

Witness Name: Folasāitu Dr Apaula Julia Ioane

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ROYAL COMMISSION OF INQUIRY INTO ABUSE IN CARE

EXPERT WITNESS STATEMENT OF FOLASĀITU DR APAULA JULIA IOANE

ASSOCIATE PROFESSOR / CLINICAL PSYCHOLOGIST

I, Folasāitu Dr Apaula Julia Ioane, will say as follows: -

INTRODUCTION

1. Ou te fa'atalofa atu i le tatou mafutaga i le nei aso. Le paia o le vasega o Komesina, fa'apea lau Afioga Aliimuamua Sandra Alofivae. Fa'afetai I le agalelei o le Atua ua mafai ona tatou fa'atasi i lenei taimi o le aso. Ou te fa'atalofa atu foi i 'survivors' ua tatou mafuta i lenei aso, mālo le soifua manuia, mālo le onosa'i.
2. Firstly, I wish to acknowledge the survivors here today, those who are not able to be here, and those who are no longer with us. I am truly humbled to be in your presence, listen to your stories and marvel at your resilience and bravery to speak and share your talanoa. I hope that the sharing of your story has provided you with some comfort and peace in knowing that you are being heard. I also hope that I am able to do justice in honouring your stories and provide some expertise in my area of psychology and Pasifika to ensuring this does not happen again for our Pasifika communities now and in the future.

3. I wish to acknowledge our Commissioners and our Pasifika Commissioner, Ali'imuamua Sandra Alofivae. It is a great honour that I am here, speaking in front of you today. Finally, I would like to acknowledge the Pasifika team of this Inquiry. Mālo le faiva. Mālo le onosai. I empathise with you all on the journey you have taken to be part of this challenging, yet crucial moment in creating a new history for our Pasifika peoples.
4. My full legal name is Apaula Julia loane (known as Julia).
5. I am a New Zealand-born Samoan raised in Aotearoa New Zealand (NZ) with strong ancestral links to the island of Samoa in the South Pacific. I am a clinical psychologist. I have been in practice as a psychologist since 2011 and in part-time private practice since 2012. I am also an Associate Professor in Clinical Psychology at Massey University¹.
6. As a New Zealand-born Samoan, the first few years of my life was spent in Ponsonby, Auckland with many other Pasifika communities in the early-mid 1970s. However, the gentrification of Ponsonby led to a relocation to Otara, South Auckland where I was raised. My parents were migrants from Samoa, both blue collar labourers, despite being a schoolteacher and plantation owner in Samoa. My parents raised us in the epitome of the fa'asamoa where we were taught to only speak Samoan at home and English in school. My parents never spoke about the Dawn Raids, rather their response was for their daughters to be educated and never to forget the power of Prayer, humility and the reasons for their migration.
7. Prior to becoming a clinical psychologist and relevant to my talanoa today, I worked in a mental health community residence as a support worker, and then as a youth worker in a secure youth justice facility. As a clinical psychologist in private practice, I continue to work in child and adolescent forensic and mental health settings, care and protection and youth justice environments, with extensive experience working among Pasifika and Māori children, young people and their aiga (family). I have provided expert witness reports in Family, District and High Court jurisdictions whilst working in various roles with Oranga Tamariki,

¹ Qualifications and achievements are listed in the Appendix section of this report.

NZ Police and the Department of Corrections. In 2019, I became a Consultant Psychologist for the Judiciary in Samoa, providing psychological expertise contextualised with a cultural framework for the Justice system in Samoa. I am also a Board member of the Institute of Judicial Studies in Aotearoa NZ.

8. My evidence concerns child abuse and trauma. In this, I draw extensively on my experience working with Pasifika and Māori young people and their families. I also draw upon over 40 years of lived experience as a bilingual New Zealand-born Samoan with childhood experiences of living in Samoa and Aotearoa NZ.
9. In this report I do not comment on individual Pasifika survivors. I have not interviewed nor had any contact with any of the Pasifika survivors who have made reports to the Commission. In my talanoa, I will be focusing on the fundamental similarities among Pasifika groups but do not make any attempt to speak on behalf of the Pasifika communities. Finally, it is important to note that I do not have a lived experience of being in a Care system, though I continue to work with and for our children and their families navigating their way through our care and protection and youth justice systems in Aotearoa NZ.

Purpose

10. The purpose of my brief is to:
 - a) provide an opinion on the worldview (from a Samoan perspective) of Pasifika communities relevant to the matters before the Commission,
 - b) provide an opinion on psychological trauma and abuse within a Pasifika context, and
 - c) provide recommendations for moving forward from the impact of trauma and abuse and building resilience for Pasifika communities in Aotearoa NZ.

THE EVIDENTIAL BASIS FOR MY PROPOSED EVIDENCE

11. At the beginning of 2021, I was contacted by Lead Counsel, Tania Sharkey regarding my availability to assist in providing expert evidence for this hearing. A letter of agreement was provided on 23 March 2021 and signed on 15 April 2021.
12. Specifically, I was asked for "Provision of an expert cultural counterintuitive report, trauma informed analysis and approach for Pacific survivors of abuse in care, general consultations within a cultural framework".
13. In the first part of this report, I will provide a summary of the submissions provided by the survivors in order to provide context for what follows. In the second part of this report, I will share an opinion on the worldview of Pasifika, predominantly from a Samoan perspective, particularly as it relates to child abuse and psychological trauma. I will conclude with recommendations.

PART ONE: REVIEW OF SUBMISSIONS

The Pasifika survivors²

14. I was provided with 33 submissions from Pasifika witnesses. Two were incomplete and therefore were not able to be considered for my report. Two submissions were from third party sources including a survivor witness (Samoan/Pākehā, 76yo) who saw physical abuse by staff with boys in a Boys' Home (then aged 26yo). This is the first time he had disclosed the abuse he witnessed. The second survivor witness (Tongan, adult) speaks to the grooming behaviour of a Parish Priest in 2017 on her then 15yo family member. Unsuccessful measures were undertaken to deal with the abuse of her family member at that time.
15. Two witnesses talked about their experiences with Dawn Raid. One survivor (Tongan, 66yo) spoke about his direct experience and the long-term impact of the Dawn Raid in their family home (then aged 20yo). The other survivor witness

² Survivor(s) is the terminology used by the Inquiry to refer to a person who has experienced abuse and submitted their evidence/story for the purposes of the Inquiry. Survivor witness is the terminology used to refer to a person who has witnessed abuse of a survivor.

(Niuean, 66yo) spoke about his involvement with the Polynesian Panthers (then aged 16yo).

16. Twenty-seven survivors talked about their individual experiences of being abused. This included seven females and 20 males. Of the 27, they identified their ethnicities as 11 Samoan, 7 Samoan/Pākehā, 3 Cook Island/Māori, 1 Tongan/Pākehā, 1 Fijian/Pākehā, 1 Niuean, 1 Tokelauan, 1 Cook Island Māori and 1 Tokelauan/Māori. More than sixty percent of the sample have Samoan ancestry. This is to be expected given the large number of Samoans (47.8%) that make up the Pacific Peoples population in Aotearoa NZ.³
17. Of the 27 survivors, 18 identified themselves as first generation Pasifika born in Aotearoa NZ and nine were born in the islands. The average age of those that shared their experiences was 49 years old, ranging from 27 to 69 years old. The average age for when they were placed in care and experienced the abuse was 12 years, ranging from 5 to 16 years. The care placements or places of abuse consisted of mental health residential placements, boys/girls homes, family homes (community-based group home) and church settings. Based on the stories of the survivors, almost 75% of the abuse occurred in boys/girls homes.
18. For almost all of the survivors, the trauma and abuse they experienced prior to and whilst in care continued to have long-lasting effects that were detrimental to their own wellbeing, and that of their family.

What led to their placement in Care?

