the end. Paul, do you have any questions for Julia?
311. **COMMISSIONER GIBSON:** Thank you, Julia. To say that was impressive is an
312. understatement. I like the beauty in the saying, "If the flower is unwell, if the flower is
313. broken, fix the environment, not the flower."
314. A question: From Australia, the youth justice system there, there's some data which
315. says that 89% of young people in the youth justice system have disabilities, maybe autism,
316. intellectual learning disabilities, dyslexia, those kind of things, and we suspect that it's
317. similar in Aotearoa New Zealand.
318. Is there a -- from your perspective as both a psychologist and within the Pacific
319. community, is there a lens, a particular learning there? How do we close some of the silos
320. between education and other parts of the system? Your thoughts, comments.
321. A. Look, I think it comes back to, you know, the relationships that goes on between the
322. Government departments. But within the Government departments are people, you know,
323. and it's those people, all of us, that need to build better relationships with each other. You
324. talked about the neuropsychological difficulties and they do exist with our children and
325. young people like fetal alcohol, learning disabilities and so forth, they do exist. But at the
326. same time, what we have to remember is how they are assessed, how our children and
327. young people are assessed. Because we can go in, we carry out the assessment, but the
328. engagement of the young person isn't necessarily -- they're not necessarily at their best, you
329. know. Because they don't like you, they don't like you as a psychologist, or they've had a
330. bad day in residence and now they've been asked to prioritise this assessment. And they
331. don't understand that this assessment is going to have -- you know, it's going to tell us what
332. we need to do with you.
333. So I think what needs to happen is we do need to build relationships with our
334. children and young people in care if we are going to authentically carry out these
335. assessments, and that's a challenge that I put within my own community as psychologists.
336. We have to acknowledge, though, that there will be -- you know, there will be, for
337. some of our children and young people, there will be neurological deficits, there will be
338. some brain developmental issues that will exist, but you need to educate the families to
339. have a full understanding of what they need to do, and the way in which you educate them
340. is by giving it to them, giving the education to them in their worldview, and we haven't
341. been trained in that. The translation, you know, from western knowledge into Pasifika
342. knowledge. We can do that as Pasifika because we've been fortunate to go into both
343. worlds, but we're not the majority. But I just -- but I do understand that, yeah, there's a
344. large number of us, of our children and young people with these developmental disabilities.
345. We need to be careful on how we make our assessments or how we make sense of our
346. assessments, and then we need to make sure that our families have a real solid
347. understanding of what they need to do with that child or that young person.
348. **COMMISSIONER ERUETI:** Kia ora, Julia, thank you so much. You talked about the
349. therapeutic family homes and there's been a lot of talk about -- from the Children's
350. Commissioners and others about closing down the youth justice facilities and the Care and
351. Protection residences. But when it comes to alternatives, it's usually kind of broadly
352. phrased along the lines of, you know, like smaller community homes, and that makes me
353. think, is this -- are we moving back towards the idea of the classic family home, which is
354. the context in which a lot of abuse occurred, particularly from the 60s onwards, it seems to
355. be such a tough problem of what do you do to replace the residences, but it's pretty clear
356. that they -- it seems they need to end, right? I, just with your wealth of experience, would
357. be interested to -- how do you unpack that and give more detail about what follows from
358. these residences?
359. A. Yeah, that's a really important question, because that's why I was saying that we're going to
360. have better opportunity if we go prevention, so we don't even have a system of care. But
361. the reality is that that means there's a generation that's kind of sitting idle, you know,
362. without anywhere to go because we're prioritising prevention and early intervention. I
363. think, though, with those children and our young people that are in care, when I think about
364. a therapeutic family home, that as Pasifika, I'm thinking of the child in there as well as the
365. family, and they are being wrapped around by the support of those professionals,
366. practitioners with them. Now, I know that that takes a lot of resourcing and it takes a lot of
367. time and investment, but it's the same finances that we put into the justice system at the
368. other end, so why not do that now? And I think that when we have these therapeutic family
369. homes, everybody has to be trained at the same level. I'm not saying that the chef or the
370. person that's doing the cooking is going to have seven years' training as a psychologist, but
371. actually what everyone has is training around being trauma-informed, around what it means
372. to have a relationship with these children and young people, what the difference is when
373. you understand the worldviews of Pasifika. Because when you're in the therapeutic family
374. home, the child and the young person should not recognise any differences in the way that
375. they've been treated, whether it's a youth worker, a psychologist, the chef, the Police, or the
376. social worker.
