Nobody's children: an exploration into a sense of belonging of adults who experienced institutional out-of-home care as children

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Nobody’s Children: An exploration into a sense of belonging of adults who experienced institutional out-of-home care as children

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A thesis submitted to fulfil the requirements of Doctor of Philosophy

Southern Cross University

December 1, 2015
Thesis Declaration

I, Gregory P. Smith, declare that the work presented in this thesis is, to the best of my knowledge and belief, original, except as acknowledged in the text, and that the material has not been submitted, either in whole or in part, for a degree at this or any other university.

Signed: Gregory P. Smith          Date: December 1, 2015
Acknowledgments

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This study has been made possible by the generous contribution of twenty-one individuals who, at some time during their childhood, lived in a child care institution.

I would like to thank them and acknowledge their courage in coming forward to be participants in this research project. Without them it would not be possible. I would also like to acknowledge the challenges the majority of participants experienced in order to make their contributions. I would like to add a special acknowledgment to Leicester who lost his battle with cancer only weeks prior to the submission of this thesis.

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Publications
The following works by the author were used in the thesis.

Smith, G 2015, 'To Learn is to Live', in Dee Michell, David Jackson and Casey Tonkin (eds.), Against the Odds, People's Voice Publishing, Elizabeth, South Australia.


Conference Proceedings

**List of Abbreviations**

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<th>Description</th>
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<tbody>
<tr>
<td>AA</td>
<td>Alcoholics Anonymous</td>
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<tr>
<td>ABC</td>
<td>Australian Broadcasting Corporation</td>
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<td>ACT</td>
<td>Australian Capital Territory</td>
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<td>BEIP</td>
<td>Bucharest Early Intervention Project</td>
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<td>CIC</td>
<td>Children in Care</td>
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<td>CLAN</td>
<td>Care Leavers Australia Network</td>
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<tr>
<td>DFHCSIA</td>
<td>Department of Families, Housing, Community Services and Indigenous Affairs</td>
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<td>HREOC</td>
<td>Human Rights and Equal Opportunity Commission</td>
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<td>HREC</td>
<td>Human Research Ethics Committee</td>
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<tr>
<td>NEAF</td>
<td>National Ethics Application Form</td>
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<tr>
<td>NGO</td>
<td>Non-Government Organisation</td>
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<td>NYSPCC</td>
<td>New York Society for the Prevention of Cruelty to Children</td>
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<tr>
<td>NSW</td>
<td>New South Wales</td>
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<td>NT</td>
<td>Northern Territory</td>
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<td>QLD</td>
<td>Queensland</td>
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<td>SA</td>
<td>South Australia</td>
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<tr>
<td>SCARC</td>
<td>Senate Community Affairs Reference Committee</td>
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<td>UK</td>
<td>United Kingdom</td>
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<tr>
<td>USA</td>
<td>United States of America</td>
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<td>VIC</td>
<td>Victoria</td>
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<td>WA</td>
<td>Western Australia</td>
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Abstract
In 2004 a Senate Community Affairs Reference Committee published a report that described the harsh conditions of institutional out-of-home care up to 1974, experienced by an estimated 500,000 Australian children, also known as ‘Forgotten Australians’. Because of issues of abuse and neglect, the Commonwealth Government identified this cohort on November 16, 2009 as a vulnerable group with ‘special needs’ in their senior years. A review of the literature exposed significant gaps in what is known about the Forgotten Australians. One of these gaps is a lack of discussion on a sense of belonging and its effects in later life. The aim of this study was to explore how individuals who lived in institutional out-of-home child care in Australia before 1974 experienced, during adult years, a sense of belonging in relationships with significant others, and in relation to community and a sense of self.

Using hermeneutical phenomenology, this research was designed to explore participants’ narrated experiences by drawing on theoretical and methodological approaches that facilitate the expression of subjective experiences. Research methods included semi-structured interviews conducted with 21 participants in all states and territories of Australia between January 2012 and April 2012. Key findings included experiences of stigma and shame as well as not feeling part of, or belonging to communities or societal groups. For many, a sense of not belonging has impacted on how they see themselves in relation to community and others in later life. Several participants spoke of having stable places to live; however they also spoke of feelings of discomfort and of being disconnected from the communities in which they resided.

The conclusion of this research was that most participants belonged to one of two distinct orientations. In the first group, members continued to have challenges with how they viewed themselves and connected to community. The second group contained those who have overcome the negative view of their sense of self; even though they continued to have challenges connecting to community. Finally, there was one outlier who never felt that his experiences in institutional care affected the way he viewed himself or how he connected to community. The findings highlight the need for further research so that services and education programs can be developed to assist Forgotten Australians integrating into social networks as they age.
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Chapter One: Introduction

It is highly likely that every Australian was either related to, works with or knows someone who experienced childhood in an institution or out-of-home care environment (Senate Community Affairs Reference Committee 2004, p. xv).