19. The reasons for placement in Care included a combination of **family and parental issues, family conflict** and **significant harmful family events**. **Experiences of racism and poverty** were common amongst the survivor stories.
20. Some survivors spoke about their **negative experiences** with **migration** that included **racism, poverty, loss of identity and cultural belonging**. Many survivors also reported **negative experiences** in **education** such as **language**

³ Stats NZ (n.d.). Samoan ethnic data (sourced from the 2018 Census data). [2018 Census ethnic group summaries | Stats NZ](#)

barriers, bullying by teachers and feelings of isolation leading to their **non-compliant behaviour**. Most survivors grew up in the church, with some talking about **negative experiences in church** and, as a result, their **disengagement from church**.

21. Many survivors reported being raised in environments where they witnessed **interparental/family violence, parental substance abuse, criminal offending, gang membership and incarceration**.
22. For some survivors, **issues of identity** were also present in their upbringing, as a result of **non-acceptance of their parents' inter-racial relationships and family disconnection from wider family groups**. Some experienced **family and non-family adoption** that led to a number of adverse and negative experiences.
23. Most survivors talked about their **experiences of parental victimisation or "hidings" from parents/aunties/uncles**. Some survivors reported **sexual victimisation** from family members or friends of their parents. It was not uncommon for many of the survivors to delay the disclosure of their victimisation or, in some instances, when they did tell someone, no further action was taken.
24. Some survivors experienced **grief and loss as a result of the death of a loved one or parental separation** that led to unmet emotional needs, and changes in their physical environment such as relocation. Some survivors spoke about their **family being disconnected** from larger family groups and the negative impact it had on their identity and view of self.
25. As a result of these earlier childhood experiences, most survivors spoke about their **pathway into antisocial behaviour** such as **criminal offending, bullying and hurting others, and substance abuse**. They also shared feelings of **suicidal ideation and mental health distress**.

What happened when placed in Care?

26. Most survivors reported **physical and/or sexual victimisation by staff** when placed in Care. Survivors also talked about **physical and/or sexual victimisation by peers**, recalling that in some instances physical victimisation from peers was witnessed by staff. Other survivors talked about their **physical victimisation of others**. For some of the survivors, their submission to the Pacific panel of this Inquiry was the first time they had disclosed their victimisation. Others had disclosed near or at the time of their victimisation but no further action was taken by those to whom they disclosed.
27. Many of the survivors talked about their **trauma resulting from being placed in Secure facilities**. Some of the survivors continued to **abscond from Care** and/or experienced mental health distress as a result.
28. **Racism** was reported by some of the survivors when placed in Care, particularly in their experiences of differences in staff treatment between Pākehā, Māori and Pasifika young people. A few survivors talked about the **mis-coding of their ethnicity** in their records; being further evidence of a **lack of regard for their identity**. This created significant feelings of distress, a loss of identity that impacts on their ability to relate – when relationships are fundamental to Pasifika people.
29. Survivors also spoke about having **minimal or no contact with family members** during their placements. A few survivors **learnt antisocial behaviour** and/or **joined local gangs**. Some engaged in **substance use** and talked about their **ongoing difficult experiences in education**.
30. The small group of survivors placed in mental health care facilities reported **overuse of medication, electric shocks, aversion therapy, paraldehyde and ECT** as being detrimental to their overall health and wellbeing.

What were their experiences following discharge from Care?

31. Following transition from Care to living in the community, most of the survivors continued to **experience social, economic, psychological and emotional hardship**.
32. Many of the survivors talked about **mental health issues and distress, and substance abuse**. Survivors felt anguish about the huge loss of identity and/or language. They also talked about experiences **in and out of prison**, alongside **ongoing criminal offending and risk towards others**. Some survivors either **joined gangs or continued their gang memberships**. **Poor interpersonal relationships** were a feature, with some talking about their **inability to love and/or trust others** that was a barrier in developing positive personal relationships. Some survivors ended up in **relationships where they became the perpetrators of family violence** and a few reported being **victims of abuse in their intimate relationships**.
33. A few survivors highlighted the **loss of their own children to the Care of the State**, with some continuing in their efforts to build and/or rebuild relationships with their children including some that were also placed in Care.

What enabled a positive experience after Care?

34. There was a small group that were able to share positive experiences following their transition from Care.
35. They attributed this to having a **supportive partner and/or reuniting and reconnecting with family**. Others found **mentors and good support people**. A few survivors talked about their **enjoyment of music and arts, counselling and learning about their Pasifika culture** as being instrumental to desistance from further criminal offending, and reducing mental health distress and adverse outcomes. Another **found faith in God and returning to church** as pivotal to their positive outcomes.

Summary of findings

36. Pasifika children experienced issues before entry to Care, largely related to family dynamics, parental antisocial lifestyles and conflict, and community tension and conflict. This included exposure to violence and sexual/physical victimisation within the family, alongside negative experiences of migration, education and church communities. As a result, these experiences and factors led to a Care placement, alongside pastoral care in church and/or school settings.
37. Their placement in Care resulted in victimisation from staff and/or peers, dislocation from family and community, and negative impact on their identity. They attributed these experiences as leading to outcomes of social, economic, psychological, emotional and spiritual hardship. Later relationships, particularly intimate relationships, were challenging and, in some cases, their own children were placed in Care. In other words, an intergenerational transmission of trauma occurred with some of the survivors.
38. However, positive outcomes were achieved with those involved in a prosocial intimate relationship, who reconnected with family, or who became involved with music, art and culture. One person found that reconnection with their own church community gave them an opportunity for advocacy and supporting others of similar background.

PART TWO

Pasifika worldview(s)

This part of the report will provide a Pasifika worldview predominantly from a Samoan perspective, given the large number of Samoan survivors in the submissions and my own ethnic identity as a Samoan. However, I also make reference to the Cook Island and Tongan cultures.

39. The Pasifika worldview is essentially a collective worldview. The identity of a Pasifika person belongs within their family and community. Within the fa'asamoa

(loosely translatable as the Samoan way), humans are seen as encompassing all of life's dimensions that include persons, the family, the land, the village, the community, and wider society. It also includes the seas, cosmos and the existential reality that incorporates the spiritual world, multiple worlds, God/gods, spirits, and ancestors.⁴ The nature of a Samoan person is that of a relational being⁵ and their sense of self can only exist in relation to others. In other words, a Samoan person's identity is relational.

40. Family is central in a Pasifika person's life and identity. It is widely understood that one's existence is to honour, serve and protect their family. The purpose of family members is to serve one another, particularly those older or of a higher ranking or superiority, such as elders, parents, uncles/aunties.
41. Within the Samoan worldview is the concept of Vā. The Vā is a theoretical concept that recognises the relational space among interconnected entities. It is what defines how Samoan people understand their place among cultural, economic, social, and religious systems and structures.⁶ A Samoan person's identity lies within the interconnected and inter-related levels of the Vā that provide moral and value to what underpins a Samoan's existence.
42. Tauhi Vā is the concept of maintaining or respecting relationships within Tongan communities. Tauhi Vā is about taking care of one another or nurturing and maintaining relationships with others.^{7,8} A Pasifika person's identity lies within the Vā and Tauhi Vā. It acknowledges and respects boundaries and limits that are integral to relationships. This is what defines their existence and honours their relationships to one another.

⁴ Ioane, J., & Tudor, K. (2017). The fa'asamoa, person-centered theory and cross-cultural practice. *Person-Centered & Experiential Psychotherapies*, 16(4), 287-302.

⁵ Tamasese, K, Peteru, C., Waldegrave, C, & Bush, A. (2005). O le taeao afua, the new morning: a qualitative investigation into Samoan perspectives on mental health and culturally appropriate services. *Australian and New Zealand Journal of Psychiatry*, 39, 300-309.

⁶ Mo'a, V. (2015). *Faasinomaga (Identity) and Va (Relational Space)*. Paper presented at Australian Association of Bioethics and Health Law Conference; Wellington, New Zealand, 25th July.

⁷ Carter, S., Laurs, D., Chant, L., & Wolfgramm-Foliaki, E. (2018). Indigenous knowledges and supervision: changing the lens. *Innovations in Education and Teaching International*, 55(3), 384-393.