377. I see, though, in those therapeutic families homes that there's family in there as
378. well, okay, and they're being protected and supported, you know, with the family, because
379. what you want is you want that child to rebuild that trust with their family. You want that
380. child to believe that, "Actually, dad's turned around", and I've been in settings where dad
381. has turned around to his son and said to him, "I'm sorry", and the emotion from that child,
382. and this is a Pasifika family, having dad acknowledge what he had done was wrong and it
383. wasn't okay, I could -- that was -- that happened in a couple of hours, that was far more
384. influential than my therapy with this young boy. So, yeah, that's what I mean when I'm
385. talking about a therapeutic family home, the family is there as well.
386. **Q.** Nga mihi, thank you.
387. **COMMISSIONER ALOFIVAE:** Lau afioga Folasatiu, malo le saunoa, malo le tauivi, malo le
388. tapenapena mae’a i le tatou mataupu e ese le malie le fa'alogo le filiuliua’i o ou manatu e
389. fesosoani i tagata Pasefika. My question, Dr Folasāitu, is really around systems. We've
390. had the privilege of seeing throughout these two weeks of hearing the voices of our
391. survivors, and then we've seen really at the other end, you know, Pacific young people and
392. children who have now risen to become professional and who are leaders in their field.
393. One of the comments I think you made was around an integrated approach.
394. One would think after our people have been migrating, Pacific have been migrating
395. to New Zealand for well over 50, 60, some as far back as 70-odd years and maybe even
396. further back, that Pasifika might be further ahead here in Aotearoa, but that doesn't seem to
397. be the case, because we're still high in the negative statistics and education and Māori,
398. regrettably, in the care space, but there's a belief that we're not too far behind them in terms
399. of our numbers.
400. I guess my question is around how do we mould that better together, because I think
401. you were alluding to there is some real cultural and attitudinal changes that are required,
402. but those same attitudes can be the barriers to our people getting ahead. Do you have any
403. comments or just reflective thoughts around how is it that now successive Pacific
404. generations who have done so well, and we saw that on our talanoa panel yesterday, and
405. they're but a few of the richness of the intelligentsia in Pasifika communities. Any
406. reflective comments about how we would do that better with all of our different agencies
407. who are present in the room, about ensuring that we're able to embed a Pacific worldview, a
408. Pasifika worldview across systems, because it sounds like that's what's really required.
409. A. Look, as you're asking me the question, Ali'imuamua, I come back to the concept of au
410. fa'atasi, the working together. If you think of all the Government departments, Pasifika are
411. in there in some way, shape or form, we're in those different Government departments. But
412. we lose our voice even as professionals because it's not aligned with our own worldview, so
413. we just conform, we just go ahead because that's the majority. But I think that what we can
414. do is just start now, you know, my challenge to all of us that are here today, swap business
415. cards, you know, start sharing who your contacts are, make it a point to catch up for coffee
416. and start looking at what is it that I can do, what is it that you can do and work together, but
417. know that the support, though, has to come from the community.
418. So it means whilst we might live away from South Auckland or whilst we might
419. live away from where some of our Pasifika people, we have to come back. Because I think
420. what happens when we evolve to other countries, and this is just my personal opinion, is the
421. collectiveness evolves. We're no longer as together as how we were back home, so we
422. adjust, we adjust and we just end up staying within our own nuclear family and our nuclear
423. extended family, because it's convenient. But back home in the Islands, everyone knew
424. what everyone else was doing, the fales were open, the walls were open. So we actually
425. have to make it a conscious effort to prioritise that. So I'd really encourage all of us that are
426. here today, swap business cards and start making connections with each other.
427. If I think of the Brainwave Trust, the Brainwave Trust here in Auckland, they
428. started off their organisation on a kitchen table, and now look at where Brainwave Trust is
429. now. So I think we can start, because we don't know enough about who people are that are
430. Pacific in the different areas, and here we are in this fale, in this talanoaga, and we should
431. start to swap business cards and start catching up with each other to find out what are the
432. things that we are doing the same, but what are the things that we are doing differently.
433. Because at the end of the day, it's the same families that are hard to reach in health that are
434. the same families that are hard to reach in education, but then they end up within the justice
435. sector, and that's where we reach them. But we need to stop that and actually move them
436. forward.
437. **Q.** Malie, fa’afetai lava mo le tali.
438. **CHAIR:** So many questions, so little time. It's a very interesting and important response on the
439. systemic level which we will think about very carefully. But I want to bring it back to the
440. individual child, those children who turned into our survivors who gave evidence, both in
441. these last two weeks and in lots of hearings that we've had earlier.
442. It struck me deeply that every child who goes into care is a damaged child. They
443. don't need to go into care unless they are in some way damaged by their family or family
444. circumstances. It may be just that mum died, that they're grieving, but they are in some
445. way or another damaged.
446. From your clinical and practical experience in these institutions and dealing with
447. these children, to what extent is the level of damage, the depth of damage to these children
448. assessed and understood by the people who are supposed to be there and caring for them?
449. A. If we're talking about those in the actual care facilities?
450. **Q.** Mmm.
