

**ABUSE IN CARE ROYAL COMMISSION OF INQUIRY
DISABILITY, DEAF AND MENTAL HEALTH INSTITUTION HEARING**

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)
Paul Gibson
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Mr Gregor Allan, Ms Sandra Moore and Mr Vaughan Dodd for the Crown

Venue: Level 2
Abuse in Care Royal Commission of Inquiry
414 Khyber Pass Road
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TRANSCRIPT OF PROCEEDINGS

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17 **Lunch adjournment from 12.55 pm to 2.04 pm**

18 **COMMISSIONER GIBSON:** Ms Cuthill.

19 **MS CUTHILL:** Ahiahi mārie, Commissioners and Madam Chair. We have Catherine Hickey
20 with us by video link from Waitohi at the top of Te Waipounamu which you can see in the
21 artwork by Catherine behind her. She desperately wanted to be here kanohi ki te kanohi
22 but that wasn't possible at the last minute.

23 She's happy to take the affirmation, Madam Chair.

24 **CHAIR:** Thank you very much, Ms Cuthill.

25 Welcome to the Commission, it's your first appearance here I understand?

26 **MS CUTHILL:** Thank you, Madam Chair.

27 **CHAIR:** Hello Catherine -- do you mind if I call you Catherine?

28 A. No, that's fine, thank you. Kia ora.

29 **Q.** Kia ora, and welcome to the Commission. Here's your affirmation.

30 **CATHERINE MARGARET HICKEY (Affirmed)**

31 **MS CUTHILL:** Could you give us your full name.

32 A. Catherine Margaret Hickey.

33 **Q.** And you're here to tell us the story about your brother Paul Hickey. And you've provided --

34 A. That's correct.

1 **Q.** -- a written statement to the Commission. And in that statement you say that Paul's time in
2 State care and ultimately his death in State care is at the centre of the story of your family.
3 And this story mostly concerns his care while he was at Porirua Hospital in his late teens
4 from 1975 to 1980.

5 At paragraph seven of your written statement, you've given a summary of what
6 Paul's time in State care has meant for your family. Would you like to read that paragraph
7 for us?

8 **A.** Certainly. "Paul's experiences took an unspeakable toll on our whānau, and on my mother
9 in particular who remained heartbroken for the rest of her life. Paul was stolen from us and
10 there's no other way to describe it. Our whānau dissolved because of what happened to
11 Paul, and all of us have felt the impact continuing over the ensuing 40 years since his
12 death."

13 **Q.** Can you tell us about Paul's early life and your family background?

14 **A.** Certainly. Well, as mentioned, we grew up in GR0-B, born in GR0-B, and then we
15 moved to Tairāwhiti when we were quite young, we lived out on my grandparents' farm for
16 some time in Tolaga Bay, but Paul was the youngest of four children, three older sisters, he
17 was an incredibly inquisitive, adventurous outgoing little guy, he'd always have his rugby
18 ball with him wherever he went, he was always outside in his gumboots and little stubbie
19 shorts racing around the place but exploring his world.

20 And, you know, we adored him, even though he obviously with having three older
21 sisters was extremely cheeky and he would do things like hide our dolls and, you know,
22 pull off their heads and do everything he could, I guess, in a sense to annoy us, but he did it
23 in a way that, you know, we embraced as well at the same time.

24 And my father had a good job, we loved being on the farm, we learned to ride
25 horses and for us that early childhood was, you know, really fulfilling.

26 **Q.** And you're the third child in your family, aren't you?

27 **A.** That's correct, yes.

28 **Q.** And you're 18 months older than Paul was, so --

29 **A.** That's right.

30 **Q.** -- you were pretty close to your baby brother in age and --

31 **A.** Very, very close.

32 **Q.** -- relationship?

33 **A.** Uh-huh, absolutely.

- 1 **Q.** And what you've described is a close and very loving family unit?
- 2 **A.** Yes, and living with, you know, being on the farm, even though we had our own home, you
3 know, my grandparents were there in total support as well for, you know, my mother who
4 was working on the farm while my father worked in town. So it was an extended whānau
5 concept really.
- 6 **Q.** And you have iwi links to Tainui that you've discovered later in life, haven't you?
- 7 **A.** That's correct, yes, through my maternal grandmother.
- 8 **Q.** And you were raised Irish Catholic?
- 9 **A.** Yes, very staunch Irish, very staunch Catholic.
- 10 **Q.** Something happened to Paul when he was six that changed the whole course of that family
11 unit's life. Are you able to tell us about that incident?
- 12 **A.** Certainly. Just before his seventh birthday Paul went to a friend's house to play for the day,
13 he was more used to riding horses than he was used to riding a push bike, but they hopped
14 on bikes nonetheless. He had no helmet and unfortunately the bike he was riding had no
15 brakes. They came down quite a steep hill onto a main highway and Paul was hit by a
16 passing truck. He was obviously rushed into hospital, we passed that ambulance on our
17 way to meet him and he spent quite a lot of time in a coma in that hospital. As I've
18 mentioned, my parents were told to expect the worst, they didn't think his survival was very
19 likely.
- 20 He was given his last rites, and so -- being, you know, very much following that
21 Catholic faith there was a Priest at his bedside who administered the last rites and gave him
22 the name Norbitt and, you know, the process around that was to get used to the fact that
23 probably we weren't going to be bringing Paul home again.
- 24 But Paul had other ideas and he came through that coma, came out of the coma. He
25 was unfortunately left as a hemiplegic, so he was paralysed down his left side and he had a
26 severe brain skull injury. So he had an organic brain injury, but the side of his skull was
27 broken and smashed, crushed beyond repair at the time, so that left a large indentation in
28 his skull.
- 29 He was in very short time able to speak again, to walk and talk, he was incredibly
30 strong, he was a miracle child in lots of ways, because they'd never anticipated that his
31 survival would be even likely to occur.
- 32 So he was definitely our little taonga and our little miracle boy to get to that stage
33 where he was not going to have a normal life again, but he was able to cognitively function
34 and he was so determined, that same determination he had as a young child just came

1 through straight away. He wanted to climb trees again, he wanted to do all the things that
 2 he'd done as a young boy. He was still a little boy, he was still only just coming up to
 3 seven. And, you know, of course as a whānau we felt it really important that we support
 4 him in every way possible that we could and eventually he came home.