⁸ Thaman, K. H. (2003). Vaa – A Pacific foundation for peace and inter-cultural understanding. *In UNESCO conference on intercultural education*. 15-18 June 2003

43. Fa'aaloalo can be loosely defined in the English language as 'respect'. However, the meaning of respect among Samoans includes a way to live that is not only limited to one's behaviour. There are protocols, practices and behaviours when talking to parents, elders⁹ and grandparents. Children and youth are also taught to respect their older siblings and elders such as grandparents, aunts and uncles and those in authority.
44. Most Tongans identify faka'apa'apa (respect) as the most fundamental principle within the anga fakatonga (loosely translatable as the Tongan way) that must be passed down to future generations.¹⁰ It is regarded as an overarching value that maintains the strict social hierarchy in Tongan. However, in some cases, Tongan respect is underpinned by fear, which can therefore minimise the authenticity of the practice associated with faka'apa'apa.¹¹
45. Loto maualalo (humility) can be seen where the needs of others, particularly elders and those in authority, are prioritised over one's own. Behavioural manifestations of this include deferring to those who are senior or in positions of authority to either speak, sit or eat first. It is thought that those in positions of seniority and authority have opinions that are deemed to be of an expert nature and therefore less likely to be challenged.¹² I will often see this when professionals meet with Pasifika families, where it is not uncommon for families to agree with the professionals, despite not necessarily having a genuine understanding of what is being discussed with them. They show their humility with a sense of unconditional trust towards the person(s) with authority and acknowledge respect by not asking questions, as questioning may be seen as offensive. Within a family unit, a young person challenging the opinion or request of an older member of the family (e.g. sibling), a superior-ranked member of the family (e.g. uncle/aunt) or an elder (e.g. elderly parent, grandparent), can be offensive due to breaching the principles of respect and humility.

⁹ Elders include parents, aunts, uncles and grandparents, and those in authoritative or senior roles in family, church and community.

¹⁰ Lee, H. M. (2003). *Tongans overseas between two shores*. University of Hawai'i Press: Hawai'i.

¹¹ Lee, H. M. (2003). *Tongans overseas between two shores*. University of Hawai'i Press: Hawai'i.

¹² Ioane, J., & Tudor, K. (2017). The fa'asamoa, person-centred theory and cross-cultural practice. *Person-Centred & Experiential Psychotherapies*, DOI: 10.1080/14779757.2017.1361467.

46. Spirituality and religion are fundamental to a Pasifika worldview. In Aotearoa NZ, more than 70% of the Pacific population are reported as attending church and holding religious beliefs.¹³ The beliefs of Pacific people in their faith, whether it be a Christian God or traditional God(s), are often fundamental to their identity and way of life. Christianity and religion are central to Pasifika communities and part of their daily lives. One's relationship with God and the church is actively maintained to ensure positive health, wellbeing and identity. Despite the evolving culture among Pasifika children and youth of the diaspora, the church can be seen as an anchor for stability and belonging.¹⁴
47. Children and youth have specific roles and responsibilities as they continue to mature throughout childhood and adolescence. Respecting elders can often mean caring for them or prioritising their needs – often seen as a divine designation.¹⁵ Other practices among children and youth, in relation to an older member of their family or elder, include respecting relational boundaries, such as accepting what is required of them without questioning, and being compliant without questioning, for fear of being in trouble or getting others in trouble. All these practices are to ensure that the Vā is maintained between children, youth and older members of their family including elders.
48. In my experience, when there is inappropriate behaviour or law-breaking behaviour by an elder or a person within the family who is seen to be in a position of authority or higher ranking, family members (particularly those of lower or younger status) can often find it difficult to disclose such behaviour, for fear of inadvertently breaching the Vā or putting other family members at risk. This includes children who are being abused, who will maintain their silence due to

¹³ Pasefika Proud. *The profile of Pacific peoples in New Zealand 2016* [Available from <https://www.pasefikaproud.co.nz/assets/Resources-for-download/PasefikaProudResource-Pacific-peoples-paper.pdf>]

¹⁴ Scrope, Chara (2019). *Tongan culture*. Retrieved from <https://culturalatlas.sbs.com.au/tongan-culture/religion-be18cb1b-b905-4cc7-b307075190f06c2d2>

¹⁵ Ioane, J. (2017, September 2). Keynote address. *Pasifika and Psychology: Are we there yet?* New Zealand Psychological Society Conference, Christchurch, New Zealand.

the collective worldview that includes prioritising family needs over their own individual needs or distress.¹⁶

49. The respect given to religious leaders or ministers in the community can make any sexual abuse they enact difficult for their victims to reveal.¹⁷ This can be due to the unconditional trust placed on leaders of faith communities and the risk that a report of sexual abuse may not be taken seriously. Community views of sexual misdemeanours relate to two concepts: mana and tapu. Mana is defined as “concentration of power in gods, spirits, individuals, rites or objects”¹⁸ and tapu is “things that are forbidden and set apart to be avoided because they are either divine or corrupt”.¹⁹ It has been known that a powerful individual (often a male), with great mana, may violate tapu with minimal consequences. When mana is bestowed on someone, there is a great element of respect that is given – and often the boundaries and rules that are usually applied to everyone else are different.²⁰ This can often be seen with church ministers and those with healing powers, and the respect that is given to them.
50. A genuine understanding of the collective worldview and how it evolves can often be misunderstood or compromised in a western society such as Aotearoa NZ.²¹ What is important to understand is that individuality cannot be seen in the same light as in a Eurocentric worldview. The individual, the family and the community are often synonymous and interlinked for Pasifika; therefore, a holistic approach that encompasses genuine Pasifika worldviews must be prioritised, despite the dominance of western, Eurocentric and individualistic models of society in Aotearoa NZ.

16 Xiao, H., & Smith-Prince, J. (2015). Disclosure of child sexual abuse: The case of Pacific Islanders. *Journal of Child Sexual Abuse*, 24(4), 369-384.

17 Isely, P. J., & Isely, P. (1990). The sexual abuse of male children by church personnel: Intervention and prevention. *Pastoral Psychology*, 39(2), 85-99.

18 Makirere, T. (2003). ‘Irinaki’anga: Changing the beliefs and practices. In R. Crocombe, & M. Crocombe (Eds.). (2003). *Akono’anga Maori – Cook Islands culture*. Suva, Fiji: Institute of Pacific Studies, University of the South Pacific.

19 Mitaera, J., Paasi, L., & Filipo, H. (2016). *Cook Islands cultural concepts to inform family violence interventions and practice. Literature search*. New Zealand: Pasifika Proud.

20 Mauri Ora Associates. (2010). Best Health Outcomes for Pacific Peoples: Practice Implications. *Best-health-outcomes-for-Pacific-Peoples.pdf* (mauriora.co.nz)

21 Rankine, J., Percival, T., Finau, E., Hope, L. T., Kingi, P., Peteru, M. C., ... & Selu, E. (2017). Pacific peoples, violence, and the power and control wheel. *Journal of interpersonal violence*, 32(18), 2777-2803.

The next section will discuss common misconceptions about child abuse and the response of victims, particularly Pasifika peoples.

Why were the voices not heard at the time? Delayed disclosure

51. Reporting of abuse at the time it occurs is difficult for most children or young people. That is, delayed disclosure is common. People may assume that if a child or young person was sexually or physically abused, they would straight away tell someone such as a parent or other trusted adult. However, research conducted over the last 40 years has been consistent in finding that delay in disclosure of child abuse is common, and that the majority of those abused in childhood never tell anyone about it during childhood.

52. The inherent beliefs and understanding by Pasifika can contribute to delay in reporting abuse. As described already, the Pasifika worldview incorporates a collective worldview whereby family and culture are fundamental to how many Pasifika people view themselves.²² The honouring of relationships within the collective family may be prioritised over an individual's own needs. Respect is often given to an older family member merely based on their age and position or rank in the family. It does not necessarily include an assessment of character or service to the family. Pasifika worldviews, concepts of Vā or Tauhi Vā, and values such as respect will often make it difficult to report abuse. The survivor may prioritise the needs of their family over their own individual needs or pain as, in some ways, it can be argued that they do not have individual rights. Rather, the rights and needs of the family will always be prioritised.

