

**Beyond the Home Gates:
Life after growing up in Catholic
institutions**

A report to MacKillop Family Services

**Elizabeth Branigan, Jenny Malone,
John Murphy and Suellen Murray**



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Cover art: *'Remembering the path with emotion'* by Marina, who lived in care as a child.

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Finally, we would like to thank the interview participants for their heartfelt contributions. We appreciated the generosity and openness they showed when sharing the stories of their lives. Throughout the process of putting this report together we have attempted to honour the commitment they have shown in making their stories public and ensuring that they are heard.

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Executive Summary

Over the twentieth century, it is estimated that at least half a million children were institutionalised across Australia, 100,000 of them in Victoria (Senate Community Affairs References Committee 2004: xv, 392). This study was developed in the wake of the third of three Australian inquiries concerned with the institutionalisation of children, the Senate Community Affairs References Committee's inquiry into children in institutional care, published as the report, *Forgotten Australians: A Report on Australians who Experienced Institutional or Out-of-Home Care as Children*.

The *Forgotten Australians* report identified oral history research with former residents as an area of critical need. At the same time, MacKillop Family Services' Heritage and Information Service was receiving more than 250 requests for access to information and records relating to people who were in care, meeting with many former residents, supporting them and listening to their individual stories about their experience of being in care and their 'life after care.' Subsequently, a research project developed by MacKillop Family Services and RMIT University was funded by the Australian Research Council Linkage program.

This study is based on oral history interviews undertaken with 40 people who left Catholic children's institutions in Victoria between 1945 and 1983. We asked them about their subsequent lives in order to examine the long term impact of growing up in Catholic institutions. Their life stories show how they have integrated their childhood experiences of growing up in institutions and the diverse ways their lives have subsequently unfolded.

We have divided the findings of the research into six critical areas for consideration: the impact of growing up in institutions; families of origin; relationships and parenting; education, skills and employment; health and wellbeing; and service provision. In presenting this material, we have focused on the research participants' own interpretations of these issues. As our sample comprised 40 people who were recruited through their contact with support services we do not argue that these findings are representative of the lives of all former residents but, rather, that they offer a rare, qualitative, long term picture of the complexity of life after growing up in Catholic institutions.

The long term effects of growing up in institutional care have not only been experienced by the people concerned, they have also been felt by the families they came from, the families they went on to create, their friends, wider communities and the organisations and practitioners who have supported them.

Findings

Amongst our sample of 40 people who grew up in Catholic institutional care:

1. The impact of growing up in institutions
 - 1.1 Leaving childhood institutional care was a critical life transition and could be difficult
 - 1.2 People's sense of who they are was profoundly affected by their childhood experiences in institutions
 - 1.3 The consequences of growing up in institutions were more diverse than are currently publicly represented
 - 1.4 The consequences of childhood sexual abuse were complex and long term
 - 1.5 The quality of emotional care people experienced in institutions had an effect on their self-esteem.
2. Families of origin
 - 2.1 There was a range of reasons why children were institutionalised
 - 2.2 Sibling relationships were strongly affected by growing up in institutions
3. Relationships and Parenting
 - 1.1 Many formed stable, loving relationships with partners and children
 - 1.2 People overcame the lack of positive parenting role models
 - 1.3 No-one had their own children placed in care
4. Education, skills and employment
 - 1.1 Where education was interrupted and incomplete there were long term consequences
 - 1.2 People had diverse employment experiences
 - 1.3 Financial hardship and difficulty managing finances occurred
5. Health and Wellbeing
 - 1.1 Some physical health problems arose as the result of growing up in institutions
 - 1.2 Many people experienced mental and emotional health problems
 - 1.3 Emotional sensitivity sometimes remained an issue across the life course
6. Service Provision
 - 1.1 Clear pathways and support to accessing records are necessary
 - 1.2 A specialist area of service provision is needed for former residents

Background to the study

Over the twentieth century, it is estimated that at least 500,000 children were institutionalised in Australia with around 100,000 in Victoria during this period (Senate Community Affairs References Committee, 2004: xv, 392). The effects of growing up in care have not only been experienced by the people concerned, but have also been felt by the families they came from, the families that they went on to create, their friends, wider communities and the organisations and individual practitioners who have supported them.

Victoria's care of children who were unable to live with their families was based in large institutions, rather than boarding out, or foster care as it later became known, until well into the second half of the twentieth century. In particular, Catholic childhood care was based in orphanages until the 1970s when it slowly began transforming into smaller forms of congregate care such as family group homes or cottage homes. Forty Catholic organisations ran a total of 130 Homes across Australia, 20 in Victoria (Barnard 2005; Barnard and Twigg 2004; Penglase 2005).

There have been three national inquiries concerned with the institutionalisation of children over the past decade: the Human Rights and Equal Opportunity Commission's Inquiry into the Stolen Generations (1997), the Senate Community Affairs References Committee Inquiry into the institutionalisation of child migrants (2001) and the Senate Community Affairs References Committee Inquiry into children in institutional care (2004). During the same period, inquiries into child abuse in state care have been held in Queensland (Forde 1999) and Tasmania (Tasmanian Ombudsman 2006), both of which recommended compensation for former residents. In August 2006 an apology was made by the Victorian State Government to former wards of the state for any abuse they endured whilst in the 'care' of the state, but no commitment to compensation was made.

This study was developed in the wake of the third of the three Australian inquiries concerned with the institutionalisation of children, the Senate Community Affairs References Committee's Inquiry into children in institutional care, published as the report, *Forgotten Australians*. This report identified oral history research with former residents as an area of critical need. At the same time, MacKillop Family Services' Heritage and Information Service was receiving more than 250 requests for access to information and records relating to people who were in care, meeting with many former residents, supporting them and listening to their individual stories about their experience of being in care and their 'life after care.' Subsequently, a research project developed by MacKillop Family Services and RMIT University was funded by the Australian Research Council Linkage program.

MacKillop Family Services

MacKillop Family Services was formed in 1997 as a refounding of seven Catholic welfare agencies sponsored by three religious congregations; Sisters of Mercy, Sisters of St Joseph and the Christian Brothers. These agencies were the continuation of an extensive system of babies' homes, orphanages and children's institutions. Today, MacKillop Family Services continues to provide out-of-home care (though no longer in large institutions), as well as family and community services, disability services and special education services. MacKillop Family Services has a strong commitment to the former residents of its institutions, undertaking contemporary policy advocacy of their needs, assistance with helping former residents piece together their story, and taking a stance of healing through reconciliation with the past.

A key element of MacKillop's work is with the women and men who were children or mothers in the care of the founding agencies. At the official opening of its archives in 2004, MacKillop re-iterated its commitment to 'preserving the record, remembering the stories, connecting people and learning for today.' The Heritage and Information Service, based on the site of the former St Vincent's Boys' Home at South Melbourne, holds an extensively catalogued archive of approximately 115,000 client records and more than 10,000 photographic records of the former institutions, dating back to the 1850s. While MacKillop Family Services is the custodian of the records and is responsible for their access and release, the Christian Brothers, Sisters of Mercy and the Sisters of Joseph retain ownership. The records include original client admission registers, admission cards and paper files, school and medical reports, and photographic and other memorabilia relating to former

clients. Through the supported release of records, the Heritage and Information Service assists former residents and their families to access personal information, facilitates networks between former residents through a newsletter and reunions, and provides counselling to assist former residents understand their story. In addition, MacKillop Family Services is in the process of establishing a heritage centre, to appropriately house and display its memorabilia and photographic collections as well as developing a public education focus.

The research partnership

The research team comprised Dr Suellen Murray, Senior Research Fellow, RMIT University, Associate Professor John Murphy, Associate Dean (Research), Faculty of Arts, University of Melbourne, Dr Elizabeth Branigan, Post Doctoral Fellow, RMIT University, Ms Jenny Malone, Research Assistant, RMIT University and Ms Jenny Glare, Manager, Heritage and Information Service, MacKillop Family Services.

MacKillop Family Services and the research team worked closely to develop the research proposal, secure funding and to collaborate throughout the study; meeting regularly to discuss the conduct of the research and its findings. The researchers were guided and informed by MacKillop Family Services staff and their knowledge of the issues relevant to former residents. In turn, the findings of the research team were used to inform lively debates regarding current practice and the potential for service development.

Qualitative research methodology

This report is based on in-depth oral history interviews with 40 people who left Catholic institutions in Victoria between 1945 and 1983. We began the interviews with the question ‘what happened the day you left care?’ which evoked rich responses. We moved on to discuss how their lives had unfolded since this time. We were interested to hear about how people felt their lives had been affected by their time in institutions; to learn about their family, friends, health and wellbeing, the kinds of work and study they had undertaken, what they had enjoyed in their life and the challenges they had faced.