5 We were ecstatic, you know, I think for my mother, I cannot even imagine their
 6 anguish, for my parents, I cannot even imagine the anguish that they had but then they felt
 7 that they'd been given a second chance with him.

8 **Q.** And from that time for the next five or six years he was in mainstream schooling, wasn't he,
 9 because he was --

10 **A.** Yes, so what happened was it was only, you know, within a few months, once he'd got, you
 11 know, the concept of physiotherapy, I mean, all those things were just -- the medical staff
 12 were phenomenal and giving him the support he needed to get those functions back in
 13 place. You know, they couldn't have gone far enough, they came and did home visits, you
 14 know, the physiotherapy, therapists -- and the speech therapists, it was quite incredible.

15 So it didn't take long before they felt that he could go back to the school that he was
 16 originally at, which he did, and those children and the school really embraced him. You
 17 know, they saw him as a little bit of a miracle, like we had really, a little bit of an anomaly
 18 too, the children were curious about him but they didn't look down on him, you know, they
 19 were like all told that this little boy had achieved what no-one else could possibly imagine
 20 he was going to come through. And things would happen, like -- I remember the Police
 21 car, Police coming out and he went for a ride in the Police car and that was in the
 22 newspaper, you know, that this little boy had survived this horrific accident and the Police
 23 were there to, you know, take him for a ride in the car and just boost his spirits and our
 24 spirits too.

25 **Q.** Can I --

26 **A.** So schooling for him in that first, yeah, initially schooling was, you know, not so bad but
 27 then we had to move into town, my father's job changed, and we moved into town and then
 28 he changed schools and went to school in town and then that's when it all changed for him.

29 **Q.** Can I move you to when he's had to go into GR0-B out of mainstream schooling. It
 30 happened when he was around 13. Could you talk to us about how he ended up at

31 GR0-B firstly, and then what his time in GR0-B was like?

32 **A.** Sure. Well, he moved school and then of course with that came considerable bullying. So
 33 the children would imitate how he walked. He was having petit mal seizures two or three

1 times a day, they would be completely random, you never, you know, you never knew, you
2 couldn't predict when they were going to happen. Sometimes it would mean that he would
3 almost black out with the seizure.

4 So in terms of trying to have mainstream schooling, the children in his class and
5 around him were seeing what was going on there, and they would imitate that. When we
6 moved into town my father was working, my mother was working, and Paul had to walk to
7 school later on, it wasn't initial, but later on he walked to school. And he would have rocks
8 hurled at him by older children and sometimes come home covered in blood and then us
9 girls were at home before mum got home and we'd try and clean him up so that mum didn't
10 have to see him that way.

11 My parents -- should I mention that now, that my parents separated?

12 **Q.** We can talk about that now if you'd like, the impact on your parents?

13 **A.** Yeah, because he didn't go into the GR0-B rehabilitation centre until we moved to
14 Hawke's Bay, to Heretaunga, so we'd been in Tairāwhiti. My father started to distance
15 himself from our family. He was finding other ways to, I guess, in a sense drown his own
16 sorrows and not - did- not have the ability to cope with Paul's injuries and seeing his son as
17 now paralysed and with a head injury, his boy wasn't going to play rugby like he dreamed
18 about for his son. And he stayed more and more away from home. So my mother was left
19 there to fend for us. That was financially as well, my father wasn't providing for us
20 financially in the end either.

21 And so that whole fabric and that whole network of having the stability, that stable
22 life that we'd known all disintegrated around us.

23 My parents eventually separated and that took a huge toll on us all but especially
24 Paul who was very much in need of that father figure, very much in need of that male role
25 model to help him in his time of need as well.

26 So, you know, that whole circumstance was particularly tough on Paul.

27 It was some years later that we moved to Heretaunga. My mother had met a new
28 person in her life who was a wonderful man as well, for her, really good for her. But with
29 the move to Heretaunga they did try and place him back in mainstream schooling straight
30 away, but that was even more disastrous because, you know, those children had no, you
31 know, they had no concept of who this person was and all they were seeing was this, you
32 know, tragic individual in their eyes.

1 The suggestion was made that Paul go into the GR0-B rehabilitation centre. That
2 was probably one of the worst outcomes for him in terms of the fact that he was extremely
3 bright, Paul was above average intelligence. Sure, he was disadvantaged in the fact that his
4 mobility was compromised, and that he was disabled. But in terms of his own
5 psychological needs, he needed to have stimulation.

6 **Q.** And after --

7 **A.** He needed to have -- sorry.

8 **Q.** Sorry.

9 **A.** That's all right.

10 **Q.** And after age 13 he had no more formal education or testing?

11 **A.** No.

12 **Q.** Or opportunity to obtain any qualifications of any kind?

13 **A.** No. No, no, that was not an option for him.

14 **Q.** His time in the rehabilitation centre, which, I understand the name has been redacted, didn't
15 end well for him, did it, and one of the reasons he struggled, as I understand it, is because
16 he was intellectually fully capable, had no cognitive impairments and was placed with
17 adults who did have those limitations who struggled at times to manage their own
18 behaviours and there were no other young teenagers like him?