53. Sometimes children or adolescents will tell someone about abuse that has occurred, but no further action takes place that leads to a report to the relevant authorities, either police or child protection services. There are various reasons a person who receives a disclosure from a child may not take further action. Sometimes, reporting of the physical and/or sexual abuse may be met with disbelief by the person to whom the young person has disclosed, and for this

²² Pulotu-Endemann, F. K. (2001). *Fonofale model of health*. Downloaded from <https://d3n8a8pro7vhnmx.cloudfront.net/actionpoint/pages/437/attachments/original/1534408956/FonofalemodelExplanation.pdf?1534408956>

reason these individuals fail to take effective action to halt the abuse and make reports to authorities. Sometimes, a victim of abuse may confide in another same-aged child, or an adult, who then does not take the report any further in order to respect the wishes of the victim to not report further. Or the person to whom the report was made may be motivated to protect the offender and/or the family from exposure because of shame or to maintain an individual's or family's reputation.

Reasons for not disclosing and reporting to authorities

54. Research has identified a number of reasons why assault victims will delay making reports. Some of these reasons are common to people across different cultures while others are specific to Pasifika culture.
55. One reason people may not disclose is mistrust of authorities. In my experience, people do not disclose as they inherently believe that authorities will not believe them. This can be based on previous experiences with authorities or the experiences of others within their family with authorities. This creates for them an understanding that authorities are not to be trusted. Historical events will also contribute to the decisions people make not to trust authorities such as Dawn Raids and deportations, and removal of their children in to Care without necessarily being given a genuine understanding of how such decisions are made.
56. Another reason victims may not report experiences of abuse is because the act of reporting can itself be a traumatic experience for them.²³ Individuals may delay their reporting in order to deal with the trauma of the event on their own. They may fear retaliation by the perpetrator.²⁴ They may also fear negative outcomes of making an assault public because of the negative effects it may have on their

²³ Wolitzky-Taylor, K. B., Resnick, H. S., Amstadter, A. B., McCauley, J. L., Ruggiero, K. J., & Kilpatrick, D. G. (2011). Reporting rape in a national sample of college women. *Journal of American College Health, 59*(7), 582–587.

²⁴ Balogh, D. W., Kite, M. E., Pickel, K. L., Canel, D., & Schroeder, J. (2003). The effects of delayed report and motive for reporting on perceptions of sexual harassment. *Sex Roles, 48*(7/8), 337–348.

family members.²⁵ I have seen this often in my work whereby families have withdrawn their involvement with the victim/survivor as a means to maintain the identity and wellbeing of the family. Further, they may fear that they may be seen as being responsible for the event itself.²⁶ It is important to note that studies have shown that victim-blaming is a regular reaction to victims of sexual harassment and assault, victims are often held responsible,^{27,28, 29, 30} and the procedure to investigate sexual assault can be experienced as traumatic.^{31,32}

57. Another reason victims of abuse may not disclose their abuse is the nature of their relationship with the abuser where the abuser is from their own culture. Within the Samoan and Pasifika cultures, the role of an elder or someone in a position of authority is to be respected and is generally not to be challenged. When an elder offends against them, that is, behaves in a manner that the young person believes is inappropriate or wrong, this can create a sense of confusion for them. It can disrupt and compromise their sense of identity and existence as it has violated the Vā between them, and the value of respect. Such a challenge can be seen as offensive among family members; it can be seen to bring shame and hostility to their family; or, in some cases, they believe it may bring a curse to them and/or their family.

25 Miller, A. K., Markman, K. D., & Handley, I. M. (2007). Self-blame among sexual assault victims prospectively predicts revictimization: A perceived sociolegal context model of risk. *Basic and Applied Social Psychology, 29*(2), 129–136.

26 Ahrens, C. E. (2006). Being silenced: The impact of negative social reactions on the disclosure of rape. *American Journal of Community Psychology, 38*(3–4), 263–274.

27 Dawtry, R. J., Cozzolino, P. J., & Callan, M. J. (2019). I blame therefore I was: Rape myth acceptance, victim blaming, and memory reconstruction. *Personality & Social Psychology Bulletin, 1269–1282*. Advance online publication.

28 Abrams, D., Viki, T., Masser, B., & Bohner, G. (2003). Perceptions of stranger and acquaintance rape: The role of benevolent and hostile sexism in victim blame and rape proclivity. *Journal of Personality and Social Psychology, 84*(1), 111–125.

29 Ask, K., & Landström, S. (2010). Why emotions matter: Expectancy violation and affective response mediate the emotional victim effect. *Law and Human Behavior, 34*(5), 392–401.

30 Grubb, A., & Turner, E. (2012). Attribution of blame in rape cases: A review of the impact of rape myth acceptance, gender role conformity and substance use on victim blaming. *Aggressive and Violent Behavior, 17*(5), 443–452.

31 Quadrio, C. (1994). Sexual abuse involving therapists, clergy and judiciary: Closed ranks, collusions and conspiracies of silence. *Psychiatry, Psychology and Law, 1*(2), 189–198.

32 Eisenberg, M. E., Palacios, L., Lust, K., & Porta, C. M. (2019). Sexual assault reporting and emotional distress among college female-identified victims/survivors. *Journal of Forensic Nursing, 15*(4), 222–230.

58. When the offender holds a position of authority in a caring or pastoral role, and/or is of high status, such as a church minister,³³ therapist,³⁴ or doctor,³⁵ it can make reporting more difficult. The relationship between someone providing care and the person receiving the care is one of unequal power as a great deal of trust is placed in the person holding the power – usually the person providing care. The concern is in the trust someone places in another person of greater power that can heighten the risk of boundaries being breached. Given the religious priority among many of our Pasifika communities, alongside the respect placed on elders and those in positions of authority, reporting assault can be even more difficult to disclose.
59. The child's perception of the closeness of the relationship between family members and the offender may also be a factor in their willingness to report abuse. For Pasifika, if the offender is seen as someone who provides for their family, they may be less likely to report the offending. A close relationship between family members and the offender may lead the child to suppose that the adult may not believe them and/or may not stop the abuse because of their loyalty to the offender.

What are the impacts of abuse?

Psychological trauma and abuse within a Pasifika and clinical context

60. For the purposes of my report and ease of understanding, trauma is defined as one or more of the following types of abuse that includes (though is not limited to) experiencing and/or witnessing physical, emotional, or sexual abuse, or physical or emotional neglect. Trauma can also include exposure to natural disasters and wars though that type of trauma is not included in this report.

³³Ormerod, N., & Ormerod, T. (2018). *When ministers sin: Sexual abuse in the churches*. Wipf and Stock Publishers

³⁴Quadrio, C. (1994). Sexual abuse involving therapists, clergy and judiciary: Closed ranks, collusions and conspiracies of silence. *Psychiatry, Psychology and Law*, 1(2), 189-198.

³⁵Teegardin, C., & Norder, L. (2019). Abusive doctors: How the Atlanta newspaper exposed a system that tolerates sexual misconduct by physicians.

Social-economic harm

61. For all of these Pasifika children and young people, their experiences whilst in the care of their own families was traumatic and stressful. However, in my opinion, it was partly due to the social and economic influences that occurred within families that led to the family dynamics and conflict. Poverty and racism were common with parents struggling to provide for their families and, at the same time, trying to respond to a new environment, a western culture of independence, individualism and self-sufficiency. While migration to Aotearoa NZ was seen as an opportunity for a quality lifestyle and sending remittances to their homelands, it inadvertently created a conflict with traditional values, practices and beliefs.
62. Immigration, essentially without support and psychoeducation, had an adverse impact for many parents as they tried to 'fit in' to a new way of living life. In my experience with many of our recent Pasifika migrant families involved in the Justice sector, this transition remains challenging. Traditional parenting practices were no longer appropriate as their own children were being raised in a culture different to the one in which their parents had been raised.
63. The Dawn Raid era for Pasifika communities provoked anxiety, terror, fear and ongoing psychological trauma for many Pasifika peoples during that time. The Dawn Raid era occurred more than fifty years ago, yet the psychological trauma and the intergenerational transmission of that trauma remains. Whilst it is important to acknowledge the significant progress by Pasifika people in Aotearoa NZ, many of whom have appeared before you today in expert roles, I also note the growing marginalisation of many of our Pasifika peoples – those of us who 'have', and those of us who do not.
64. As cultures migrate, inter-racial intimate relationships occur. Naturally, this requires a conscious effort for both cultures coming together to work out their differences and similarities. However, when ethnic cultures are diverse in their worldviews, practices and protocols, there is often a risk whereby one culture is placed as superior to the other. There can be a loyalty divide of cultures. In most

cases, it is often the existing dominant culture, that is, Pākehā/Palagi, that will naturally be the dominant culture. The negative impact of this on one's sense of wellbeing is the risk of embracing one part of one's identity, whilst the other remains ignored or relegated.