We used these life histories to examine the long term impact of growing up in Catholic institutions and to consider how childhood experiences of institutionalisation were integrated into the lives of the participants after leaving care.

The interviews were supplemented by archival research at MacKillop Family Services’ Heritage and Information Service. All archival sources were used solely for establishing demographic patterns across time. Individual client files were not accessed to recruit participants or to compare this material with participants’ accounts.

Ethics approval

Our ethical protocols were approved by the Human Research Ethics Committees at both RMIT University and the University of Melbourne, as well as by MacKillop Family Services’ internal ethics process. We developed a referral process whereby interview participants could access counselling at either MacKillop Family Services or VANISH at no cost if needed. When disclosures of abuse were made, we ensured interview participants were aware of the Towards Healing process.

Transcribed interviews were returned to participants for their review, their changes were incorporated and the use of quotes was checked with them before inclusion. All but one of the participants, who specifically wanted her name used, have been referred to by pseudonyms. All names of family members, friends, and other identifying features have been altered to protect privacy. With the approval of the research participants, the interview transcripts will be archived at the Heritage and Information Service at MacKillop Family Services.

Reference group

The research for this report was guided and enriched by a dedicated reference group. The reference group provided advice on the interview questions and recruitment and helped the researchers make sense of the findings. The reference group is, however, not responsible for the findings and conclusions of the report.

Recruitment of interview participants

Interview participants were recruited with the support of MacKillop Family Services and two advocacy organisations, VANISH and Broken Rites. We attempted to recruit more broadly in the wider community as well as among groups in which former residents were believed to be over-represented such as the homeless, single mothers, prisoners and people with a mental illness. However, attempts to attract participation through service delivery organisations working with these clients yielded no volunteers. Subsequent to this, the intensity of the early pilot interviews led us to decide that it was preferable to only interview people who were being supported by organisations skilled in working with former residents.

We then advertised in MacKillop Family Services' 'Connect' publication, to attract as wide a range of research participants as possible. We also recruited participants through Broken Rites and VANISH. We acknowledge that this means the 40 people we interviewed are not necessarily a representative sample of the broader population of former residents.

A note on terminology

A range of terms have been used to name people who grew up in institutional care including 'care leavers', 'former residents', 'orphos' and 'Homies'. We have used both 'care leaver' and 'former resident' throughout the report but are aware that some people who grew up in institutions object to the term 'care leaver' on the grounds that they did not actually experience 'care'. We are also aware that none of these terms will suit all those concerned and apologise for any offence our usage may inadvertently cause.

Study participants

Originally we sought participants who had left institutional care across the period 1945 to 1989 with the intention of including a range of people aged at the time of interview from their thirties to their seventies. However, younger people were harder to recruit to the study and our youngest participant left care in 1983 at the age of 18. To ensure that we had an even spread of ages and gender we sought participants from across three age cohorts.

Age, gender and ethnicity

Among the 40 people we interviewed there were 21 men and 19 women, evenly spread across the age range from 42 to 76 years (See Appendix, table 1). Most were of Anglo Australian or Irish Australian backgrounds, with only four identifying one or both of their parents as being from a non-English speaking background; these mostly came from Southern European countries characteristic of the migration patterns of the time. None of our research participants identified as being Indigenous Australians.

Location of the institutions

The institutions the research participants lived in included Marillac House in Brighton, the Good Shepherd Convent in Abbotsford, Rosary Place in Albert Park, St Aidan's Orphanage in Bendigo, St Augustine's Orphanage in Highton (Geelong), St Anthony's Home in Kew, St Catherine's Orphanage in Highton (Geelong), St Joseph's Babies' Home in Broadmeadows, St Joseph's Home for Boys in Surrey Hills, and St Vincent De Paul's Boys' Orphanage and St Vincent De Paul's Girls' Orphanage, both in South Melbourne.

Most of our interview participants spent some time in large institutional settings such as St Catherine's Orphanage in Geelong or St Vincent de Paul Boys' Orphanage in South Melbourne. These orphanages housed up to 300 children at any one time. However, if they entered care younger than nine years of age and prior to the 1970s, it is likely that they lived in a number of other smaller institutions that were organised according to age and gender.

Due to this system of age and gender-based institutions, siblings could be separated throughout their childhood. In contrast, some of our youngest interview participants, who were born in the 1960s, lived at least for some time, in the smaller congregate care arrangements of cottage homes or family group homes. A number of benefits are attributed to this model of care including the possibility of closer emotional ties facilitated by a smaller number of children in the one household; it also meant that siblings could remain together.

While all of our participants spent the majority of their care in Catholic institutions, several also spent time in government institutions, such as Turana Receiving Home or Homes run by other religious or non-government organisations. Among our research participants, a small number of children experienced short periods of foster care during their childhood, however, for none was it their primary means of out-of-home care.

Length of time spent in institutions

Among those we interviewed more than half had spent at least ten years in care and all included some period of time after eight years of age. The longest time in care was 18 years and the shortest, among our participants, was three years. The average length of time spent in care was ten years. Half of the group entered care under the age of five years and three quarters left at 14 years or older (See Appendix, table 2).

Reasons for entering care

None of the interview participants were orphans at the time of entering care, although for over a quarter the reason they were institutionalised was the death or serious ill-health of their mother. For almost another quarter the reason they came into care was the unmarried status of their mother. Other reasons for institutionalisation were family breakdown such as the separation of their parents, or the intervention of the state in response to violence or excessive drinking in their home, and the neglect or ill-treatment of the children. None of these

families could be described as well-off and poverty was often a factor in family circumstances that lead to institutionalisation (See Appendix, table 3).

In the pages to follow we present the key findings of this research, illustrated with quotes from the interview participants. This report is a small slice of the complete research findings. Later in 2008, a book is to be published by the University of New South Wales Press that will explore the participants' stories in far greater discursive and historical depth. In addition to this, a series of papers will be presented in academic and policy forums, which will explore aspects of these findings in greater detail.

The Research Findings

1. The impact of growing up in institutions

1.1 *Leaving childhood institutional care was a critical life transition and could be difficult*

People's experiences of the transition from institutions into wider society uniformly featured a level of disruption. A number experienced transitions, which they described in terms such as 'abrupt' or being 'kicked out.' Some were only alerted to the fact that they would be leaving on the day, or the day before, they did so. Others had no place or job to go to and no support to find such resources. Many of these children were only 14 or 15 years old when they had to learn to fend for themselves.

Others had stories to tell of more supported transitions. In the 1940s and 1950s, in particular, many people told of having their employment and accommodation organised for them by the Brothers or Sisters who had cared for them. For women, this usually meant a live-in domestic position and for men, a live-in farm-labouring job or an apprenticeship and board in a hostel associated with the institution. Several of those who left the institutions when they were particularly young went to live with foster families, some of whom they had spent their holidays with in the past. A quarter returned to their own families.

Even those who remembered experiencing more supported transitions recalled feeling a measure of discomfit in moving from the rules and stability of the Homes to the challenges of independent living. Some spoke of how hard they found it to acquire skills such as financial and time management, cooking and catching public transport that were necessary for independent living. For some, gaining these skills took years, or even decades.

At least five of the people interviewed had experienced homelessness for brief periods, and sometimes for substantial periods, in the years following leaving the institution. A few others had also experienced periods of further institutionalisation; two in prison and three in psychiatric institutions. But many of the people we spoke to had enjoyed long periods of having their own home, through ownership or renting, and this held significant meaning. It was not necessarily the house itself that engendered this meaning, but the feeling of it being 'my home'.

Even though the participants in this study were of older generations, the long term impact of the transition from care may have implications for contemporary care leavers. Recent research has documented the difficulties young people in Australia still face leaving care today (see for example Green & Jones, 1999; London 2004; Maunders 1999; Mendes 2002, 2005; Mendes & Goddard, 2000; Mendes & Moslehuddin 2006). Our study shows that intensive support may be necessary for a far longer period of time than has thus far been acknowledged. Assistance may be needed for extended periods of time in finding and maintaining housing and employment and gaining life and financial management skills.

Jean

I do remember quite vividly; I was told the night before that I would be leaving in the morning, and when I got up, I would put these clothes on. ... That was my world; it was the only world I knew. So I went to work, a place in Geelong, of course housework, that's all we were capable of doing. We were cheap labour really, that was all we were.

Mary

The day I left care, I was actually going to live with the people that I used to go on holidays with. I had finished Form 3 ... and I was about to do my Intermediate year at school, so they came and picked me up from St Catherine's ... I was given clothing and some money and a suitcase, and I can remember all the Sisters coming out that were there to say goodbye to me; they formed a semi circle as I walked down the stairs. I went around and kissed them all goodbye and they wished me luck ... the Reverend Mother of the St Catherine's Children's Home (had) organised for me to go with these people ... who I'd been very happy with on holidays.