19 **A.** No. So there was no-one he could relate to while he was there, apart from, you know, the
20 staff obviously. Just keeping in mind, too, that Paul was very, well, he wouldn't like you to
21 say it, but delicate, you know, with his paralysis and his head injury. He was quite delicate,
22 so it didn't take much to knock him over, for instance, or if he was -- someone was, you
23 know, aggressive towards him, and even just pushed into him, that would knock him to the
24 ground, because he didn't have the ability to stabilise himself. And often he'd get hurt when
25 that happened, and so being in an environment with adults predominantly who were
26 unaware of their own strength, he was even more vulnerable around them.

27 **CHAIR:** Could I just -- sorry to interrupt, sorry, Catherine, sorry to interrupt.

28 **A.** No, that's fine, no, please.

29 **Q.** Was the GR0-B training centre residential or non-residential?

30 **A.** It did both, for Paul it was non-residential.

31 **Q.** So he came home at the end of each day?

32 **A.** He did, he did.

33 **Q.** Thank you.

1 A. Yes.

2 **QUESTIONING BY MS CUTHILL CONTINUED:** Can I move you, Catherine, to 1975 when
3 at age 15 Paul's time in that centre ends and that's because of an incident where he's been
4 threatened by one of the adult people living at the centre and he's responded in kind.

5 A. Yes, so what transpires is that Paul had been physically and psychologically bullied by one
6 of the other students there and it got to the point where he couldn't take any more and so
7 he'd threatened that particular person with a weapon and said that he was going to kill him
8 if he didn't leave him alone. For Paul I knew that this was his only way of feeling that he
9 had any kind of self-defence.

10 I know he knew that it was not right because he was intelligent enough to know
11 that, but I feel that he was just backed into such a corner that he just needed to take the
12 action in his own hands. And of course he was, you know, he was disarmed and I believe
13 the Police were called, but there was no prosecution by the Police.

14 However, it was decided that Paul needed to have a psychiatric assessment.

15 **Q.** Up until that point in Paul's life for age 15, what do you think now should have been the
16 way he was treated, the report -- the treatment that he received, what do you think he
17 needed and should have received?

18 A. Well, I definitely feel that his, you know, he was a quite -- an isolated case, I guess, in a lot
19 of sense, there's a lot of people I know that -- with organic brain injury, you know, that
20 they're not, you know, they lose -- he was intelligent, he'd always been intelligent, he didn't
21 lose that intelligence with his injury, he lost the physical ability, but he didn't lose his
22 mental capacity. He needed to have more physiotherapy, I think that that would have
23 helped him immensely just to get his own courage and his own mana, his own self--esteem
24 back as well, you know, to have kept that going, that wasn't -- they stopped that pretty
25 much when he got back into school life. And I really would have thought that the ideal
26 scenario was even if he'd been able to have some home schooling just to keep that school,
27 you know, that formal education aspect going for him.

28 **Q.** But what happened for Paul was markedly different than that, wasn't it, it was a process --

29 A. Definitely.

30 **Q.** -- that happened through the GP as a result of that incident with the weapon and ultimately
31 led to him being institutionalised and a ward of the State in 1975 when he was 15. Are you
32 able to talk to us about that process around the GP and the ward of State?

33 A. Sure. So, as I said, Paul was placed into the -- well, they did a psychiatric assessment of
34 Paul. Just keep it in mind that Paul had had no issues at home and this was his first incident

1 of any violence, showing any violent tendencies I guess, or any kind of, you know,
2 pushback or conflict in any way, of any way, shape or form. It was almost like immediate,
3 bang, straight into a psychiatric assessment.

4 The clinical psychologist who saw him and our family GP worked together and he
5 went into the Hastings psychiatric unit for that assessment. The decision was made to
6 commit Paul because they felt that he was very -- there was a lot of paranoia there. He'd
7 become really quite frightened about what was happening to him in terms of the bullying
8 and of course he just didn't know how to deal with it or cope with it. So, you know, they
9 saw that as paranoia on his part.

10 Yeah, so with that committal it left my mother broken-hearted. I know that she
11 tried the best to stop that procedure happening and hoping that there could be some
12 alternative. It seemed very drastic, it seemed very extreme to think that, you know, never
13 before had he had any issues before, it wasn't like he had a long list of issues like this.

14 So they took extreme action, in our view, and placed him in the Porirua Psychiatric
15 Hospital.

16 **Q.** And your mother resisted that process and in fact didn't agree to it, did she, and --

17 **A.** She did not.

18 **Q.** -- as a result --

19 **A.** No.

20 **Q.** -- because there was no consent, Paul was made a ward of the State so that he could be
21 committed?

22 **A.** That's correct, yes.

23 **Q.** You know about Paul's experiences in Porirua Hospital through his letters to you and his
24 phone calls to you and his letters and phone calls to your mother which you've talked to her
25 about before her death. Are you able to talk to us about your understanding of what life
26 was like for Paul there?

27 **A.** When Paul first was placed in Porirua he was virtually stripped. He had nice, long 70s hair,
28 he loved his long hair. The reason he loved his long hair mostly was because it covered up
29 a fair bit of the indentation in his skull, which you could see if his hair was short. So he
30 was particularly conscious of that.

31 **Q.** Shall we show the Commissioners a picture of what he looked like before he went into
32 care?

33 **A.** Certainly.

34 **Q.** That's exhibit 002.

1 So this is Paul at 15 just before he was committed, is that -- that's correct?

2 A. That's correct.

3 Q. And we have another picture of him that's exhibit 003, and that's taken in 1977 and he's
4 been in Porirua for two years and it's showing he's lost that beloved 70s hairstyle and,
5 arguably, a bit of that attitude that he was showing as a teenager.

6 He was stripped of not just his hair but other things that were his freedoms and his
7 belongings, as I understand it. Are you able to tell us about some of that?