Loss of attachment and neglect

65. Attachment in early childhood is generally understood as the bond that develops between a caregiver and the infant from birth. It is understood that a caregiver who is available to the infant's needs will provide them with a sense of security and love. The infant perceives the caregiver is someone they can trust, love and rely on, which creates the basis for the infant/child to explore the world. A positive attachment allows the developing child to regulate and control their emotions because they understand that the caregiver/parent will provide them with safety. Furthermore, it also creates a template for the infant/child to mirror future relationships that are based on trust and love.
66. When caregivers/parents are negligent, unpredictable or engage in unsafe behaviours towards a child, this is likely to create distress for a child. The child realises that they cannot trust and/or love others, no-one is likely to care for them, and they have no secure base to allow them to explore the world. This leads to ongoing difficulties such as an inability to regulate emotions and therefore they are more likely to have uncontrollable outbursts and tantrums, being unable to maintain attention and focus, having poor educational outcomes and poor relationships with others.³⁶
67. Within a Pasifika perspective, attachment is different as it is not uncommon for Pasifika children, like Māori, to form a bond with more than one caregiver.³⁷ This is part of the collective worldview by which we live. Therefore, when a parent has been negligent or unpredictable, it is important that this is viewed within a Pasifika context to explore all other attachments that the child has made to members of

³⁶ Erozkhan, A. (2016). The link between types of attachment and childhood trauma. *Universal Journal of Educational Research* 4(5), 1071-1079.

³⁷ Mikahere-Hall, A. (2020). Tuhono Māori: Promoting secure attachments for indigenous Māori children. A Conceptual Paper. *Ata: Journal of Psychotherapy Aotearoa New Zealand*, 23(2), 49-59.

the family. To remove a Pasifika child without exploration of other significant attachments within their family can create further harm, particularly when those attachments are positive and secure.

What has been the impact of abuse on people's lives?

Violence and harm in our homes and in our systems

68. Within Pasifika communities, the old adage of 'children are seen yet not heard' is no longer acceptable within our communities as we continue to live away from our home islands and evolve in our westernised countries. However, it is important to understand that it is a fine balance when culture evolves to maintain core principles of Pasifika and allow for practices/protocols to evolve with time. Violence begets violence and whilst it may be argued that this is not new to Pasifika peoples^{38, 39, 40} real change must occur to lift the veil of silence that continues to hinder and create barriers for Pasifika peoples.
69. Pasifika children and young people are likely to have experienced chronic⁴¹ and complex⁴² trauma prior to their placement in care. Following their transition into Care, it is likely that they experienced cumulative trauma, "the tendency for children or adults to have experienced multiple, different forms of trauma, operationalised as the total number of different types of interpersonal individual trauma experienced by a given individual".⁴³ The exposure to witnessing and/or experiencing sexual and/or physical victimisation is significant, with potentially long-lasting effects. It is understandable that the State agencies saw fit to intervene in order to mitigate the risk of further harm and increase opportunities for better life outcomes. It is my opinion that for many of the stories shared by

³⁸Samoa Office of the Ombudsman / National Human Rights Institution (2018). *National public inquiry into family violence in Samoa*. Downloaded from 2018_SHRR-2018-National-Public-Inquiry-into-Family-Violence-English.pdf (ombudsman.gov.ws). ³⁹Jansen, Henrica and Fua, Seu'ula J. and Blake, B. and 'Iolalia, G.R. (2012) *National study on domestic violence against women in Tonga*. [Professional and Technical Reports] (Unpublished)

³⁹Jansen, Henrica and Fua, Seu'ula J. and Blake, B. and 'Iolalia, G.R. (2012) *National study on domestic violence against women in Tonga*. [Professional and Technical Reports] (Unpublished)

⁴⁰Anderson, E. L. (2015). *Domestic Violence and Society's Response in the Cook Islands: The Psychological Impacts on Victims in 'Paradise'* (Thesis, Doctor of Philosophy). University of Otago. Retrieved from <http://hdl.handle.net/10523/5551>

⁴¹Chronic Trauma is where trauma occurred repetitively or more than once (e.g. family violence)

⁴²Complex Trauma is multiple or varied trauma that occurred during early childhood involving primary caregivers

⁴³Hodges, M., Godbout, N., Briere, J., Lanktree, C., Gilbert, A., & Kletzka, N. T. (2013). Cumulative trauma and symptom complexity in children: A path analysis. *Child Abuse & Neglect*, 37(11), 891-898.

the Survivors, *someone* needed to intervene to provide safety and wellbeing for the children and young person(s) involved.

70. Families needed support to enable and empower their family systems. However, it was the type and quality of the interventions enacted, with poor delivery methods and processes, systemic bias, racism, and further child sexual and/or physical abuse in the Care settings, that exacerbated the already traumatic upbringing.
71. The response by many of the survivors to the violence and trauma they experienced in their homes was to be expected. Mental health distress, absconding, substance abuse, and withdrawal from education are all outcomes of trauma. Children can and will 'act out' when they do not have the words to verbalise and articulate how they feel. Furthermore, they experience difficulty in determining what is current and what is historical and, in some cases, will respond to a current traumatic situation while trapped in their historical trauma.⁴⁴
72. Given the complexity of our children in Care, caring for them is extremely challenging and complex. Intensive training was needed for carers looking after these children and youth in society, yet this appears to have been lacking. It is important to understand that whilst Care is likely to have provided children with basic needs such as food, warmth and shelter, it can inadvertently overlook the need for emotional support. This lack leads to a failure to thrive in an environment due to a lack of trust in others – where trust is fundamental to building and developing relationships crucial to positive adult wellbeing and outcomes.⁴⁵
73. Problems with care facilities are exacerbated further by systemic bias and racism. I have seen this in my field and profession when indigenous worldviews are ignored in order to prioritise a western worldview within a Pasifika family. For example, those receiving care are largely Māori and Pasifika, yet how much of our training and resources across the clinical disciplines⁴⁶ reflect Māori and

44 Schick, K. (2011). Acting out and working through: trauma and (in) security. *Review of International Studies*, 37(4), 1837-1855.

45 Lahousen, T., Unterrainer, H. F., & Kapfhammer, H-P (2019). Psychobiology of attachment and trauma – some general remarks from a clinical perspective. *Front. Psychiatry* (10), (1-15).

46 E.g. psychology, social work, counselling, psychotherapy etc....

Pasifika worldviews? How many of our staff are trained appropriately within indigenous worldviews, alongside western clinical knowledge and practice of trauma, mental health, abuse and addictions? Awareness of systemic racism is not new—more than 30 years ago, the issues were highlighted in a 1988 social welfare report *Puao-te-ata-tu*⁴⁷ that recommended cultural training in disciplines such as social work.

74. Pasifika communities also have a responsibility to acknowledge the role they have played in contributing to the adverse outcomes of these Pasifika survivors. In my professional experience, Pasifika families whose children were taken into State care were often disengaged from wider family, from faith and from their cultural protocols and values. They disengaged from Pasifika support because being in Care led them to feel isolated and disconnected from their culture and fearful of being ostracised, shamed and even blamed for the behaviour of other family members. My recent research project continues to highlight the conflict and disconnection within families that have led to State involvement, and yet the State involvement has (in some cases) inadvertently created further harm to the person and their family.
75. Cultural protocols and practices are crucial to our identity and sustainability as Pasifika people living abroad. However, we must lift the veil and no longer hide behind these protocols and practices – as they have been interpreted to suit certain goals at certain times. In my practice, I continue to see our own Pasifika communities draw on their interpretation within the protocols of humility, respect, *teu le Vā* as reasons why we cannot be genuine in acknowledging the issue of violence that has occurred, the mental health distress that follows, or that the offending that has been significant. We must come to terms with recognising that we need help as individuals, as families and as communities—though, equally important, we must also be part of that help. We must all hold the *tapa* cloth for our communities.