1.2 People's sense of who they are was profoundly affected by their childhood experiences in institutions

In her work on children's Homes in NSW, Joanna Penglase asks the question 'Is there an identity "Home child", a separate identity created through specific experiences, particularly stigmatisation?' (Penglase 2005: 302). The idea of identity – of having a sense of self and of having a story about who you are – has been central to much of the discussion about people who grew up in institutional care (see for example Horrocks and Goddard 2006; Penglase 2005; Sheedy 2005; Stein 2005). Most of the participants in this study felt their sense of who they were had been affected by their childhood experiences in institutions, yet they had diverse memories of the impact.

Some told of seeing themselves as crucially shaped by their feelings of loss and abandonment by their families. Others focused more on the effects of a childhood spent in an institution on their adult sense of self, telling how both good and bad experiences had made them into the sort of people they were. Almost half the people we interviewed mentioned this as including particular feelings about food, regimentation and gender. The positive effects included developing attributes such as punctuality, discipline, an attention to order, a strong morality, an appreciation of what is important in life and a strong sense of the value of family. Many people, however, remembered that difficult experiences they had in institutional settings had negative impacts on their sense of self, including low self-esteem, insecurity and learning difficulties. Most importantly, people's perceptions of who they were commonly changed over the course of their lives. In many cases people remembered moving through feeling they were a 'victim' to being a 'survivor.' It is important, therefore, that recognition of former residents does not result in a simple stereotype, but captures the diversity of people's experiences.

Alice

You don't have that normal lifestyle, so when you get out you're still in that institutional mindset ... My bed now is flat. There's not a wrinkle on it, I can't help it, because the Nuns used to get a ruler, it had to be flat as, and as square ... and you can't get out of the habit and ... Everything had to be done properly. Everything was routine and that's the worst part of it, because when your routine goes out a bit; I can handle a bit of change, I'm fine ... as long as I'm in control ... you had to be in control, because there was no-one else there to be in control for you. You didn't have that parental guidance.

Marilyn

When people used to say to me 'oh, you poor thing; you were raised in an orphanage'. I said 'why? ... as a matter of fact I think you're the poor one. You missed out on something.' ... There is nothing wrong with being brought up in an orphanage. Just because you didn't have parents doesn't mean that you're a lesser person ... I don't have any qualms about saying I grew up in an orphanage [raised] by the nuns, loved every minute of it.

Russell

It's made me more independent too, it's made me wiser. What I lacked in knowledge I've probably over-compensated for, over-studied ... So there's a positive come out of it and I think one constant throughout my life since leaving the orphanage and institutional care is I'll never consider changing my childhood or what I've been through ... my upbringing is what has made me what I am and I'm glad of it. I don't regret it, although it was difficult at the time. I think it's made me a better person.

1.3 The consequences of growing up in institutions were more diverse than are currently publicly represented

Many of the interview participants positioned their own stories in relation to larger narratives that circulate in the public domain. This was about what others said, including growing up with the stigma attached to growing up in institutions and contemporary public narratives about disadvantage and abuse that circulate today (see for example Senate Affairs Community References Committee 2004; Murray & Rock 2005).

The 2004 Senate Inquiry played an invaluable role in opening up the opportunity for people to speak publicly about their experiences of growing up in institutions. Our participants saw themselves in light of these public narratives in quite diverse ways; some identified with them, others rejected them while a significant minority had not given them much thought. A number described themselves in terms such as 'I am one of the success stories', or 'I'm different to most of those you've probably spoken to.' Notably, very few people argued against the fact that many people who had grown up in institutions had been abused or had suffered disadvantage; they simply wanted to point out that their own path through life had been more complex.

Some people remembered their institutional experiences as less relevant to their lives overall than subsequent experiences like relationships with partners, friends and children, employment and other life opportunities. Others were proud of their time in an institution, spoke freely about it amongst their friends and family, or described it in terms such as 'a badge of honour.' Some were still not comfortable with revealing this part of their histories. Others again told us that their experiences of growing up in institutions had led to ongoing mental health, relationship, parenting, employment and educational difficulties, as will be discussed in numerous other findings in this report. Without minimising the suffering of those whose childhood was traumatised by their experiences, it is important to recognise the diversity in both these experiences and in contemporary interpretations of how former residents see their pasts.

Teresa

My experiences were not that bad, I mean, my experiences were not good, not altogether good, and I feel hurt about some of the experiences I had but I really can't say that I was brutalised in the same way that some of these other people were. So I just don't feel I have altogether a lot in common with some of the other people.

Bill

Most of my friends don't even know where I come from, I don't want them to know, and in fact, it's a big worry, because my brother, he likes to really spurt things out a bit, but the circles I mix in, I'm happy to leave it in the past because I just don't want them to see me in any other way that I am. It seems silly; I know there's no reason to be ashamed of something that I had no control over. But at the same time, I think it's irrelevant ... I don't want to go into it.

Robert

I figured I'm alright; I haven't gone troppo, I've always worked and I don't take drugs and I'm not an alcoholic and all those sorts of things. Those things happened, they happened to a lot of others.

1.4 The consequences of childhood sexual abuse are complex and long term

While some people spoke of childhood physical and emotional abuse in institutions, the impact of sexual abuse was most starkly recalled. The effects of childhood sexual abuse across the life course are well-documented, and can include low self-esteem, fear and guilt, difficulty with relationships and health issues (Fergus and Keel 2005, Richardson 2005, Stein 2006). These findings were borne out in the stories of people who were sexually abused in this study. Interrupted education, ongoing psychological and emotional difficulties including diagnosed post-traumatic stress for two people, difficulty forming relationships, anxiety, insomnia, depression, nightmares and low self-esteem were all consequences that our participants directly attributed to sexual abuse.

Some people had only ever talked about their experiences of abuse once or twice in their lives. One of the men we spoke with had only begun to discuss the abuse he experienced 50 years on, when he was in his sixties. Others described experiences that could be categorised as abuse, but did not name it as such themselves.

Amongst those who experienced sexual abuse while they were institutionalised, all were aware of avenues such as 'Towards Healing' through which they could seek redress and some had pursued recognition or compensation through these processes. This level of awareness was undoubtedly due to the fact that we recruited amongst people who were already in contact with support services and therefore probably does not reflect the views of the wider population of former residents, who may not have access to this information.

Of those who had disclosed their experiences of sexual abuse, most recalled that support from partners, families and friends had been critical to their recovery. Many also noted how they had found help from psychologists, counsellors and psychiatrists invaluable. Those who had received counselling from services that respond specifically to the needs of former residents such as CLAN, VANISH, Broken Rites and MacKillop Family Services spoke positively about feeling they were heard, understood and believed. Some recommended that such specialised support should be available for former residents throughout the life course as the effects of sexual abuse are invariably enduring.

Edward

My life was a pretty hard life - I was raped by the Christian Brothers at the orphanage. And when I ran away from the orphanage ... the police caught me. I told the police what they were doing to us at the orphanage, the police said that we were lying, and I told them I'm not lying. These Brothers, all these Christian Brothers are doing things, not only to me, but I was talking about everybody down there at the time ... I was terribly upset. And all those years gone by, I can still see it today. I've been drinking heavy beer, I've been, all these years gone, I've been drinking ... a lot of beer. And I still do it today and ... sometimes when I hear something happens like that, I get terribly upset, I still get upset today.

Frank

It's affected my life, it's affected my life up till the time I shared it, which was only seven to eight months ago. And the only reason I shared that with them was because I've had a drinking problem and I put that down to all the pain and suffering I went through. And I'm not looking for sympathy here, I'm just stating the truth. It affected my family life, how I treated my kids and everything like that. I put it down to that because I was a horrible father for 40-odd years, and I've just found Christianity again and I'm searching for peace ... now.

1.5 The quality of emotional care people experienced in institutions had an effect on their self-esteem

Many people spoke of the effects of the absence of any feelings of being special and individual when they were in the Homes as leading to low self-esteem and difficulties forming relationships in later life. This has also been widely documented in both the academic and autobiographical literature that deals with the effects of childhood experiences in institutions (see for example Golding 2005; Penglase 2005; Senate Community Affairs References Committee 2004; Szablicki 2007).

The quality of emotional care people experienced had an effect on their self-esteem. Some were treated as special by the Nuns and the Brothers, felt nurtured by their relationships with them or received some attention from one special person who took an interest in them that 'made all the difference'.