8 A. Sure. So he was very, very keen on a watch, he always liked to have a watch with him and
9 wear a watch and he had a really good watch. I know that he'd saved up for that with his
10 pocket money and it was a Seiko watch that he used to polish all the time. He liked to have
11 a transistor radio and he took a transistor radio into the hospital with him because he liked
12 to listen to music, he was right into 70s music, and he was almost a little bit of a hippie in
13 his own way, he had his own little hippie thing going on, and he liked to dance to the music
14 and listen to it at night time and that was -- it really kind of soothed him, you know, as well.

15 But he on one of his phone calls had mentioned that the staff had taken those things
16 off him and they'd gone and -- they'd put them in -- they said that they'd put them in the
17 staff room in a box, in a metal box, and when they went to find them again they were gone,
18 there was no -- they couldn't find them. I know that Paul wrote a letter to the
19 superintendent himself asking him what they would do about this and how they could
20 compensate him for the fact that it was obvious that his things had been taken.

21 The value he put on them was \$200, which I thought was rather beautiful, that he
22 could say to them, "This is how much you owe me, please pay me back." I believe that
23 initially after a lot of toing and froing they gave him back \$99.

24 Q. But those things meant a lot more to him than money, didn't they, they were the symbols of
25 his identity --

26 A. Oh, yes.

27 Q. -- in a place where he had nothing?

28 A. That's right, and they were the things that he relied on to give him a little bit of comfort.

29 Q. You have some knowledge through Paul and through your mother about the medication and
30 the treatment regime that Paul had at Porirua. And as I understand from reading your
31 witness statement, your mother was a nurse, so was aware of some of the ins and outs of the
32 medication and that gave her great concern and, in particular, you were concerned about
33 Paraldehyde injections?

34 A. Mmm-hmm.

1 **Q.** And ECT treatment?

2 **A.** That's right.

3 **Q.** Can you talk to me about that?

4 **A.** Well, I think, if I recall, and my mother had actually spoken about the use of ECT and a
5 hope that Paul would not have that because of his brain injury and his paralysis because she
6 was so concerned of the effects it might have on him. However, he mentioned to her in
7 quite great detail the fact that he was administered Paraldehyde and had to undergo ECT on
8 a number of occasions.

9 The other incredibly concerning thing was the over-medication that Paul was
10 having. Sometimes twice the adult recommended dose for an adult was being given to a
11 young boy, and we're talking, you know, really strong tranquillisers as well as the
12 Paraldehyde and a whole plethora of other medication, I'm not sure if I can mention all that,
13 but on a daily basis, it wasn't just like every now and then, it was on a daily basis.

14 **Q.** And that medication was often administered anally as a way to make it absorb faster?

15 **A.** The Paraldehyde was, yes.

16 **Q.** And also to make it easier when a patient was refusing to take medication by other
17 methods?

18 **A.** Exactly, yes.

19 **Q.** In your -- if I can take you back to your mention of ECT therapy or treatment, you've
20 written about this in your statement at paragraph 33. Would you like to read that to us, or I
21 can read it for you if you'd prefer?

22 **A.** Let me find that, that's fine.

23 **Q.** It's on page 5 of your written statement.

24 **A.** Yeah, I'm -- 33 there. So, "mum saw Paul with black eyes and evidence that he was
25 regularly beaten up. He had unrelenting physical injuries. He told her that the staff would
26 round up the patients and hose them down with cold hoses. His radio was stolen, he could
27 no longer listen to his beloved music. His watch was stolen too along with any money that
28 he had."

29 Do you want me to carry on to 34?

30 **Q.** Paragraph 32, which is the paragraph that begins "ECT was administered", because that's
31 where you describe your understanding of what ECT was used for and your understanding
32 is it wasn't simply treatment, it was also punishment?

33 **A.** Yes, I might get you to read that, if you don't mind, Hannah, thank you.

1 **Q.** At paragraph 33 you say, "ECT was administered if a patient expressed signs of depression,
2 defiance or a 'bad attitude' generally, if they protested about their treatment or simply a
3 standard rehabilitative process. ECT was not just for treatment but also a punishment for
4 certain behaviour. It was impossible for us to question what was seen as justifiable and
5 necessary, and my mother had no rights in regards to determining Paul's treatment. There
6 was no communication to us before Paul had ECT or Paraldehyde injections."

7 You've mentioned previously that your mother was particularly concerned about
8 Paul having ECT because of his brain and skull injury, and am I correct that you could see
9 movement under the skin on Paul's head, it was exposed?

10 **A.** That's correct, it was, yes.

11 **Q.** Paul was telling you and your mother about what happened to him, on the phone and in
12 letters, but they were often restricted, weren't they?

13 **A.** They were.

14 **Q.** You've attached as an exhibit to your written statement one of the letters that you still have
15 from Paul, and that's exhibit 004, if we can bring that up.

16 That's a letter that Paul wrote to you, Cathy, on 20 February 1977, and in this letter,
17 and we've highlighted it on the screen, he discloses to you abuse by staff members. Would
18 you like to read that part or would you like me to read it for you?

19 **A.** I'm fine, I'll read that part, no problem.

20 "Things haven't gone all that well in the ward lately. I don't want to upset you
21 Cathy, but the staff do terrible things to me. I don't want to go for a shower anymore
22 because I can't protect myself. I can't tell you what they do. I've told mum, so I hope she
23 can help me. And I didn't fall out of my bed like they said when mum came last time, I was
24 hit badly. I hope I can come home as I'm scared and I miss everyone. I have to go now,
25 love Paul."

26 **Q.** When he talks about his fears of showering, that's because he's paralysed on one side so
27 physically he's vulnerable and can't defend himself?

28 **A.** Exactly.

29 **Q.** And that's defending himself against other patients as well as staff members, as he's
30 disclosed?