⁴⁷ Department of Social Welfare (NZ) (1988) *Puao-te-Atu-Tu*: Ministerial Advisory Committee Report, Government Printer, Wellington, New Zealand.

76. I see the impact of family violence in our homes when I am carrying out assessments and interventions with our Pasifika people. I see it in the young child as they begin to throw tantrums and hit another child in response to the distress they experience. I see our people laugh when it occurs, without any intervention to say, 'It is not ok'. Yet, what I hope our people can realise is that we are inadvertently watering the seed of violence. Violence that could lead later on to the kind of challenging behaviour that ends up in a Care placement, and maybe even a journey on into involvement with the justice system and placement in a secure justice facility.
77. In my work as a psychologist, I also continue to see the attitude of our Pasifika communities that reinforces beliefs and assumptions about sources of violence. In many cases, I will hear that the role of a woman is to listen and not to contribute to a man's anger, and if they do, then it is their fault as they should understand that you cannot control the anger of a Pasifika man. In other cases, I hear of a woman's contribution to the conflict, by blaming her husband/partner for all the wrongdoing in their relationship and family, and arguably initiating the violence in a subtle yet deliberate manner. It is not uncommon to know that the children growing up in these environments are exposed to this and model such anger, blame and violent behaviour in their relationships at school, resulting in suspensions and expulsions. Parents also unknowingly (in some cases) do not realise that the 'colours' their children come home in reflect their intentions to belong – albeit to a gang family where they believe they will always be accepted.
78. I have also seen decisions made in the system where interventions prioritise the Pasifika child without any involvement of the parent/caregiver and inadvertently creating conflict with the wider family. Or situations where a Pasifika child's care and protection history was not responded to appropriately, eventually contributing to a youth justice placement and subsequent imprisonment, or where a failure to provide the appropriate and relevant intervention(s) that the Pasifika parents needed has meant that one of their children continues to remain in Care while the rest have been returned home (which is confusing and hurtful for all concerned). I have seen instances where the removal of a child to be placed in Care means that their safety has been achieved; however, what is

fundamentally overlooked, yet is absolutely crucial to a child's wellbeing, is that *safety is not just about the absence of threat, it is the presence of connection.*⁴⁸ Work must continue for the child's future life course that includes resourcing families to have a place in influencing decisions about their child and maintaining connections in some safe way.⁴⁹

79. However, I also see the struggles within our families to do the best they can with what they have. And, sometimes, their best is no longer 'good enough', given the resources available to them. Families continue to struggle with economic and social disparity – having a parent working two low-paid jobs leaves little time for helping a child with homework or hearing about some trouble at school. They are not necessarily provided with comprehensive and relevant information to seek support because the system is biased and has already decided that they will not access that support (e.g., where referrals are not made to specialist health or education services). Alternately, the support they are given does not resonate or align with their worldviews, and therefore they do not engage.
80. Preventing and eliminating violence and harm within Pasifika communities is complex. And therefore, the solution(s) will be complex. Violence goes against all of our Pasifika principles of love, respect, humility and faith. Yet, it happens, and therefore we must acknowledge it occurs, accept that it happens in our community, be accountable for its existence and now we must take action to stop its transmission to our next generation.

PART THREE: VISION FOR THE FUTURE OF PASIFIKA

Liu kitekite ki tua to kitia maali atu ki mua

Learn from the past so you may see what your needs for the future are

81. In reading through the survivor stories, alongside my own experiences as a psychologist and academic, I have come to ask myself the question, 'Have we inadvertently created a systemic, intergenerational transmission of trauma?'

⁴⁸ Mate, G. (2018). Notes from *Australian Childhood Trauma Conference*, Melbourne, Australia.

⁴⁹ Cook, L. (2020). Evidence, accountability and legitimacy: The oversight of child welfare services. *Statistical Journal of the LAOS* 36, 365-373.

Have we, as a system (because I too am part of the system), inadvertently become a part of the problem?’ As a practitioner, as an academic and researcher, and as a member of the Pasifika community, I say, ‘Yes, we have’.

82. In many ways, the recommendations and vision I present before you will not be new. They have been raised before in various reports, from *Puao-te-Atu-Tu* to today.^{50 51 52 53} I note the mistrust and biases by Pasifika towards systems in Aotearoa NZ and the ongoing over-representation of Pasifika in poor mental health statistics, high rates of offending and substance abuse, and low educational outcomes – to name a few. Whilst this Inquiry provides a mechanism for the voices of Pasifika people abused in State Care to be heard, the real challenge for any vision and recommendations is whether what we have heard over these two weeks is actually going to have *real impact* for Pasifika peoples now and in the future. I really hope it does.
83. In this final section, I acknowledge the recommendations from survivors and have incorporated their voices in my talanoa. I have also drawn on previous findings and reports to highlight and substantiate my recommendations. Finally, I also draw on my lived and professional experience of being Pasifika, working with Pasifika and having a vested interest in the future of my family, my community and our Pasifika peoples. There are five areas which form the basis of my vision. The worldview of Pasifika is holistic, contextual and interconnected and my recommendations are intended to reflect this. I have incorporated Family, Community, Church, Education and the System within which we live. Underpinning all of these areas, is having a genuine understanding of the Pasifika cultures – their similarities and differences.

⁵⁰ Office of the Children’s Commissioner (2019). *A hard place to be happy. Voices of children and young people in care and protection residences. Insights report*. Wellington: Author.

⁵¹ Government Inquiry into Mental Health and Addiction (2018). *He Ara Oranga*. Downloaded He-Ara-Oranga.pdf (inquiry.govt.nz)

⁵² Lambie, I. (2018). *It’s never too early, never too late: A discussion paper on preventing youth offending in New Zealand*. Auckland, NZ: Office of the Prime Minister’s Chief Science Advisor.

⁵³ Ioane, J., Lambie, I., & Percival, T. (2013). A review of the literature on Pacific Island youth offending in New Zealand. *Aggression and Violent Behavior, 18*(4), 426-433.

*When a flower does not bloom, you fix
the environment in which it grows, not the flower.⁵⁴*

Family

84. The Whānau Ora model⁵⁵ of working with families need to be strengthened. A family systems approach that is inclusive of Pasifika cultures and values must be the foundation when working with children and young people in Care. Essentially, this means a co-designed and co-delivered approach for our children, young people and their families. Often families are the source of the distress in children and young people that leads to their removal. However, when this occurs, interventions for both the child/young person and the family must co-occur and co-exist. It is of no value when an intervention occurs with the child, yet there is no intervention and support for the family. My experience tells me that children will often abscond to their home – regardless of whether their home was where the violence occurred – as it is the home they know, and where they still want to love and be loved. Working with families is crucial to helping everyone build their resilience and function together as a family.
85. Stop the pipeline into Care. Prevention is always a logical pathway to stop opportunity for high risks and poor outcomes. A prevention-based model is most effective when it is working with families from a strengths-based Pasifika approach. A strengths-based approach is defined as drawing on the strengths of the family and system to co-determine what is best for the family to achieve their own excellence, self-sufficiency and self-determination. (An example of this is with the Pasifika mother who had two low paid jobs, and struggled to spend time with her teenage son. She was assisted by a practitioner in referring her to appropriate recruitment agencies, while the practitioner also supported her 16 year old son to seek employment. The mother was able to secure fulltime employment with more regular hours and attributed this to the practitioner's support. The practitioner also provided interim support for her son to get work.

⁵⁴ Quote from Alexander Den Heijer

⁵⁵ A whānau/aiga/family centred approach to support the wellbeing and development particularly in health and social services. For the purposes of this statement, it is about increasing wellbeing of children and young people in the context of their family/aiga. Downloaded About Whānau Ora (tpk.govt.nz)

Having a job and more time with his mum then helped to keep him away from gangs, thereby removing any potential for Care by the State.).