Others remembered feeling that they were humiliated by having their family background denigrated, feeling they were 'just a number', feeling like they were 'nobody' and, at the worse end of the spectrum, experiencing deliberate emotional cruelty.

Beth

At the reunion ... if you weren't a favourite, they [the nuns] don't want to know you. If you're a favourite, they'd talk to you ... that used to really get me down ... if you were one of their little favourites; if you were smart and pretty with curly hair and everything. But that's life too ... That used to happen to me and that's where, it was about me and the low self-esteem that I wasn't good enough because people were judging you on your looks.

Valda

Some people say you must remember a good day, I don't remember any good days. All I remember, why I'm here today to tell my story, there was one good nun who gave me a blanket each night, and ... she said 'when I go off my shift, Valda, I've got to take the blanket off you', and I couldn't work out what shift work was, but later on I found out. If not for her, I wouldn't be here to tell my story today.

2. Families of Origin

2.1 *There was a range of reasons why children were institutionalised*

The reasons why children were institutionalised are far more diverse than commonly recognised, with no children being ‘orphans’ in the conventional sense. This was a fact that the Forde report also believed was important to have placed on the public record (Forde 1999: ii). The four main reasons why children in this study were institutionalised were: neglect, family breakdown, illegitimacy and the ill health or death of a parent. Often there was a mixture of reasons, with some situations leading to others that ultimately led to family care no longer occurring.

Almost half the people we interviewed came into care having lived with domestic violence and intimidation of their mother and some violence directed towards them. Excessive use of alcohol also featured in some families, leading to circumstances where children were not cared for in the most basic ways of being fed and sheltered, let alone that they felt loved. Another quarter of the children came into care due to relationship breakdown or one of their parents leaving.

Around a quarter of the participants were the children of single mothers and many were placed in the St Joseph’s Babies Home in Broadmeadows at birth, their mothers having the expectation that they would be adopted. However, the demand for potential homes and families exceeded the availability, so many of these children were raised entirely in the orphanage system.

Lack of economic resources also clearly played a role in children entering care. Single mothers who kept their children in the face of wider social contempt for their situation (and for which reason some were institutionalised from birth) and some large families, both experienced financial stresses that could lead to the institutionalisation of their children (Swain and Howe 1995).

None of our participants had parents who had both died at the time of entering care and, only for four, was the death of one parent (the mother) the reason for entering care. Another seven were institutionalised because their mothers were seriously unwell (most commonly with mental illnesses).

For over half of the participants in this study institutionalisation occurred as a result of wardship, with this proportion increasing in the later decades to almost three-quarters of those born in the 1950s and 1960s, reflecting changing policies and practices of child welfare (Barnard and Twigg 2004; Swain 1998). In addition to this, a number of children actually became wards of the state while they were in care. One of the study participants petitioned the court at the age of 11 to have herself and her two younger brothers made wards of the state so they would not be returned to their father.

Tim

My mother and father didn’t care for us. They’d be at the hotel every night and wouldn’t come home until late. I can remember one time – I must have been about four or four and a half – and I was playing down the road from the house. I remember at 9.00 at night a policeman taking me into the house and putting me into my mother’s bed ... I can remember seeing my mother and father fighting with knives in their hands while I was under the table.

Stephanie

The medical records say that she actually went in because there were voices telling her to hit the children. So I can imagine that she didn’t want to hit us and she was protecting us, to the point of leaving us and putting us in safe places. And I’d never actually voiced that thing aloud, because my story was that she abandoned us and no matter how difficult it gets you never abandon the children.

Jack

[After my mum died] He [my dad] was actually paying \$1 a week or whatever it was, to keep us there ... I think it was once a fortnight he used to come up. Then the next fortnight, we'd come home for the weekend and we'd stay home and muck around with the mates and whatever we'd do before hand. Then he'd just put us in a taxi, give the taxi driver \$5-10 and say 'look, take them up, and they can have the change', whatever it was. And so we'd go there and he'd come up the odd fortnight. So we sort of saw him all the time.

2.2 Sibling relationships were strongly affected by growing up in institutions

Many people spoke of how strongly their sibling relationships were affected by growing up in institutions, even though this was not initially a particular area of our inquiry. Amongst our group there were some instances of children being separated from each other and others where they were co-located in the Homes. As children, the effects on the relationship for those who were separated was often negative and for those kept together, more positive, yet as adults these relationships were more complex.

The older people in our study experienced the model of care in which it was common practice to separate siblings across the age and gender segregated orphanage system of the times. Some children were permanently separated from their brothers and sisters while others did not even know they existed. The model of congregate care, which became increasingly common from the 1970s, aimed to keep siblings together, regardless of age and gender (Barnard and Twigg 2004; Markiewicz 1996).

Sibling relationships have also been one of the central themes of literature dealing with childhood institutional experiences, including an autobiography by Ryszard Szablicki (2007), who spent from 1953 to 1964 in many of the Catholic institutions that are the focus of our study while his sister remained in the family home. Detailed discussion is also present in the academic study by Penglase (2005) who, in common with Szablicki, writes of the distant and dislocated relationships she developed with her mother and sister during the years she and her sister spent in a Home.

In later life sibling relationships developed in unique ways in response to each person's circumstances and personalities and the different ways they responded to their institutional experiences. One of the older women we interviewed had been separated from all nine of her brothers and sisters in different orphanages, yet the family was held together by an older sister who was not in care and all remained close into their sixties and seventies.

People's responses to finding out they had siblings they had not known about were also complex. Some were delighted, some disappointed and some indifferent to discovering siblings they had not known. Support services have a critical role to play in assisting people to re-engage with siblings and to facilitate family reunification.

Maureen

I always used to think of [my older sister] Pam as our mother because she looked after us ... She fought to keep us together ... they wanted to split us. They wanted to put [our younger sister] June in Berry Street Babies' Home, I think they wanted to put her, but then my father fought as well to keep us together. He said, 'no, they're to be together.'

Matthew

I never saw the younger brother until he came down here; it would have been about a three-year gap. I didn't see the older sister for about four years I think it was, I don't know what the occasion was. And the younger one I never saw her until some time in 1956. And the elder sister went to become a nun ... we'd all been in orphanages.

Patricia

My adult life has been full of bits and ups and downs ... but I really reckon that God has said to allow all of us to live to be 70, except [my brother], but we had those grown up years with him. It's kind of like God has said 'well you had it rough when you were kids, so I'll make up for it', and we all feel like that. I said that, at one of the gatherings 'I reckon how good God's been that we're all together... It's more than luck I believe, it's providence...' Like I said, I've been blessed.

Graham

When I was 50 I had my sister turn up out of the blue, I never even knew I had a sister. I found out I got four or five brothers and sisters out there ... She was very, very fortunate; she got fostered out into a home, a very well to do family ... The only reason why she came to see me, she wanted to know whether I had any heart problems, she wanted to know whether it was hereditary. She didn't give a shit how well I was or anything like that.

3. Relationships and parenting

3.1 Many people formed stable, loving relationships with partners and children

Friendships, partnering and families were all recalled as important to people. In particular, establishing a relationship with a life partner was commonly spoken of as holding great significance. In common with Pugh (1999) and Rutter and Quinton's (1987) British work and Perry et al's (2006) Canadian studies of former residents, the participants in our study told how making a positive partnership could lead to warmth, happiness, a sense of security and even to ameliorating any negative effects of growing up in an institution.

Of our 40 participants, 23 were partnered and 17 single at the time of interview. Most of the 17 who were single had previously been in long term relationships (two were widowed, six were divorced and six had previously been engaged or lived with partners). One was in a religious order and only two others spoke of having no significant partner throughout the course of their lives.

In Finding 1.2 we considered the stigma that many former residents felt at having grown up in children's Homes that was in part constructed around the absence of a family upbringing. As Penglase, who has written of her own experiences growing up in a privately run Home in Sydney, as well as analysing the experiences of others, put it: 'Children brought up in Homes were symbolically marked as 'deviant' because they are perceived to have 'broken a cardinally important rule: they were not able to be cared for by their own family' (Penglase 2005: 298). For a number of people, this stigma affected how they imagined and created relationships and families of their own, wanting to create 'ideal' or 'perfect' families.

As a consequence, some of the participants who experienced separation or divorce and, in particular, those whose children were no longer living with them as a consequence of relationship breakdowns, expressed feelings of inadequacy and failure. Recognition of growing up in institutions, therefore, can be an important element of providing appropriate services during and after relationship breakdown.