31 **A.** Yes.

32 **Q.** You've talked about in your written statement the attempts that your mother made to bring
33 this to the superintendent's attention and you've said basically she hit a brick wall at every
34 turn, and never received any adequate reply.

1 A. That's right.

2 Q. And there were times that your mother was denied a visit to see Paul but on one occasion
3 you say she forced a visit and she saw him badly beaten?

4 A. That's the -- what he's referring to about falling out of bed, yeah.

5 Q. It's taken some time for you to obtain Paul's medical records and there's one document from
6 those medical records that's been disclosed that we can discuss today and that's a letter that
7 was written by a psychiatric medical officer on 6 December 1979. And we have that to
8 come up on the screen.

9 Would you like me to read what that medical officer has written in a formal letter
10 about Paul who at that time was aged 19 or would you like to read it, Catherine?

11 A. I'm fine, thanks, Hannah, I can do it, read that. You only want me to read what's on the
12 screen?

13 CHAIR: Just before you do, could you just orient us in terms of date and when this was written
14 and by whom, you might not be able to reveal the name, but the position of the person who
15 wrote it.

16 MS CUTHILL: So it's the psychiatric medical officer at a hospital that isn't named, it's GR0-B.

17 CHAIR: Yes.

18 MS CUTHILL: It's 6 December 1979.

19 CHAIR: Thank you.

20 QUESTIONING BY MS CUTHILL CONTINUED: It's those last two paragraphs on page 1
21 and then the top of page 2 that have been brought up on the screen, Catherine.

22 A. Okay. So:

23 "I didn't forget the limitations of a personal point of view but I want to present mine.
24 Thus, so far as I can be humane, I wish him better luck in his mutilation. Since the only
25 real relief I can see for him is in his death, I think the evidence suggests that Paul's mind
26 works along the same lines. But professionally I cannot proceed in line with such a view in
27 any way that would involve my colleagues or this hospital, and I am certain that the same
28 would apply in your hospital. The ethical position for me as an individual would seem to
29 be a matter of opinion, but I think it would be a brave or ill-advised or foolish person who
30 attempted to justify on..."

31 Q. And then it continues at the top of page 2, "...ethical grounds what I, at present..."

32 A. "...present, see as a humane response."

- 1 **Q.** So the official on-record opinion of people involved in Paul's care was he would be better
2 off dead?
- 3 **A.** That's right, what's what he's saying, isn't it?
- 4 **Q.** And less than a year after this letter, while Paul was still in the care of Porirua Hospital, he
5 took his own life?
- 6 **A.** That's correct.
- 7 **Q.** As you know, there are some restrictions on what we can talk about, but are you able to tell
8 us what you know of those days and what happened?
- 9 **A.** For Paul I felt that the idea of that communication that I've just read out there was the hope
10 of getting Paul back home into -- initially re-established in the unit where that psychiatrist
11 was, and then looking at the bigger picture where he could actually have some
12 independence, but having the support from home at the same time which was just the big
13 catalyst for that push to get him out of Porirua.
- 14 So my mother was advocating for that and Paul was aware of that. So when the
15 rejection came back, I think that that was a turning point for Paul and the catalyst for the
16 reason why he couldn't take any more and felt the best outcome for himself was to take his
17 own life. Because he felt that he was never going to be allowed to go home, couldn't have
18 his whānau around him anymore, and he was living in a very dark and frightening place
19 and he wanted to be out of that.
- 20 So he went AWOL, as they put it. He'd been missing for a few days when the
21 Police arrived at Porirua Hospital to say that they'd found a body on Colonial Hill, which
22 was part of the grounds at the time, and they needed someone to come and identify that
23 body, which is what one of the staff did.
- 24 So Paul had taken his own life, he'd been there on his own for quite a few days and
25 was eventually found. The hospital hadn't notified my whānau to let them know that he
26 was missing, so it wasn't until once they'd identified his body that they were rung and then
27 my father had to go down. My father had been out of the picture for many years, but
28 because my mother couldn't identify Paul, dad did that. He came down to Wellington, he
29 came down from where he was living at the time, and formally identified Paul's body and
30 then Paul was taken home to us, brought home to us.
- 31 **Q.** And you were pregnant with your first child at the time of Paul's death?
- 32 **A.** That's correct.
- 33 **Q.** And Paul was your beloved baby brother?
- 34 **A.** Yes.

- 1 **CHAIR:** Do you mind if I ask a question that you may not know the answer to, it's not in your
2 brief, if you don't know then please say so.
- 3 A. Sure.
- 4 **Q.** It seems that the trigger for this was the rejection of his wish to go home or to be
5 independent or at least out of Porirua Hospital, is that right?
- 6 A. That's right, yes.
- 7 **Q.** Do you know anything about --
- 8 A. I believe so, Coral.
- 9 **Q.** You just believe so. So do you know anything about the way in which -- who applied, who
10 raised the fact that he could -- was it your mother's advocacy or was it Paul's?
- 11 A. Yes, initially, my mother's advocacy, you know, and talking to Paul about, you know,
12 "Let's try and get you home", giving that hope that he needed when he was so down --
- 13 **Q.** Yes.
- 14 A. -- and desperate and trying to, you know, help get him through each day, because there
15 were so many terrible things happening to him.
- 16 **Q.** Yes.
- 17 A. And so that letter was -- then she advocated to the hospital and said, "Look, you know, can
18 you please at least try another avenue for him?"
- 19 **Q.** And so how was it rejected, from the records, is it possible to work out why they didn't
20 think it was a good idea?
- 21 A. Well, there was -- yes, from the records, yes. Yes, from the records it was made very clear
22 that there was no place for Paul and that the belief was by that psychiatric medical officer
23 that Paul would be better off in a large institution.
- 24 **Q.** Right. Good. Thanks for filling in that small gap, thanks very much, Catherine.
- 25 A. No, that's fine.
- 26 **QUESTIONING BY MS CUTHILL CONTINUED:** I know it's difficult in the time that we
27 have to talk about the impact of Paul's time in care and his death on you and your whānau.
28 There are some compelling parts I think in your written evidence where you talk about it.
29 Perhaps if you could read paragraphs 58 and 59 to give us a small idea of what this has
30 meant for you, or I can read that for you, Catherine.
- 31 A. That would be great, thanks Hannah.
- 32 **Q.** "There is never a day that I do not think of Paul. Mum shed a tear for Paul every day until
33 she died. She was broken by what happened. We always felt we could have and should

1 have done more for him, but the institutions around Paul made that impossible. His abusers
2 were protected by the State, despite our complaints, and his torture continued.