451. A. So you're asking me how much do they understand of --
452. **Q.** What they're getting, yes.
453. A. Not enough. Okay, what they get tends to be the behaviour, okay, the lashing-out
454. behaviour, that gets to be the centre. They get an understanding, "Oh, yeah, mum and dad
455. separated, mum and dad -- dad's gone to jail.” It becomes kind of like just a normal story.
456. But what doesn't get highlighted and I don't think gets done properly in training is the
457. extent of the impact on those children. So the focus is on the behaviour, those stories end
458. up being mixed in with one another because there's kind of almost like a profile of what to
459. expect when these children and young people come into care.
460. **Q.** And a bit of judgment in there as well?
461. A. Absolutely.
462. **Q.** Or maybe a lot of judgment?
463. A. Absolutely, and this is where it comes back to the training of our carers, because I think our
464. carers, and I say this respectfully, can also have their own trauma histories. We all
465. experience trauma, okay, in different ways, but they can come in there with the best of
466. intent that they want to make sure that whatever happened to them doesn't happen again,
467. okay, or they want to do this better. But what hasn't been dealt with is their own stuff,
468. okay, and so when they go in there and they're faced with a conflict situation, the young
469. person's flipped the lid, the adult's flipped the lid as well. That's why taking care of our
470. carers is just as important as taking care of that child and that young person. So the training
471. isn't there, or if it is there, it's not done consistently, or if it is there, it's not done within the
472. worldviews that these children and young people come from.
473. **Q.** It follows from what you say that what is required is the very best, it's the gold standard of
474. care that is required for these children, because they are the most damaged?
475. A. Absolutely.
476. **Q.** They therefore need the most care?
477. A. Absolutely, and that's where we need to measure our success, is on how well those
478. children, young people and their families do.
479. **Q.** Yes, thank you for that.
480. I've just got one other topic and it comes down to your prescription, your medical
481. prescription, if you like, for the care system for Pasifika. As you went through it, I kept
482. thinking that's a good idea, that's a good idea, that's a good idea, and then my main thought
483. was that's a good idea for everybody. Everything you've said there, the relational
484. trauma-based, trauma-informed system of care, sharing the power, the values-based care
485. strategies, I'm just telling you back what you've told us and more, why shouldn't that apply
486. to everybody? But also, in the case of Pacific children, to have the Pasifika cultural
487. component as well, but do you agree that these are universal needs for care systems?
488. A. Yes, absolutely. Absolutely. I mean I often talk to my non-Pasifika practitioners when
489. they ask me about, you know, "When I'm out with a Pasifika family, you know, I want to
490. do what you do.” But the reality is they can't, and you can't because you don't look like an
491. aunty and you can't speak their language. But what you can do is understand our values,
492. because values are universal, they don't belong to any worldview, we can all have them, but
493. you have to understand for Pasifika, that's our foundation, that we are values-based, and at
494. the same time, those values have been, you know, violated, that's why they've come into
495. care.
496. So, yes, I agree. I mean I don't change my practice when I'm in front of a Palagi
497. kid. It's the same thing, you know, we're all still -- they're all the same to me in terms of
498. my practice. So, yes, I think so.
499. **Q.** Some of you might remember the wonderful judge, the late Mick Brown and he used to
500. say, "They're all God's chillun."
501. On that note, it remains for me to thank you, Julia. This has been a rich and
502. extraordinary session. I've watched and listened closely to you, but I've also watched the
503. audience, our community, our participants, and I have to say you have had a captive
504. audience here. I haven't seen anybody flinch or move or look bored or fall asleep.
505. Everybody has been deeply engaged. And there's a reason for that, because what you're
506. saying is so important and touches our hearts and our minds and our souls, our spirits,
507. because you're talking about a holistic way of caring for children that we all aspire to, and
508. which I suppose in the end is something that is the job of this Royal Commission. So you
509. have spoken to the very heart of what our business is. You've provided us with such
510. information. I sat at lunch time and said to my colleagues, "How are we going to capture
511. this, however are we going to be able to capture this and convey it to a wider audience?"
512. Well, we'll do our best, that's all I can say. But you now deserve a rest, you've had two
513. very busy days and I hope you have a restful and peaceful weekend and thank you once
514. again on behalf of all of us for your contribution. **[Applause]**

# [Samoan song]

1. **CHAIR:** And you now have the final word.
2. A. I won't be too long, just a couple more minutes.
3. Just in conclusion, though, just one thing for all of us to remember is as our
4. cultures evolve and come away from the Pacific Islands, we have to be vigilant of how we
5. change, of our evolution. Because I continue to see the growing marginalisation of our
6. Pasifika people, those of us who have succeeded here in Aotearoa New Zealand, and
7. I continue to work with those of our Pasifika people who have not yet succeeded. For those
8. of us who have, who are the majority of us in this room, we have to take responsibility. We
9. have to hold ourselves accountable for our current and future generations of Pasifika being
10. safe in our care and healing from the past. Healing and restoring faith and trust in a
11. Pasifika system of care is long overdue. Time is no longer on our side. I know that the
12. recommendations and the visions that I've given are -- they are intentionally ambitious, you
13. know, they are big dreams, we were asked to dream big yesterday, and they will require
14. great resourcing.