Patricia

[When we moved into our first home] Fred opened the door and he said 'well, here we are ... darling, we're home'. And I howled, I howled, and he wondered – 'what?' It's the first time in my life I was in my home. And sometimes when I'd tell this story to people, they'd say 'but you lived with your sister, but you lived with ...' No, this was mine, I'm not sharing with everyone else, it's Fred and I. And that was so special ... poor old Fred couldn't believe why, you know. Well, he was so delighted and I was just howling like a baby, but he got to understand.

John

I was their best man at the wedding and since then I've got to know Janet and the family. They've got three boys and one girl and they all call me Uncle ... I call her my sister every time we go over and she calls me brother ... when they split up, divorced, she lived around here too ... Ever since I've looked after the kids, brought them up myself and I love that very much ... I used to do a lot of babysitting. So that's very good; in my way I've got a family.

Sam

It's probably meeting Kara that I thought ... 'I'm on a mission ... I'm going to put that anger towards having a quality of life, and having a quality of life for Kara if she wants to come on the journey and never looking back.' Never going back, looking back's one thing, but going back is another thing. And so, probably for the next almost 10 years now, I've had my head down, bum up, seven days a week, four nights a week. If I hadn't have broken my back last year, we would have finished paying the house off; it's been a mission.

3.2 People overcame the lack of positive parenting role models

Three quarters of our study participants had children. Many people spoke of the great joy that being a parent had brought into their lives; describing how having children offered the potential to build up pride, self-esteem, a positive sense of identity and, ultimately, their capacity for love. Many people remembered the birth of their children and developing relationships with them as times of joy, healing and redemption when, as Kathleen put it ‘the love that I missed out on as a child is the love that I gave them.’

At the same time, parenting was also the site of crises of confidence, blows to self-esteem and disappointments. Difficult aspects of parenting had particular resonance for some, namely re-living traumas of the orphanage through caring for babies and small children; issues around discipline; fears of replicating the parenting they suffered from as children; the lack of positive parenting role models in their personal histories and the disadvantage of not having broader family networks to rely on for advice, material assistance and emotional support.

An important part of many people’s stories was how they overcame these challenges; telling of the creative ways they drew in guidance and support from their partners, families-in-law, friends, mothers’ groups and broader communities to assist them with parenting. Six people told of parenting being a trigger point for the realisation that they needed more intensive help dealing with the impact of their childhoods and entering into counselling or psychiatric therapy, usually via a referral from their general practitioner. Others felt they would have benefited from support dedicated to assisting them with parenting and mentioned parent education, mentoring and parent groups would have been helpful to them. Parenting, therefore, is an area in which some former residents may require significantly more support from service providers than is currently available to them.

Of the ten people who did not have children, some regretted that they had missed out on the opportunity to have children due to life circumstances, others had made a considered decision not to have children so the complex issues that may have come with parenting did not come up for them.

Pam

I think also it impacted on me too, when I had children, you know how babies cry and you have no idea what’s wrong? I think when I was in the big dormitory and the littlies used to cry when they wet the beds and did things like that and you just hear the crying, that used to trigger me when my babies cried. So, little things like that and that took me ages to figure what happened.

Tom

Oh, (I was) a bit too strict. That’s all I knew at the orphanage; far too strict really. When you see the way our kids are treating their kids, I only wished that I had the same approach or level of understanding ... I knew nothing different and so I expected the same thing from my kids, which is not really the way to go about it. But that’s all I knew, and I regret some things ... the fact that I was so strict but unfortunately, if only you could understand it at the time, it would have been better.

Julianne

It is difficult to dismiss that aloneness and isolation that comes without having support. I realise the supportive networking that family brings to most other people’s lives, it is a very big part of who they are ... They more often than not do not expect or need so much from friends as far as reliance. I guess I had to learn the hard way that friends do not replace family ... That is a painful feeling that most of us from the Home would share.

Margaret

Because of my background, there's lots of little things that I'm not sure of because some families, why do they ring each other every day? ... I see my daughter once a week and I'm not sure whether that's enough. Those things you know what I mean? ...when I was married ... he had a family, I used to think 'why do we have to go do that? ... I'd have them all there for dinner ...nice family, big family, but little things like that and because I didn't have it, those are issues sometimes.

3.3 No-one had their own children placed in care

One of the best known findings about people who grow up in institutional care is that a significant minority of them experience such challenges when parenting that they may, in turn, have their own children placed in care (CLAN 2003; Penglase 2005; Quinton 1987; Quinton and Rutter 1984; Street 1983). However, none of the participants in this study had their own children placed in institutional or foster care. In fact, many of them argued that this was the last thing they would ever allow to happen. As well as this, most had sustained happy relationships with their children through to their adulthood and a number spoke at length of their enjoyment in being grandparents.

The important life transition of becoming parents offered people the opportunity to reflect on the care they received (or didn't receive) from their own parents and while they were growing up in institutions. While these experiences had the potential to present challenges to people's self-esteem and confidence, they also opened up the possibility for more positive experiences of reconciliation and of taking a thoughtful and considered approach to their own parenting.

While most people started out with few points of reference from which to develop their own parenting, many had painstakingly put together the emotional and practical resources they needed to do so (as discussed in Finding 3.2). Through their efforts many people were able to build up the resources they needed to confidently parent, even though this sometimes took decades. In fact, the resourcefulness they used to overcome these challenges is described as one of the positive qualities people may gain from growing up in institutions (Perry et al 2006:287; Sheedy 2005: 67; Street: 1983: 77).

As a result, none of the participants in this study had their children placed in care, even for short periods of time. Former residents place an understandably high value on not having their own children institutionalised and on being good parents. Dedicated parenting support resources should be put in place to ensure this is achievable throughout the decades of people's lives during which they are parenting.

Karen

From a very early age I used to say that I would have one child at 30. I actually conceived at 30 and had my daughter at 31. I wasn't in a marriage situation, which made it really difficult because I never wanted my daughter to go through what I had gone through, I didn't wish it upon anybody. There was one thing I vowed and declared, I would never abandon my daughter, no matter what.

Warren

I was proud and because I came through the school of hard knocks, I think I was well and truly prepared because he wasn't going where I went, you know? And I made damned sure I didn't create any problems that came on when I was around that when I was a little fella was what lead me to the orphanage ... So you know I made sure I provided for him for his food, his clothes and his love. I mean I spent all the time I could playing football with him, teaching him things ... because I came into society from that place without any life skills, so I wanted to make sure he had as much life skills as I could give him.

Andrew

My father himself grew up in an orphanage, so there was like a multi-generational thing happening here. He was at St Augustine's down at Geelong and spent the whole of his life there, which was a funny thing to have happened in the sense that, for me, that would be the worst thing; I would never let my kids go, it would never happen, never. That's one thing that's probably come out of all of this is that I will strongly, very strongly fight to make sure that that didn't happen to my children, you know, or their children for that matter.

4. Education, skills and employment

4.1 Where education was interrupted and incomplete there were long term consequences

The Catholic orphanages that children lived in were also schools. Within them, the quality of children's education varied. There were a range of reasons why education could be interrupted. Where it was interrupted or incomplete, the long term consequences for people were serious.

Era specific requirements for educational attendance were relevant, yet class and poverty also affected the opportunities for ongoing schooling. Most of the institutions had limited resources and some had unskilled and under-resourced staff, so schooling sometimes fell by the wayside. Few resources also meant that children with particular educational needs could be overlooked in the institutional setting and, for some, prematurely removed from schooling.

Several people had only discovered the reasons for their lack of educational opportunities after reading their records and discovering inaccurate and biased assessments of their abilities. In discussion, we heard that some adults had been denied education in favour of undertaking work in the institutions. Physical, sexual and/or emotional abuse by institutional staff, including but not restricted to religious staff, affected the capacity of victimised children to cope with schooling. No matter how good the education was, people sometimes could not learn because they were traumatised by their institutional experiences.

Incomplete and interrupted education had effects across the life course, such as poor literacy and numeracy skills for four people and difficulty in accessing higher paid work for several people. Over half our sample, however, undertook further study and skills development including: finishing high school, vocational study, literacy and numeracy courses, short courses, language courses and tertiary education. Most recalled the difficulties of returning to study as adults and three people argued strongly that there should be government provided resources in place to assist former residents to access further education.

Almost all experienced these educational attainments as an important acknowledgement that they could, in fact, learn. Recognition is needed that childhood institutionalisation may have limited and disrupted education. Consideration should be given to compensation for educational deficits, including the provision of support and resources to assist former residents to undertake further study or education.

Brendan

Yes, I've sort of got to the stage now where I don't really know what I want to do anymore because I've been doing it for 27 odd years. I did what they call the Advanced Certificate in Automotive Engineering in Diesel, which took me three years in night school so I have actually a certificate in diesel engineering. It hasn't been easy and a lot of people have said to me and I know I'm very gifted. I can sort of turn my hand to anything. I've worked as an electrical fitter and everything like that and it's always an unknown to me that if I had an education and been brought up in the right environment, where I would have actually ended up.