3 I just want to hold Paul close and say 'it will be all right, Paul, we will take you
4 home now.' There is never a day our family does not grieve for Paul. We live with the
5 guilt, the anger, the disbelief and the immense sadness of what has happened."

6 A. Thank you.

7 Q. Catherine, can I move you on now to what you think needs to be done by the State as a
8 response to this experience?

9 A. Well, first and foremost, I think there needs to be some accountability. I feel very strongly
10 about that, you know, that there are people living today still who know what transpired,
11 who maybe perpetuated some of that torture, and need to be made fully aware that it's not
12 okay, that it's not acceptable, and aware of the pain that they've caused so many families
13 and individuals, so many helpless people who had no concept of what was going to happen
14 to them when they were institutionalised.

15 Q. You talk in your written statement about accountability being criminal prosecution in some
16 instances and also monetary compensation. And I know you've struggled with that concept
17 of a sum of money to replace someone's life, but can you talk to us about why you think
18 monetary compensation is important?

19 A. Well, I suppose in a sense it's a way forward, is to think that sure, they're actually saying
20 that yes, this wasn't right, this should never have happened. There are things that I feel
21 passionate about, the fact that it's still happening and if there's any small thing that I can do
22 to make someone else's life a little bit better in the same situation then certainly that
23 concept of a monetary compensation might help achieve that.

24 Q.

[GRO-B]

25 A. --

1 **Q.** The final part of your written statement I wanted to talk to you about, Catherine, is the 42
2 years now that your mother and then you have spent trying to get redress, because you've
3 continued to encounter the brick walls that your mother did with the superintendent at every
4 turn and with every agency or Government department, haven't you?

5 **A.** Yes, I have. Initially we made the attempts to contact Sonja Cooper Law, which we did,
6 and we went through the process of what had happened for Paul, but unfortunately because
7 of the fact that Paul had died, we were unable to pursue that because he wasn't there to
8 represent himself. That's what we were told at the time. So that was another door closed,
9 really.

10 I took this on for my mother and for Paul because Paul was the bravest person I ever
11 knew, and I felt that I needed to step up my game. It may have been some way, I feel, to
12 acknowledge what he'd been through, and to also give a little something back for him,
13 because I wasn't able to be there for him in lots of opportunities and times that I just could
14 not get to be with him throughout his ordeal.

15 So it was my way of expressing, my way of saying, "Paul, I'm going to get you
16 there, I'm going to do what I can for you", and for my mother because she had, you know,
17 had to experience so much pain as well.

18 So then we wrote to the Minister of Health and also to Wellington Hospital, yeah.
19 And then also I approached the Commission in 2018 when the Royal Commission decided
20 to investigate State abuse.

21 **Q.** So the Royal Commission in this hearing today is the first time that you and Paul have
22 really had a voice in more than 40 years?

23 **A.** That's correct, yeah, it is actually.

24 **Q.** And until this process, outside of your immediate family, you'd only told about two people
25 about all of this?

26 **A.** That's right. It's just been too painful. It's been still very raw and very real and yeah -- also
27 too, you know, feeling very much aware of the perceived stigma and stereotyping that
28 people tended to have. I think the clinicians had that as well, that, you know, that we were
29 an unfortunate family, that we were -- my parents were separated so therefore, you know,
30 it's not surprising that the child is in a psychiatric hospital. There was all that as well going
31 on. So I suppose I've shut that up, I've shut that close, I've kept that close to my chest, my
32 heart, for fear of having the same reaction, I guess, to this.

1 And, you know, I've found that, you know, looking through Paul's medical notes
2 that's exactly what happened. It was very clear, black and white, that they were
3 discriminated against because they were separated.

4 **Q.** And in many senses it was a self-fulfilling prophesy what happened to Paul, because of the
5 attitudes of those who were charged with his care?

6 **A.** The attitude was horrific and abhorrent without a doubt. Inhumane I would -- inhumane,
7 totally inhumane, arrogant, and arrogant, as if they were, you know, higher beings of some
8 sort and that there was no value placed on Paul's life at all. He meant nothing.

9 **Q.** At the very end of your statement, Catherine, you've given us a whakatauki that makes you
10 reflect on Paul. Are you able to share that with us and the meaning, please?

11 **A.** Sure. So my whakatauki is: Kua hinga te tōtara i te waonui a Tāne. "Paul, a Tōtara has
12 fallen in Tāne's great forest". So that's my brother. He was a Tōtara in Tāne's forest and,
13 yeah, he fell in that forest.

14 **Q.** Ngā mihi nui, ngā mihi maioha, thank you, Catherine. There may be some questions from
15 the Commissioners.

16 **COMMISSIONER GIBSON:** Thank you, Ms Cuthill, thank you, Catherine. Is it okay
17 if -- you're okay for questions?

18 **A.** Certainly. I'll do my best anyway, Paul.

19 **Q.** Thanks. Feel free if you don't feel up to it.