15. But as I said before, that's nothing compared to the wasted lives and costs of
16. offending, of chronic family violence, of State care, of imprisonment and mental health
17. issues that come through when the needs of our Pasifika children and young people are not
18. met. The intergenerational transmission of trauma, so this is trauma that's gone from one
19. family to the next generation to the next generation, has not been good for us. We already
20. know that. So now we have to begin an intergenerational transmission of healing and
21. safety and to restore the identity for Pasifika. Because even though Pasifika get seen as a
22. priority group across all the different Government departments, we need to assess them by
23. the experiences of our most disadvantaged groups within Pasifika, many of those who are
24. in care, engaged in offending behaviour and ended up involved in the justice sector.
25. So it's really important that time and investment are given to include Pasifika
26. worldviews in our communities. Our Pasifika worldview, as I said before, is holistic, it's
27. interconnected. We don't have individual identities, which makes it challenging because
28. the western worldview is all about individualism and independence. But if we were to have
29. a system that is to genuinely work with Pasifika, then a significant change is required at
30. systems level. Agencies, organisations, Government departments, you've got to engage in
31. the fundamental concept of the vā or the tauhi vā. You have to incorporate Pasifika
32. worldviews and you have to co-design, co-deliver. If you really want to do well with
33. Pasifika, then that's your challenge. You have to create equitable partnerships with Pasifika
34. peoples and I'm going to be straight up, those of you who are in those Government
35. departments that are Pasifika, you need to do more and we will support you, because I need
36. to do the best that I can in the institution that I'm at. The thing is, though, is that the system
37. has to come from us, and we have to hold each other accountable, and the only way in
38. which we do that is if we have honest relationships with each other.
39. Finally, an understanding of Pasifika values is what's needed to guide, heal and
40. continue with the tatala e pulonga. The action must come from this inquiry because that's
41. the true concept of healing. Do not mistake our identity as individual. Do not mistake our
42. respect as disengagement. Do not mistake our kindness as agreeable. And do not mistake
43. our love as a frivolous gesture, but recognise our humility, recognise our respect, our
44. kindness, our love, our identity as our gifts to you as the system that's meant to protect all
45. its citizens, and now it's your time to reciprocate. Ou te fa'afetai i le Atua mo lenei avanoa
46. taua ua mafai ona ou faasoa atu ai e uiga i lea mata'upu. Ou te fa'amalie atu fo'i pe afai ua
47. ai se mataupu e le talafeagai ma le tatou aofia. O la outou sao ia e alai ona fa'atalanoaina o
48. lenei mata'upu, o se lapata'iga lea mo le lumana'i i a tatou alo ma tatou fanau i Niu Sila.
49. Fa'afetai, fa'afetai tele lava.

12

1. **AUDIENCE MEMBER:** She's the sunshine, let's rise and sing a song. **[Samoan song]**
2. **CHAIR:** We're now going to take a break, is that right, for just 10 minutes?
3. **MS SHARKEY:** Yes.
4. **CHAIR:** We're just going to clear up and then we're going to have a short but very important
5. closing ceremony.
6. **MS SHARKEY:** Thank you.
7. **Adjournment from 2.57 pm to 3.16 pm**
8. **CLOSING SUBMISSIONS BY THE CROWN**
9. **MS SCHMIDT-McCLEAVE:** Talofa lava, mālō e lelei, kia orana, fakaalofa lahi atu, ni sa bula
10. vinaka, taloha ni, talofa, noa'ia, mauri and greetings. Tēnā koutou e te Kaiwhakawā e ngā
11. Kōmihana, ko Ms Schmidt-McCleave tōku ingoa, I am counsel representing the Crown
12. response to the Royal Commission and on behalf of that Crown response I would like to
13. thank the Commissioners for the opportunity to present this brief closing statement.
14. First, today I want to echo others' acknowledgment of the incredible bravery and the
15. strength of the survivors who have come forward to this Royal Commission to share their
16. talanoa. I also want to acknowledge their whanau, their aiga, and their other supporters
17. who have stood by them, offering their aroha and support for so many years. It has been a
18. privilege to be here this week and to hear the talanoa/korero that has been given, and I wish
19. to mihi to the survivors who have spoken from their hearts with such incredible and
20. inspirational courage.
21. I'd also like to acknowledge the many Pacific community leaders and supporters
22. who have attended this week. As was explained by Ms Ruakere, the Director of the