Beth

I guess we were all put on this earth for something, but I have to be honest, I'm still searching for whatever reason I've been put on this earth. I would have liked to have been, either a counsellor or a psychiatrist, in that field. I think if had I had a better upbringing, but maybe it's not even to do with the upbringing, but had I done a bit better at school and been able to get a lot of help ... I had no confidence to go back to school because I never got top marks for anything, because I grew up thinking I was no good. I remember someone saying to me, 'Beth, I reckon you would have made a good counsellor' or something in that line, and I said that I don't know whether I've got the ability. Mainly it's the lack of confidence, the lack of knowledge and the lack of knowing where to go.

Danielle

I can understand, the nuns, they had all these children; we had ten children to a unit, so they couldn't do one-on-one reading and homework and all of that. I understand that, but I feel a bit ripped off educationally. But in saying that, I'm 45 years of age and I can just jolly well get on with my education myself now; I've got the ability. I'm there for my daughter, she's a brilliant student, and if it means I'm putting back into her; sitting there, reading with her every night and doing homework with her and answering questions when she asks, finding out the answer if I don't know the answer. Maybe that's my way.

4.2 People had diverse employment experiences

One of the first challenges of leaving the institution was earning an income. This process was hampered by the fact that most children in care, especially those who had been in care for a long time, but also those whose parents had not been employed, had had little exposure to adults in employment, outside of the institutional environment. This absence of guidance meant that young people often just found their way into employment as best they could.

Overall, employment outcomes were diverse. Most people had been employed for much of their adult lives, and a substantial proportion had experienced stable, and some very rewarding, work lives. A number of people worked in professional positions, one joined a religious order, several of the men had worked in trades and developed their own businesses while other people had found consistent employment in agricultural, laundry, service, retail, building, manufacturing and clerical work. Some participants had gained some skills in these areas in their time in the Homes.

Over a quarter of our study group spent some time in an apprenticeship shortly after leaving care. People took up apprenticeships across the three age groups, primarily men, but in one case, one of the youngest women. After the 1950s until the end of the 1990s in Australia, apprenticeships constituted a significant proportion of employment and training opportunities, particularly for young men (Ray 2001: 4). Apprenticeships were not only a source of employment, but for many a bridge between care and other forms of employment or education, a springboard which provided some skills, a small amount of money and a leg up into the world of adult independence.

Other participants had experienced a mixture of employment and unemployment with factors such as physical and mental health, educational levels and financial capacity inhibiting opportunities to undertake different or better paid work. The experiences of unemployment described by some participants illustrated the absence of a foundation attributable to care and family breakdown, including a financial and emotional support base to endure and recover from such a difficult setback. The formalisation of the labour market certainly affected the capacity of some people to recover from unemployment especially as they grew older and had issues with ill health. Physical, mental and emotional health issues compromised people's ability to sustain or re-gain jobs. Sometimes ill-health or injuries occurred incidentally across the life course, however for others, emotional and mental health issues, and associated conditions such as insomnia and panic attacks arising from childhood institutionalisation, were significant barriers to sustaining full-time employment. In such instances, educational and re-training opportunities that can supplement people's skills bases would be beneficial across the life course for former residents.

Bruce

When I joined the Air Force, you had to do these courses and there were certain things you had to do there, like there were inspections every week and folding up your blankets and doing all that sort of thing. Anyway, guys used to complain about it, and I thought this was pretty good, it was par for the course, you know, at the orphanage. You're used to a bit of discipline ... I went down to Point Cook, I was a steward in the Officers Mess, and was fortunate enough to be there when the Queen visited in '53, and so we were all done up like little toffs. It was good. I was at Laverton when the RAAF were presented with the Queens Colours, and I was on the colour parade, so once again, a bit of jazz.

Phillip

So I worked for the one company for 13 years until I was 27. I started when I was 14, from 14 to 19 I was their apprentice diesel mechanic and from 19 to 21 I did two years specialised training. I was their service manager by the time I was 21, I had a company car when I was 22, I'd been around the world when I was 23, at their expense, fully paid ... to England, Sweden, because we had Leylands, we had Volvo trucks and Leyland trucks. We had Cummings' engines powering some of those trucks, so I did the America trip from one side to the other, from Disneyland to San Francisco, so you know, I've been under the Golden Gate Bridge, right under it where people don't normally go, but I go to those types of places because I was interested in engineering, to see all these big cables and big bolts and nuts.

Kevin

I had the thoughts in my mind to join a religious order on two occasions. One was ... when I was in grade 7 or 8 and then ... the second time I can't be too specific what stirred this up, but it was living in that environment, the religious environment, the Brothers and so forth ... I was no different to any one else regarding how I was in chapel but something made me start thinking about it. Probably things that the Brothers said in their religion classes and lessons that we would have each day. There were two other boys who also wanted to go and join the Brothers ... they were saying a few extra little prayers themselves and I'd join in with them.

4.3 Financial hardship and difficulty managing finances occurred

After leaving care, many of the participants had to rapidly acquire life and home management skills. One of the most critical of the life skills was money management. Men commonly recalled that they had judged themselves, and were judged by others, by their ability to purchase homes, pay off mortgages and provide for their families. With this much attached to it, the realm of finances understandably became a potential source of both pride and anxiety.

Although we did not specifically enquire about financial hardship or money management, it was clear from accounts of unemployment, health and education that many people in our study had experienced financial difficulties at various points throughout their lifetime, often following periods of unemployment or poor health.

Money was a complex issue for many former residents. Learning how to manage money in order to participate in the everyday financial transactions that are required to live in the world was identified by many people as one of the most difficult aspects of their life after care. For those who were under wardship, in particular, everything was paid on their behalf and they had no responsibility for, or participation in, financial processes until they left the institution.

Managing money was something that people felt they needed support in well beyond the period immediately following care. Financial management could offer people a sense of security and stability and was inextricably linked with family and home.

Albert

One of the hardest things I think when you leave care is that you don't have a family to fall back on, so one of the problems I had when I left care was I couldn't get a loan, and if you can't get a credit rating, then you can't do anything in life. It ended up that after having discussions with the Home ... said 'all right, we'll guarantee a loan for you'. But they'd never done it in the past, and they've never done it since. But that's the only way I got my foot in the door to being able to having a credit rating and ... if you've got a credit rating, then you can actually go and rent a house and all this sort of jazz ... So I think that's the major thing that people need when they leave care, is they need someone who's willing to help them out to start off and get a credit rating so they can progress in life. Because normally it's mum and dad will go 'oh yeah, we'll go guarantor for your first car' ... and that's how you start with your credit rating.

Sarah

I got married at 18, I became pregnant and married the fellow that I met at my first job ... Well, when you're young, you see a good looking bloke and things like that, you think 'oh' ... I got married and I went from place to place when I was married. We had no money, we started off in debt and kept it going, accumulating right through my married life with him.

5. Health and wellbeing

5.1 Some physical health problems arose as the result of growing up in institutions

Although many people had experienced some physical health difficulties over their lifetime, there were few instances where they felt this could be directly related back to care. The exceptions to this were when physical and sexual abuse occurred, which tended to have evident effects on life-long physical and mental health.

There was a mixed response to health care provision in the orphanage system. A few women indicated that they had received inadequate and incorrect information regarding menstruation, and had also not received proper medical attention for issues that were later diagnosed as serious gynaecological conditions. However, one participant felt that he received life saving medical attention in the Home that he believed he would not have received from his family.

Many of our participants stated that overall they had experienced good physical health over their lifetime. Six participants reported issues with food and nutrition including eating disorders, extreme weight fluctuation, nutritional health and control. These issues were attributed to routines around food in the institutions including lack of choice and quantity, forced consumption (sometimes in an abusive context), rarity of 'treats' and absence of life skills around nutrition and cooking.

Three people spoke of life long dental health issues consistent with findings from the *Forgotten Australians* report (Senate Affairs Community References Committee 2004: 111). Several people recounted memories of receiving inadequate health care. A number of participants indicated that they had experienced physical or sexual abuse in the setting and this had consequences for physical and mental health on an ongoing basis. Three participants discovered as adults through records and visits to doctors that they had serious medical conditions as children of which they had been unaware.

June

You know, I've got to read the labels of some things, and of course, being diabetic, and trying to lose weight, which is hopeless, I've never been able to do that. Because when you were in the orphanage, you didn't have lots of really, really nice stuff, and of course then once we got out, we sort of realised we can have everything.