86. A prevention-based model is most effective when it is working directly with families. School-based and church-based interventions will be needed so that the issues appearing for a young person are able to be managed in the community. This also includes drawing on the principles, concepts and values such as 'aufa'atasi (loosely translated as 'working together') that is integral to the collective worldview of Pasifika and can be translated into policy and practices when working with Pasifika communities.
87. E fofō le alamea, le alamea. *Let the issues within a community be resolved within a community.* Family-based interventions that are enhanced and supported within the community, such as through schools and churches, are likely to be more effective, given this is a holistic approach that is aligned with Pasifika worldview(s).
88. Resourcing agencies and organisations to work in effective partnerships with families must be prioritised in order for the whānau ora approach, prevention strategies and family based interventions to truly be effective. It will require culturally competent and highly skilled staff with excellent relational values and practice to broker relationships between families and agencies/organisations.

Community

89. A review of existing resources available for Pasifika needs to be undertaken across Health and Education to explore whether programmes need to be upscaled or co-designed and co-delivered. More resources need to be placed in the community, that includes early childhood centres and primary, intermediate and secondary schools. Working with schools and enabling schools to work with their most disadvantaged families in their community is imperative. There are good initiatives that are Pasifika-led but only operate locally, or with limited funding and uncertain futures. We need to support and evaluate such programmes and roll out the best ones at scale. This responds directly to having

a preventative approach, to respond early and intensively, prior to a Care placement ever being considered.

90. Incorporate trauma-informed training⁵⁶ with all Pasifika and non-Pasifika NGOs, social services, and mental health and addiction services that includes intensive training of cultural understanding of protocols, practices and values, drawing on Pasifika protective factors and resilience. Alongside this, incorporate and contextualise trauma-informed training within a Pasifika and community worldview.
91. Resource local community groups on a high trust basis to deliver targeted messages (cultural and clinical expertise) to the community in order to educate on the impact of violence from a developmental perspective among Pasifika communities (i.e., how violence harms babies, infants and children even when they are too young to understand or put into words what they are experiencing, and how such violence has *never* been in line with traditional cultural values).

Church

92. Despite the negative experiences by some of the survivors with the church, it is important to restore connection with the church as another opportunity for prevention and intervention. A large portion of the survivors were raised in the church prior to their involvement in Care, including the time they were abused at home. My experience with families in the Justice sector highlights a disengagement from the church due to fears of being judged or because they have already been judged, shamed, abandoned and/or rejected from the church. Whilst church ministers and leaders provide pastoral support, targeted training is needed with leaders to address issues of violence that occur within our family and church communities. This needs to be led and facilitated with pastoral expertise working in partnership with clinical professions such as mental health clinicians.

⁵⁶ Trauma-informed training prioritises an understanding of “What is it that has happened to this child/young person(s) that has led to this behaviour?” From a Pasifika worldview, it also includes key principles and values of the child/person’s culture within their family framework, incorporates knowledge of how survivors of trauma process their experience, draws on evidence from Pasifika to inform, guide and implement one’s practice with the individual and their aiga.

93. Community training workshops in churches and village gatherings need to explore further the western religious beliefs and ideals and cultural layers that prevent and hinder courageous conversations and ideas to mitigate violence in our Pasifika communities. For example, Pasifika communities need to discuss and acknowledge that the Vā has been breached when an offence occurs, particularly within families. Too often, I see the Vā portrayed as a reason for non-engagement, which is a misunderstanding of the authenticity of the Vā – in my opinion. Brave and frank conversations need to be held within these forums so that churches take responsibility as the spiritual leaders of Pasifika communities.

Education in schools

94. A roll-out programme is needed in schools to promote a trauma-informed education system. A system that is able to identify early the symptoms of trauma and abuse and provide a pathway for early intervention needs to be prioritised. In my experience working with children and young people in Care, a genuine understanding of the underlying causes of the challenging behaviour(s) of children and culturally appropriate training to respond to the trauma and violence are important. Experiences of trauma and violence are often the main barriers to learning and pathways to suspension and exclusion. I hear too often of thoughtful and insightful early childhood and primary school teachers and principals who know that a child and family need help, but referrals to get that help are limited to only a lucky few. Investment in culturally appropriate, intensive support for a school-aged child and their aiga will pay lifelong dividends, in contrast to the potential costs of Care, and pathways to justice involvement and potential incarceration that can follow.

Review of tertiary training to prefer professionals who work with Pasifika

95. Work with disciplines of social work, psychology, health and education to formally adopt Pasifika models of engagement, theory and practice to ensure all practitioners are trained to relate to, engage and communicate effectively with Pasifika people and their families in Care. As an academic, I believe we do not do enough direct engagement with the community such as Pasifika providers, faith based organisations and church groups to participate in the development of

a curriculum – yet the intention is that as practitioners, we will be serving these communities. We need to do this direct engagement and participation with communities. This has been raised previously with Māori⁴⁷ and requires a concerted effort by New Zealand universities, tertiary institutions and the Tertiary Education Commission, along with further enhancement of Pasifika executive leadership roles in the universities, for example, Pro-Vice Chancellor Pacific.

96. Targeted recruitment of Pasifika is required into the relevant disciplines where Pasifika workforce is low.⁵⁷ In the interim, bridging pathways need to be developed for Pasifika who are already in the workforce (though with lesser western qualifications) to influence decisions. Furthermore, we need to create formal and clear pathways of career progression for Pasifika in the workforce particularly in leadership management and clinical leadership roles to achieve a ‘mirror on society’ workplace. The decisions for Pasifika needs to be inclusive of the Pasifika workforce so that it accurately reflects the community it services.
97. Prioritising and funding research with Pasifika communities to determine and evaluate what works will be important. All research involving Pasifika needs to be led or co-led by Pasifika that gives opportunity for Pasifika models of research (e.g., talanoa⁵⁸, kakala framework⁵⁹), systems and frameworks to be implemented alongside clear pathways for dissemination, strategy and implementation. This will also include the evaluation of interventions with and for Pasifika so they are evidence-based and informed by the practice and community it serves.

Responsibility of Government

98. It is the role of government to keep all its citizens safe. Prevention and early intervention that includes families continues to be highlighted and is not a new discovery.^{50 51 52 54} The voice of the community is the voice of the family and, therefore, targeted efforts on an ongoing basis are needed for families to report directly in a closed forum their experiences. Many gang members have care and

⁵⁷ Less than 3% of psychologists identify as Pasifika (NZ Psychologists Board (NZPB). In 2017, 38/2052 registered psychologists identified themselves as Pasifika (personal communication, NZPB, 2017).

⁵⁸ Farrelly, T., & Nabobo-Baba, U. (2014). Talanoa as empathic apprenticeship. *Asia Pacific Viewpoint*, 55(3), 319-330.

⁵⁹ Helu-Thaman, K (1992). Looking towards the source: A consideration of (cultural) context in teacher education. *ACCESS Critical Perspectives on Education Policy*, 11(2), 44-50

protection histories so working with families, churches (traditional/non-traditional), sports groups, villages, and NGOs to strengthen and build their resilience to maintain and support family engagement is important, to replace the sense of belonging found in a gang. Services need to get better in having a genuine understanding of our young people in Care. This involves spending time and working in partnership with those already involved-to develop better life outcomes for the young person and their family.

99. Policies must accurately reflect the needs of Pasifika people. Trust and good faith are fundamental values that will authentically capture the voices of Pasifika to be translated into policy. An all-of-community by all-of-government approach will enable the development of a vision, strategic plan and action plan for Pasifika that is upheld by all government agencies. This will need to prioritise building workforce capacity among Pasifika, Pasifika cultural competence training that incorporates Pasifika models of practice and direct involvement of Pasifika in decision-making.
100. The Child and Youth Wellbeing Strategy⁶⁰ needs ongoing support for its implementation. A Pasifika focus is needed to explore and understand the voices of Pasifika. Listening to children and young people is important⁵⁷, listening to children and young people *within the context of their families* is what's important for Pasifika. Pasifika children and young people are synonymous with their parents. If their parents and family are supported, they will be too.
101. A formal integration of Pasifika models of mental health (e.g., Fonofale model⁶¹), research models (e.g., Kakala framework⁵⁹), and engagement frameworks (e.g., Pasifika clinical interviewing⁶²), throughout the respective areas of health and education in training and professional development, is needed in order to prevent the continuing pipeline of Pasifika communities into Care.