20 When Paul, the Totara, was made a State ward, what were the positions of the
21 individuals in the organisations involved at that point?

22 **A.** Okay. So the positions were the Medical Officer of Health -- sorry, I'll go back to that, beg
23 your pardon. Our local doctor, our family GP, and the psychiatric medical officer.

24 **Q.** And anybody from Social Welfare?

25 **A.** No, no.

26 **Q.** They all kind of conspired against what were the family wishes and Paul's wishes,
27 I assume, at the time?

28 **A.** Absolutely, they did. I'd just like to mention, if I can, that the psychiatric medical officer
29 was the one who wrote about Paul being better off dead.

30 **Q.** I was actually wanting to ask you about the attitude of medical professionals, people like
31 himself. What can we do today, to what extent do you think they still exist, to what extent
32 should we influence, can we influence a change?

33 **A.** I think the best thing is to be inclusive and holistic and actually to include the family, the
34 feelings of the family, actually not rest on their own laurels and assume that they know

1 everything, that they've got, you know, they've got the power that -- they're very powerful
2 people, and I think they know that a lot of the time, or they were, at that time, extremely
3 powerful. You didn't question what they said, and I think in my mother's time, you know,
4 age bracket, age group, they were always taught your doctor's always right, these people are
5 always right, you don't question them. And that was their attitude.

6 That's something that I hope, and I really hope that that's changed now so that it
7 means that they can be more inclusive and you can actually voice your opinion and look for
8 alternative solutions for the best outcome holistically in the long run.

9 **Q.** Do you know if Paul was given electric shocks modified with some anaesthetic or without
10 modified?

11 **A.** He was given Nurtec, Nurtec prior to some of the shock treatment, that I found on his
12 medical record, prior to the Paraldehyde. So Nurtec and then Paraldehyde.

13 **Q.** So would that have --

14 **A.** Nurtec is a hypnotic, so it has a calming effect on you, yes. So in a sense, yeah, a
15 tranquilliser, yeah.

16 **Q.** Do you know what years while he was at Porirua, did this continue throughout his time
17 there up until, did the ECT continue --

18 **A.** I believe so. Yeah. He was having it from '76, I believe, 1976 until he took his own life.

19 **Q.** Was there any -- I'm guessing there would have been some change in his status at age 18 no
20 longer being a State ward. Was anything discussed from the hospital to the family at that
21 point in time?

22 **A.** I don't believe, well--, there could have, --there were some,-- no, there were some
23 assessments, there were some assessments done, two assessments that I am aware of. The
24 final assessment saying that -- oh, even before, prior to the 1979 one, the 1978 assessment
25 said that he -- can I just quickly have a look at this for you? Just give me a moment.

26 **Q.** Yes.

27 **A.** When was it? Just bear with me for a moment. "Manifested no indications of psychosis".
28 He did have a pre-occupation with morbid subjects, but had learned not to disturb other
29 people with those. But because of the fact that he hadn't quite grasped the concept of not
30 becoming angry when spoken to or victimised by the staff or other patients it felt that he
31 best remain committed.

32 **Q.** Under what circumstances do you think family and whānau of those who were abused and
33 died in care should receive some kind of redress?

1 A. What circumstances do I see? I know everything is a case--by--case basis, but I think it's
 2 probably just,-- it's a no-brainer really, isn't it? I mean, this is extreme, this is to the
 3 extreme, this is unacceptable, it's -just - it should never have happened. You know, Paul
 4 was on suicide watch because he'd become so depressed, yet he was able to go AWOL, as
 5 they so kindly put it, and take his own life and not be found until the Police found him.
 6 And someone obviously had found him prior to that, I -don't, - that's very vague, we didn't
 7 get a Police report, there was no Police report, so you know, I'm really not
 8 sure, -but,-- yeah.

9 Sorry, I'm vague on that response as well, it's just something that I just -- yeah, I'm
 10 still struggling with that myself.

11 Q. That's fine. A final question and it partly relates to -- I haven't - thank you for sharing the
 12 details of Paul's story and your family -whānau's story, and Paul's was a story I grew up
 13 with knowing, the broad outline, but never this kind of detail, and it's one of the stories
 14 which I've carried to this point knowing that there are many people in these kind of
 15 situations that we need to hear from and have the inquiry from. I've also been to GR0-B
 16 and it tells the cold medical story.

17 Is there a place for GR0-B similar places which are run by, driven by the families
 18 of those that didn't survive, by survivors themselves, to actually tell their story, tell the
 19 stories of people like Paul, or do you think there's no place for a GR0-B at all on a site
 20 like GR0-B?

21 A. Personally no, I'm not for that whole concept myself. I can see the merits of what you're
 22 saying where they're acknowledging what took place. I think, you know, maybe if it's not
 23 actually physically at GR0-B itself, because that place is a hell-hole nightmare, and I
 24 think it conjures up too many bad and ill feeling for so many people. But in a more neutral
 25 environment, possibly, that concept might work and might be a good healing, a way for
 26 healing. But it needs to certainly have a - not- in a clinical sort of situation like that.

27 Q. Thanks, Catherine, I'm going to ask Commissioner Steenson if she has any questions.

28 A. Thank you, Paul.

29 **COMMISSIONER STEENSON:** Tēnā koe, Catherine.

30 A. Tēnā koe.

1 **Q.** Thank you for your statement so far, it's been important, and particularly emphasising how
2 hope, tūmanako, is such an important aspect for a person. My question is -- questions are
3 related to Commissioner Paul's questions. Because your mother didn't consent to actually
4 commit your brother, the doctor, in your statement, overrode that, and had to him place him
5 in State care, which removed all the family rights as you've quite well stated.