Alex

I've been in a few car accidents, so that might've bugged up my neck, but I remember one time I was getting belted, and the bloke [in the cottage home] had cowboy boots on, and he stuck his foot at the back of my neck to hold me down. You wouldn't think that would do your neck any good.

Mark (told by his friend, James)

Through being admitted to St Vincent's for a hernia operation, this triggered a lot of things, somehow, and all these care things, which had never ever followed him through suddenly came out of the woodwork ... Scars, yes, he never knew what caused it. He had no knowledge about it and he's got the signs on his abdomen, some incision there, he had no knowledge of what that was either, so it was only through this that we found out that they did a laparoscopy ... to see what was happening in his stomach because he was suffering quite badly from malnutrition, he had pneumonia. Not a well baby. So now, what I did, I wrote out a brief summary of these health things and he's given it to his GP and that's pretty valuable.

5.2 Many people experienced mental and emotional health problems

The response to our questions regarding health was most strongly characterised by reflections on mental and emotional well being. Whereas people found it slightly difficult to identify clear links between physical health and institutional care, most were able to make a clear connection about mental and emotional health and their experience of institutional care.

A significant proportion of participants in this study described themselves as experiencing mental health issues as adults. Two participants who experienced severe sexual abuse had suffered from post-traumatic stress disorder. Three people disclosed that they had attempted suicide. A dozen had experienced what they described as a 'breakdown', which included experiences of depression, insomnia, panic attacks and anxiety. Some people remembered experiencing ongoing vulnerability to intense emotional experiences that could be short term, chronic, debilitating, and unpredictable. Insomnia was a chronic issue for some of our participants, who commonly connected this to their memories of night-time in institutions.

The *Forgotten Australians* report also found substantial numbers of care leavers had experienced suicidal thoughts or attempted suicide, and heard second hand accounts of others who had suicided (Senate Community Affairs References Committee, 2004: 155). Eight of the people that we spoke to offered second hand accounts of friends and family who had spent their childhoods in institutions and who had subsequently suicided as adults, although this was not something we specifically inquired about.

Many people sought help through generalist services, most commonly general practitioners or psychologists. On some occasions these services simply responded to the symptoms experienced by that individual, but for others, skilled professionals were able to make connections between childhood experiences and adult life. Mental and emotional health is an area where support for former residents is critical. General practitioners and community health professionals need to be aware of the issues that affect adults who grew up in childhood institutional care.

Graham

I honestly do think that the system here owes them a huge debt. It owes them a foundation. Even today you know, although now I'm going to uni, but my life's still not (pause) ... my life I would still have to say is still all over the shop. I've got no solid grounding or anything like that. I don't look to settle down or anything like that. If someone makes a sudden movement towards me I still flinch. The young woman that lives here ... used to go to give me a hug at times, and I'd flinch. She gets very, very cut about it, but she doesn't understand. She takes it as an absolute insult, but like I'm 60, I'm still flinching ... That's just through the way I was raised. Just little things, you know, that in a way, do hold you back.

Sam

You've got to move forward. I can't let it allow me to curl up in the corner in the foetal position and give up. Because you spend a lot of your life wanting to do that ... I know in my case I guess I had given up; I'd resigned myself this is where I'm going to end up, this is my lot. No, I'm lucky, I'm lucky, I'm blessed, because I have, I've got insight. I can rationalise that and I can make it work in a positive way for me, because I need to. You just can't go the other way.

5.3 Emotional sensitivity sometimes remained an issue across the life course

Barnard and Twigg have written that ‘The passage of time adds new meanings to old memories, and reflection always seems to invite more complexity. For ... former residents, the process of reassessment is ongoing’ (Barnard and Twigg 2004: 209). In her study of former residents, Pugh (1999) remarked on the intense emotions that were present when people came to access their institutional records. These emotions had often dominated the landscape of people’s lives, contributing to mental or physical health issues, or just adding substantial complexity to life overall. The emotions that were expressed included anger, rage, sadness, loneliness, fear, self-doubt, anxiety, panic and sometimes all of these.

Some people experienced intense emotional responses to particular triggers, such as the sounds of small children crying. Others described themselves as feeling like they spent much of their time with their emotions close to the surface and affecting everything they did in their daily lives. Some spoke of the intense emotional impact of returning to the buildings of the institutions they were raised in, which could include both joy and distress. In cases where the buildings no longer existed, people’s grief about their childhoods was often particularly intense. These reflections highlight how important it can be for people to be given the opportunity to re-connect with these places through reunions, tours, visits and museums, as recommended in the *Forgotten Australians* report (Senate Affairs Community References Committee 2004:xxvii).

Whilst amongst our participants many people had re-connected with the institutions they were raised in due to the nature of our recruitment, some had stories to tell of siblings or friends who refused to walk through the door of those buildings or, in one case, even drive down the street where the orphanage used to be located. It is important that service providers supporting former residents take this range and intensity of responses into account. For some former residents visiting the sites of former institutions or providers will not be the best way.

Pam

I think I wrote the thing I most regret ... I've never had trouble getting work, I'm a good worker. I hate what it did to my husband and children, what they had to go through because of me; the rage, the anger, my depression, my hopelessness. I felt I was on red alert all my life.

Valda

I had three children ... I stayed with the father of the children for a while, but he couldn't put up with me crying. So did my ex-husband ... I used to cry a lot and couldn't work out why I cried in my sleep, and we got divorced through it, so it broke my marriage up (crying). I used to shake and cry and he used to shake me and said 'what's wrong with you? ... Are you stupid or something?' and he couldn't understand.

Warren

Even my wife still wakes me up, every now and then, because I still get flashbacks happening when I'm asleep, you know but ... I don't get up in a cold sweat and go out there on long walks or anything like that, like I used to, I used to go for long walks at night, whenever I woke up like that.

6. Service Provision

6.1 Clear pathways and support to accessing records are necessary

Institutional records are one way in which former residents can access information about their childhood, their family of origin and other practical information such as their birth date and medical history. It can be difficult, at least partly because of the unclear pathways and the depth of emotional resources that some may need to undertake the process. Making sense of the records may involve assimilation of new information, clarification of information from other sources and contacting newly discovered family members, as well as dealing with the emotions that accessing the records evokes. Accessing records about growing up in institutions therefore requires significant support.

Individual client records may reveal for the first time the existence of parents, siblings and other family members not known of before as well as explaining the reasons for placement. This information may be helpful in assisting people to make sense of the life that they have lived or, conversely, they may find it disturbing and disruptive to their sense of self (Glare et al 2003). Alternatively, records may offer little towards providing an explanation for their childhood, either because the records have been lost, destroyed or withheld, or because it was never documented in the first place. Numerous organisations, government and non-government, have cared for children and all would have documented some details of the children that were resident in their Homes. However, not all of these organisations have formally archived their records and providing dedicated support to access these records is only an emerging area of practice.

Government and non-government organisations that have cared for children in Australia should formally archive their records and provide supported access to them. It is important that government and non-government holders of records are sensitive to the needs of former residents and develop practices, which reflect the best way to release records.

Kathleen

I'd gone into the city to apply for my wardship files ... It was quite significant for me to go into the building and actually ask for this ... When I was received that day, it was just shocking ... and I said to this woman 'I can't believe that I've come to you asking you for my life on paper and you just literally say 'here's a bit of paper, fill it out'. You haven't even introduced yourself and you haven't even said 'would you like a hand? Are you able to read this paperwork?' You've just dismissed me' ... I went there for help ... I was wanting some answers and I just got this woman who didn't care.

Andrea

We didn't find out until we both got our state ward files through Freedom of Information, which was many moons later, and in the report, it actually has the report of the psychologist. And it both said on mine and on my brother's report, 'these twins have high expectations of themselves, they will never amount to anything. Andrea will end up being a checkout chick, Keith will end up being a council worker working on the roads, therefore I feel don't ... try to pursue them in their wanting careers of nursing and building' ... I was just my God, gob smacked ... I had then attempted to go into his office, I don't know whether he's still practising today, but go into his office and slap my nursing certificate down in front of his face. Say ... 'you were wrong, how many other kids have you told that ... to?'

6.2 A specialist area of service provision is needed

The issue of support for former residents emerged from the interviews with a number of dimensions. While there was a clear gap in support in the early days, months and years after leaving care, the stories coming out of the interviews suggested that support needs for former residents can be long term. Memories from childhood can be triggered by a range of events or factors and that the consequences of this can be positive, yet can also be distressing, traumatic and deeply confusing. This adds further depth to the evidence and subsequent recommendations from the Senate Inquiry, which recognised the overall under resourcing and absence of substantial support systems for care leavers (Senate Affairs Community References Committee 2004: xxiv, 299-305).