⁶⁰ Office of the Children's Commissioner and Oranga Tamariki (2019). What makes a good life? Wellington: Author.

⁶¹ Endemann, K (2001). Fonofale model of health. Downloaded from Fonofale (whanauoraresearch.co.nz)

⁶² Ioane, J. (2017). Talanoa with Pasifika youth and their families. *New Zealand Journal of Psychology* (Online), 46(3), 38-45.

A care system for Pasifika

Relational-based and Trauma-informed System of Care

“O au a mātua fanau. Children are the precious offspring of parents”⁶³

102. Nurturing relationships are a protective factor for children affected by trauma. The identity of Pasifika peoples is relational and therefore a relational-based system of Care needs to be prioritised for Pasifika. Trauma-informed care is grounded in an understanding and responsiveness to the impact of trauma that is strengths-based and prioritises the physical, psychological and emotional safety of the survivor and their carers.
103. Co-design with the community (including families in Care, church, school and Pasifika services) a System of Care that is relationally based and trauma-informed. This involves sharing of power with Pasifika communities that is based on a high trust, high integrity and strengths-based relationship. As a result, existing systems need to be prepared for change when a Pasifika worldview is implemented, hence the need for high trust in the co-design approach.
104. The Care of workers and families is just as important as the Care of children and young people. Developing a Care strategy that is values based and provides support, training (including trauma-informed within a cultural framework) and safely monitors the wellbeing of caregivers, all staff, parents and families supporting the child/young person must be prioritised. Caring for our most disadvantaged children and young people requires compassion and genuine engagement in an environment that is extremely challenging and complex. If the wellbeing of parents/carers/staff is positive, so too will be the wellbeing of the young person. This will also include providing an opportunity for critical self-reflection and therapeutic support for carers and residential staff, as working in this area is likely to trigger one’s own anxiety and stress.

⁶³It is the responsibility of parents, aiga, community and society to look after their children with the utmost care, love and dedication.

105. A stringent vetting system for staff is needed, that is not based solely on checking conviction history but also on the references of independent community leaders and families. A Pasifika-based recruitment strategy needs to be implemented to prioritise Pasifika staff recruitment alongside a progressive career pathway into leadership.
106. Training of staff who work in Care is crucial. It is interesting that those staff who have the most time with our most disadvantaged young people in Care have often had the least training. Staff must have knowledge of Pasifika values, principles, protocols and practice; and up-to-date understanding of childhood trauma, how it manifests itself behaviourally and how to respond to its challenges, without reacting punitively. Training in this area needs to be ongoing and well-supported. A full review of the training programme roll-out needs further development and ongoing support.
107. Therapeutic family homes of smaller sizes than are currently available are likely to be more effective. These homes will be in the community and include family engagement and participation. A Pasifika therapeutic family home will need to draw a balance between Pasifika cultures, values and responding to the mental health and clinical needs of the young person and their family. From the outset, it is Pasifika-led with trained individuals in Pasifika, trauma, mental health and addictions and relationships. Finally, there needs to be a clearly outlined and transparent process for the delivery of outcomes, as discussed in the next paragraph.
108. The establishment of an independently led Pasifika board of governance with oversight is needed to ensure this proposed Relational-based and Trauma-informed System of Care is authentically meeting Pasifika families engaged in this system. This board will have the mandate to monitor and review outcome deliverables, policies, operations and practice relating to all Pasifika and have a direct line of communication to the young person(s) and their families. This board will be led by Pasifika and include Pasifika *and* non-Pasifika so as to build and maintain mutual trust and respect⁴⁹ that highlights the Pasifika value of reciprocity. Furthermore, it enhances opportunity for shared knowledge,

advocacy and ongoing improvement for Pasifika people⁴⁹ so that we all hold the tapa cloth to work effectively and authentically with high-needs Pasifika communities. This incorporates the Pasifika values of Relationship and Reciprocity in practice.

109. Record keeping and data management are crucial to maintaining the identity of Pasifika peoples as a distinct population that are either benefiting (or not) from new systems and interventions. This is not my area of expertise, though it is crucial to understanding, monitoring and evaluating whether services are authentically meeting the needs of Pasifika people in Care or needing Care.

Conclusion

110. As Pasifika cultures evolve and migrate away from the Pacific Islands, we as a Pasifika society need to be vigilant of our evolution. Anecdotally, I continue to see the growing marginalisation of Pasifika who have succeeded in western society, such as many of us who 'have' and many of those who 'have not'. We as Pasifika who 'have', must take responsibility and hold ourselves accountable with our current and future generations of Pasifika being safe in *our* care and healing from the past.
111. Healing and restoring faith and trust in a Pasifika system of Care is long overdue. Time is no longer on our side. The recommendations and visions are intentionally ambitious and will require great resourcing – but that resourcing is minimal, compared to the wasted lives and costs of offending, chronic family violence, State care, incarceration and mental health issues that can arise from the unmet needs of Pasifika children and young people, and their families. Intergenerational transmission of trauma for Pasifika people has been detrimental to their development. We already know that. Now, we must begin to create a generation that will allow for the intergenerational transmission of healing, safety and the restoration of identity for Pasifika. While Pasifika is often seen as a priority group across the sectors, any assessment of our Pasifika cultures must be seen through the experiences of the most disadvantaged groups within the Pasifika communities - many of whom have been placed in

Care, engaged in offending behaviour and/or ended up involved in the Justice sector.

112. It is important that time and investment are given to conceptualise Pasifika worldview(s) when working with Pasifika communities. The Pasifika worldview is holistic, interconnected, contextual and diverse. Individual identities do not exist within Pasifika communities which make Pasifika challenging to be understood within a western worldview of individualism and independence. However, if the system is to genuinely work with Pasifika, then a significant change is required at a systems level. Agencies, organisations and departments must engage in the fundamental concept of the Vā, Tauhi Vā (sometimes referred to in Māori as tapu) to incorporate Pasifika worldviews and co-design, co-deliver and work in equitable partnership with Pasifika peoples.
113. Finally, an understanding of Pasifika values is needed to guide, heal and continue with Tatala e Pulonga. Action must come from this Inquiry because that is the true concept of healing. Don't mistake our identity as individual. Don't mistake our respect as disengagement. Don't mistake our kindness as agreeable. Don't mistake our love as a frivolous gesture. Recognise our humility, respect, kindness, love and identity as our gifts to you as the System that is meant to protect all its citizens. It is now your time to reciprocate.
114. Fa'aefetai i le Atua mo lenei avanoa ua mafai ona ou fa'asoa atu e uiga i le matā'upu. Fa'amalie atu fo'i pe afai ua iai se mataupu e lē talafeagai ma le tatou aofia. O la outou sao e ala i le fa'atalanoaina o le nei matā'upu, o se lapata'iga lea mo le lumana'i o tatou alo ma fanau i NiuSila. Fa'afetai fa'afetai lava.

115. A copy of my written consent to use my statement is annexed to this statement.

Statement of Truth

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

Signed: GRO-C

Dated: 21/7/2021

Appendix One

My training as a psychologist includes a Doctor of Clinical Psychology, a Postgraduate Diploma in Science (Psychology), and a Bachelor of Science (First class Honours) degree in Psychology. I am a member of the New Zealand Psychological Society and New Zealand College of Clinical Psychologists. I am a Trustee of Brainwave Trust and a Board member of Youth Horizons and MAS Foundation. I am also a member of the NZ Police Commissioner National Pacific Advisory Group, Counties Manukau Police Pacific Advisory Group and the Health Practitioners Disciplinary Tribunal.

I am a recipient of the following:

- Constable Pita Fuafiva doctoral scholarship (NZ Police, 2008)
- Health Research Council research grants (2009, 2017)
- New Zealand Psychological Society Public Interest Award (2018)
- Nomination for Massey University Lecturer of the Year (2021)