In 2004, a Senate Community Affairs Reference Committee (SCARC) published a report that described the conditions of institutional out-of-home ‘care’, up to 1974, experienced by an estimated 500,000 Australian children, also known as ‘Forgotten Australians’. Contained within the testimonies of this report are stories of dislocation and disassociation from family, community and society. Many submissions to the inquiry demonstrated that the experience of being raised in institutional ‘care’ had lifelong effects, including feelings of estrangement and detachment from others. A review of the literature on this group identified a growing contribution to the information on this cohort in the past several years. However, there remain significant gaps in the available knowledge on the Forgotten Australians. One of the key themes emerging in the literature for this population is a lack of a sense of belonging or social cohesion in later life. For many, this sense of not belonging has impacted on how they see themselves in relation to community and others as they age. Because of such issues, the Commonwealth Government identified this cohort on November 16, 2009 as a vulnerable group with ‘special needs’ in their senior years (Rudd 2009).

Thus, the overarching aim of the study was to explore what a sense of belonging means for a person who has experienced institutional out-of-home ‘care’ as a child. More specifically, this study was concerned with how those former residents of orphanages and children’s homes between 1910 and 1974 - commonly referred to as ‘Forgotten Australians’ - experience belonging to family and community. Indeed, the
literature suggests that for many, their institutional experiences had long-term effects on their sense of belonging in relation to their ability to embed themselves in social and familial relations.

The idea for this study came from a conversation by the researcher with a Forgotten Australian during a previous research project (Smith 2010a). During an interview, the participant said she had many of the things generally required to lead a comfortable material life, including a house, which gave her some feeling of safety and security. However, she reported that she had never felt she ‘belonged’ in the sense of forming close, binding and meaningful relationships with others or indeed with community (Smith 2010a). This subjective experience was shared by each of that study’s participants and indeed formed one of the core aspects of their post-care lives which most described as including loneliness, great hardship and privations.

One of the observations of that study (Smith 2010a) was that respondents spoke of using ‘escape strategies’ to assist with their feelings of emptiness and of dealing with a sense of a lack of belonging. Some of these escape strategies involved addiction to negative relationships, sex, drugs and/or alcohol, or taking solace in a deity or various forms of other belief systems. The majority of the interviewees also indicated that they had felt, or feared at some time, disconnection from social supports or experienced no sense of belonging at all.

Accordingly, this current research was designed to explore such experiences among a small group of Forgotten Australians in all their various forms by drawing on theoretical and methodological approaches that facilitate the expression of subjective experiences. The following research question was posed: How do individuals who
lived in institutional out-of-home child ‘care’ in Australia before 1974 experience, during adult years, a sense of belonging in relationships with others, and in relation to community and a sense of self?

According to the 2004 Senate Inquiry Report, the vast majority of Forgotten Australians had, over a number of decades, remained unnoticed and their experiences were not publicly documented (SCARC 2004, p. 6). This continued until early into the twenty-first century when various reports and autobiographies emerged and a national apology to the Forgotten Australians was presented on November 16, 2009 in parliament by the then Prime Minister, Kevin Rudd (Rudd 2009). The report and the apology that will be discussed in Chapter Two came about through a sustained advocacy campaign that included a wide range of individuals and organisations, including Forgotten Australians themselves. The Report discusses Forgotten Australians, who were mainly non-Indigenous Australian born children and were first identified in a major inquiry into the removal of Indigenous children from their families and communities, otherwise known as the ‘Stolen Generation’ (Human Rights and Equal Opportunity Commission (HREOC) 1997). The resulting report; Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families, found that a significant number of children (largely non-Indigenous), who had not been included in the terms of reference of that investigation, had also experienced adverse conditions during their time in institutional ‘care’. The authors of the report recommended that a separate inquiry should be established to investigate the conditions under which these children lived.

As a result of the HREOC Report (1997), along with growing pressure from various quarters after this public inquiry into the ‘care’ system, two further inquiries were
established: each related to the institutionalisation of children during the twentieth century. The first inquiry in 2001 was conducted by the Senate Community Affairs Reference Committee, which examined the circumstances under which children were brought to Australia from Britain and Malta and the institutional experiences of those children (an estimated 13,000 children) from 1947 to 1953 (National Archives of Australia 2014; SCARC 2001, p. 4). The tabled report was entitled *Lost Innocents: Righting the Record* (SCARC 2001). The Committee also received many submissions from Australian-born children who had experienced institutional ‘care’. However, as with the report into the Stolen Generations, the terms of reference for the SCARC 2001 Report did not cover Australian-born non-Indigenous children. This omission prompted calls for another inquiry.