In addition to the range of general counselling and support services accessed by people we spoke to, some also accessed support from services specifically designated to meet the various needs of adult care leavers. The importance of these services was highlighted by many of our participants. As detailed at the outset of this report, all of the people we interviewed were invited to participate through services that provide support to people who were in care; Broken Rites, VANISH and the Heritage and Information Service at MacKillop Family Services. These services have diverse but overlapping functions in assisting adults who were in care to manage and respond to their experiences. The other key service mentioned by people was CLAN. Based in NSW, but operating as a national service for care leavers, CLAN also provides advocacy and support for people who were in care, and has other key functions including a newsletter that provides opportunities for people to share stories and to facilitate networking and reunions. The interviews indicated the crucial role that these organisations play for the people we spoke with in providing appropriate support for their needs.

From the interviews, the key things the professional assistance achieved with regard to coping with growing up in institutions were:

- Dealing with experiences of abuse, before care, in care and after care
- Providing people with the opportunity to tell their stories with positive therapeutic outcomes, often when people had not spoken to many, if any, people about the detail of their experiences
- Assisting with connection to people with similar experiences
- Providing a level of understanding of the specific experiences attached to being institutionalised that many had not found
- Providing a framework and language of 'survival'
- Assisting with practical life skills and the promotion of self-esteem and self-confidence

The *Forgotten Australians* report recommendations 19-33 outline the range of services that should be developed to provide for former residents, including services that specifically compensate them for aspects of growing up in institutions that have impacted across the life course such as educational deficits and physical and mental health issues (Senate Affairs Community References Committee 2004: xxiv-xxvi). The services currently working with former residents continue to advocate for increased funding and expansion of services.

Valda

I've been shut up for years, like people used to say to me, 'oh you can't say that about those nuns' ... and little did they know what we were going through. But it's like that VANISH and Broken Rites and there was another one, CLAN, I think it was. They all sort of sit down to talk to us and help us a lot.

Kathleen

Luckily enough she'd given me the name of VANISH and I rang ... It was the first time someone said to me, that they understood. For the first time some one said 'I understand what you're going through, you're not crazy, you're not mad, you're not a failure, you're a survivor' and all of a sudden it changed my perception of where I was at. Here I was forever feeling I was a failure because if something went wrong it must be my fault, it's got to be my fault, it's always been my fault, to all of a sudden I was a survivor. Totally different perception of where I was at, and it was a little bit of a turning point. And the belief, just for someone to believe in you, and yes, just someone to listen, someone to care, someone to maybe point you in the right direction to get some support for yourself. So it saved my life.

Conclusion

We have argued throughout this report for recognition of the diversity of people's lives and needs after growing up in institutions. We have used the memories of the study participants to illustrate that their lives have been profoundly shaped by their experiences of growing up in institutions yet also to argue that their divergent experiences of family, education, employment, health and society in the decades since they left the Homes have all contributed to the unique ways in which they have responded to these formative experiences and to the individual lives that they have subsequently created.

There were several common themes that wound their way throughout the stories we heard of parenting, employment, education, health and wellbeing. Those most commonly articulated were lack of a sense of foundation, the search for security and stability and the ongoing challenges of dealing with childhood fears and insecurities. Some people remembered the enduring effects of sexual abuse, challenges to their self-esteem, difficulties with parenting, unstable employment experiences and long term mental and emotional health problems. Some of the most inspiring stories came in the explanations of how many people were able to, if not resolve all these issues, at least find a way to survive them.

We began this report with the findings from the first question we asked people; 'what happened the day you left care?' We will now conclude it with the response to the final question we asked; 'why were you interested in participating in this research?' Almost unanimously, people responded that they hoped their stories would be heard, 'make a difference' and in some way help other people who were in care as children in the past, present and future. This report is offered in the hope that it will be a critical step towards honouring this intention.

Appendix

<i>Year of birth</i>	<i>Age in 2006 (years)</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
1930-1944	62-76	7	6	13
1945-1959	47-61	9	8	17
1960-1974	32-46	5	5	10
TOTAL		21	19	40

TABLE 1: Age and gender of research participants

<i>Year of birth</i>	<i>Length of time (years)</i>		
	<i>3-7</i>	<i>8-12</i>	<i>13-18</i>
1930-1944 n=13	3	8	2
1945-1959 n=17	6	5	6
1960-1989 n=10	3	3	4
40	12	16	12

TABLE 2: Length of time in institutional care

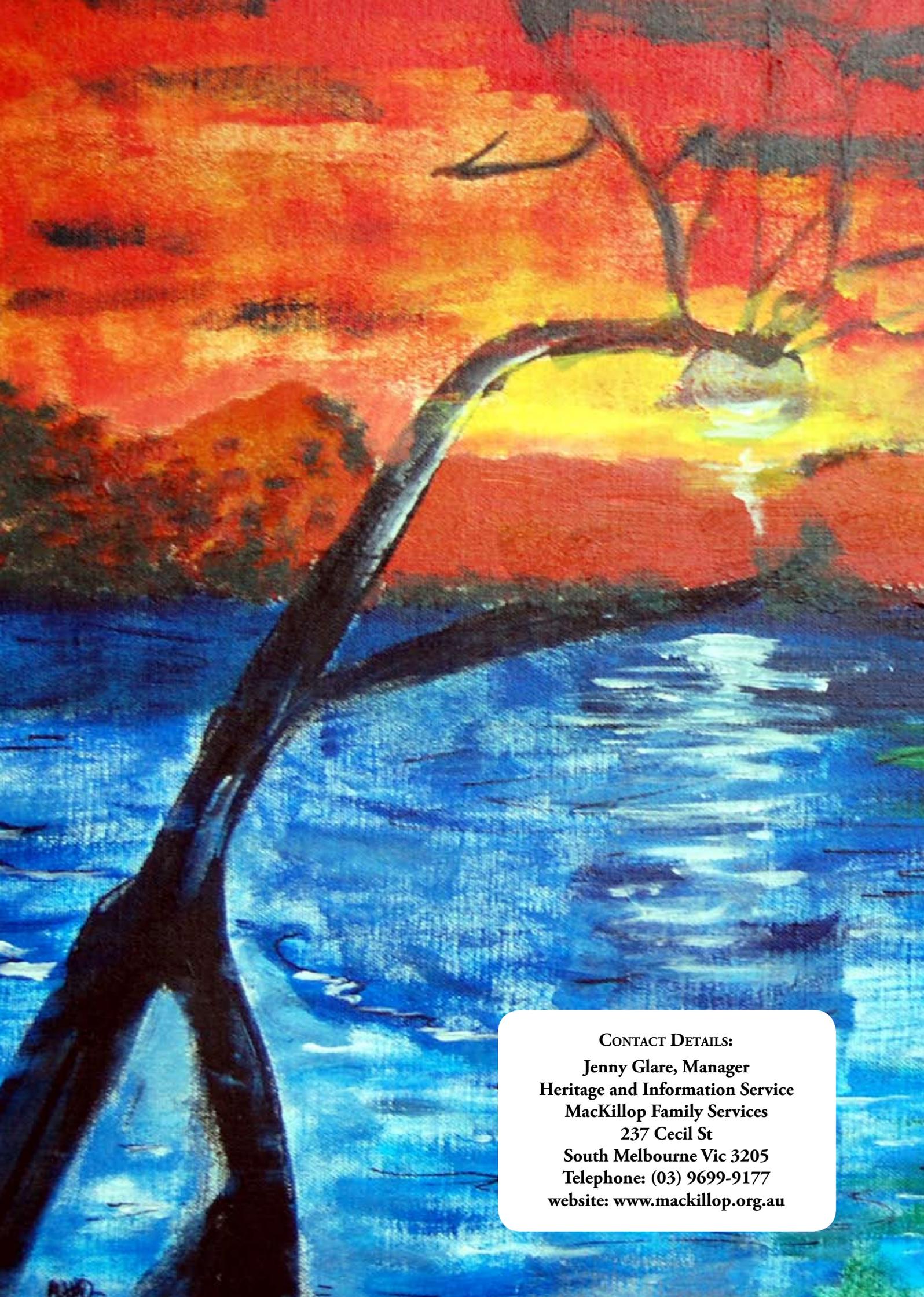
<i>Year of birth</i>	<i>Main reason for institutionalisation</i>				
	<i>Family break-down</i>	<i>'Illegitimacy'</i>	<i>Death of mother</i>	<i>Serious ill-health of mother</i>	<i>'Neglect'</i>
1930-1944 n=13	5	3	2	0	3
1945-1959 n=17	3	4	1	4	5
1960-1989 n=10	1	1	1	3	4
40	9	8	4	7	12

TABLE 3: Main reason for institutionalisation of the research participants

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