6 I'm just wondering, you've talked about how the doctor should have listened to the
7 family and been more inclusive. But I also want to know what alternative action could
8 have been taken, in your view. Obviously, your mother, her preference was to keep the
9 family together and keep Paul at home. How do you think --

10 **A.** That's right.

11 **Q.** -- better action could have been taken?

12 **A.** Well, I certainly feel that -- all right, Paul went into the Hastings psychiatric unit to be
13 assessed. I think he could have possibly had a little bit more time there for everyone to get
14 used to the fact that there was an issue for Paul and then look at the remedial way of going
15 around that then without, you know, like I say, it was very clear-cut right from the
16 beginning, they were going to make that decision, they'd made their mind up that this boy
17 had threatened someone with a knife, a pocket knife, and so, therefore, in their eyes that
18 was attempted murder, and that he had to be -- pay the price for that because it wasn't going
19 to go through the Police, it was going to go to the other extreme. I think their measures
20 were way too extreme to start with.

21 **Q.** Disproportionate to what he'd done, mmm?

22 **A.** I know that -- and Paul, like I said, had not had any issues at home, he hadn't had any issues
23 other than this before. So surely there was a way of just getting him some -- maybe even a
24 social worker, someone just to talk to him, you know, about giving him a purpose, giving
25 him hope, that whole word of "hope", right from the start, there was no hope. He knew
26 that.

27 **Q.** So more assessment and more support at home would have made a difference; is that
28 correct?

29 **A.** A huge difference, an enormous difference without a doubt.

30 **Q.** Thank you. My second question, Catherine, is around your family did seek legal advice on
31 the possible avenues for historical claims for the family, for loved ones who have suffered
32 from abuse but then passed away. I'm just wondering, can you tell us why that's so
33 important to your family, to be able to have that kind of claim?

1 A. Well, it's the acknowledgment I suppose, I think that's what's important. I had not looked
2 at -- I hadn't thought of it in any terms -- in terms of a monetary redress at all, that's never
3 been in the equation, that was never in the equation for the family either, for our whānau, it
4 was actually more accountability, that was our biggest thing, we wanted accountability.

5 Q. Right, and --

6 A. We felt that -- and at that time, in 2002, there were still people alive who had been very
7 much a part of that whole regime in Porirua psychiatric hospital, they needed to be held
8 accountable and that is what we were aiming for and that was what our whole agenda and
9 our whole motive was.

10 Q. Ngā mihi nui ki a koe, that's all my questions.

11 A. Thank you.

12 **COMMISSIONER GIBSON:** Commissioner Shaw, any questions and a final thanks?

13 **CHAIR:** Catherine, I've asked you a few questions already, but in looking through the medical
14 records, was there ever any evidence of psychiatric illness? I mean, we know that Paul was
15 physically disabled by reason of the accident.

16 A. Yes.

17 Q. But was there ever any -- you said at one stage there was no psychosis, it said no
18 psychosis?

19 A. No, that's what they were saying, yes. The word "paranoia" came into the scripts, and the
20 fact that Paul had been self-harming as well. So those were two of the major things that
21 showed up.

22 Q. And are you able to say when they showed up relative to when he actually went into
23 hospital? Did he go in with those conditions or did they develop in the hospital?

24 A. So the first assessment that he had was saying that due to his paranoia, that's his first
25 psychiatric assessment in the unit.

26 Q. That was after the bullying, was it, the bullying that --

27 A. That was after the bullying, that's correct, yes, and that's when they suggested a major
28 tranquilliser.

29 Q. And if you can say, when did the self-harming start?

30 A. It started in the hospital, so he'd carried out some self-harm.

31 Q. Was that all the way through or just at certain, like, towards --

32 A. There were isolated incidents, it was not all the way through. It was isolated incidents. So
33 depending on what was happening to him --

34 Q. Yes.

- 1 A. -- how he reacted to what was happening to him.
- 2 Q. Yes.
- 3 A. Sometimes that would be if my mother had asked to have him home on leave and then that
4 was revoked, a few times that was revoked for no apparent reason, and then Paul would,
5 you know, hurt himself.
- 6 Q. So a reaction to rejection of being able to go home or do things he wanted to do?
- 7 A. Yes, and that appeared to be a common theme through --
- 8 Q. So if I put it bluntly to you, it sounds to me, as an amateur, that the self-mutilation/self-
9 harming was caused by decisions made by the hospital, would that be right?
- 10 A. Absolutely. I would certainly suggest that too, yes.
- 11 Q. And then it was used as an excuse for him not to be released?
- 12 A. Absolutely, yeah.
- 13 Q. The irony is not lost on me, I can assure you.
- 14 A. No, I can see that.
- 15 Q. Catherine, in your statement -- you've said a lot, and I want to assure you that we have your
16 full statement and we've read all of it, and hear the profound messages that you have
17 conveyed to us. I'd just like to read for the public your description of the battle that you
18 and your mother have fought so bravely over all the years, it's about tenacity.
- 19 "The process as it exists relies on tenacity and there are many intellectually or
20 physically disabled survivors and their whānau that are not able to continue through to the
21 end. I have had to invest so much into getting to this point and I worry that nothing will
22 come of it."
- 23 You are not the first person who we have engaged with in this Commission to say
24 that same thing, and there's two aspects of it. You have demonstrated the extraordinary
25 tenacity that you and your mother have had through your love for Paul. You have not
26 wavered and you've kept going and that is a common feature of friends and families of
27 people who have been abused.
- 28 The second thing is their desperate hope that something will change and you
29 express that very well -- and the fear that it won't. We in the Commission can't promise
30 that things will change. What we can promise is that we're doing everything we possibly
31 can that voices like yours, speaking for Paul, voices of survivors, will be presented to them
32 in such a way that they cannot be ignored. And that our recommendations will reflect all of
33 those voices as much as we can so that change is almost inevitable.