The resulting investigation was also a SCARC inquiry, this time with a focus on predominantly Australian-born non-Indigenous children who experienced institutional out-of-home child ‘care’. The response to this inquiry was initially overwhelming and prompted the publication of two reports. It is the findings in the first report, *Forgotten Australians: A Report on Australians Who Experienced Institutional or Out-of-Home Care as Children* (SCARC 2004) that are relevant to this study. The focus of this report was primarily on adults, who had experienced institutional ‘care’ as children prior to 1974. It is from this population of an estimated 500,000 former residents of institutional ‘care’ that a sample of twenty-one individuals was drawn for this study. As noted within the SCARC (2004) report, the nature of the institutionalised care received by many of this population has impacted on how they construct and develop a sense of belonging both in relation to family and the broader community.
A sense of belonging, both familial and communal, contributes significantly to how we view our self or ‘sense of self’. Understanding how people connect with and construct feelings of belonging to family, to others and to community has been the focus of many studies (see for example Mackay 2014; Mammana-Lupo, Todd & Huston 2014). However, there have been few studies specifically investigating how an individual who spent time in institutional child ‘care’ experiences a sense of belonging in relation to others and to community as they age. Little is also known about how they understand their sense of self.

Thus, this thesis is concerned first and foremost with some of the profound and lasting relational impacts of the institutional ‘care’ experience of a small number of Forgotten Australians. At the heart of this thesis is the notion that early life experiences are, as noted below, significant for developing emotional security and life affirming relationships (Baumeister & Leary 1995). The institutional experiences recounted by respondents in this study in many ways reflect the centrality of this notion in terms of understanding how those formerly in ‘care’ describe their relationships and sense of self as adults.

Objectives
The main objectives of this study are:


2. To generate, from a Social Science perspective, information which can be disseminated in a detailed research thesis, scholarly articles, and public presentations
3. To provide information which will assist service providers in understanding some of the sensitive issues for Forgotten Australians as they age; and,

4. To offer information gleaned from the experiences of historical care leavers to decision makers for consideration when constructing contemporary out-of-home care policy.

Subjectivity

It is important at this juncture to make explicit the significant element of subjectivity in this research project. I am one of those adults who spent time in institutions as a child and as such I identify as a Forgotten Australian. Thus, there is a significant component of personal reflexivity that runs through this thesis. My personal experience is similar to each of the participants who experienced ‘care’ in various institutions. Though our experiences are unique, as the stories illustrate, there are common experiences of lives spent in an institution with all the consequences that this ultimately entails. This subjectivity had two major impacts on the study. First was the strong rapport which developed between the participants and the researcher that had the effect of amplifying the depth of candour between them. This, in turn, enriched the information gathered. The second impact was the re-lived trauma and the vicarious trauma experienced by me as the researcher. The implications of insider research are explored further in Chapter Four.

It is important to note that some participants in this research also experienced foster care, as well as institutional ‘care’ at some time during their childhoods. Foster care consists of a child being placed in a family setting, whereas relative/kin care occurs when a ‘caregiver is a family member or a person with a pre-existing relationship to the child’ (SCARC 2005; p. 12). In this current study however, the focus remained on
each individual’s experiences in institutional ‘care’. By employing a qualitative methodology, this study was intent upon revealing the perceptions of the participants’.

Clarifications
It is important to acknowledge from the outset that the use of the term ‘Forgotten Australians’ is controversial. Some individuals who experienced out-of-home child care prefer the term ‘Care Leaver’ and others refer to themselves as ‘Now Remembered Australians’. The term ‘Forgotten Australian’ has been selected for use in this thesis because it is the term used in the Federal report (SCARC 2004). It is also the term used when Prime Minister Kevin Rudd issued a national apology on behalf of the Federal Government.

For the purpose of this thesis, the Forgotten Australians will also be referred to as ‘ex-residents of institutional care’, ‘historical care leavers’ and ‘care leavers’. However, I consider the term ‘care’ as highly contestable because although this was avowedly the aim of governments and various welfare agencies, those subject to these regimes often experienced anything but ‘care’. The term refers to any form of out-of-home child ‘care’ that was provided within orphanages, girls’ or boys’ homes, detention centres, remand centres, reform schools, industrial schools or any other physical structure which housed and cared for children out of their own home pre 1974 (SCARC 2004: p. xv).

The word ‘care’ is used throughout this thesis in the context of ‘duty of care’ where an institution was responsible for a child. The word is in quotations in this chapter but
not throughout the thesis. This reflects the numerous and well documented instances of abuse that children were subjected to during their time in ‘care’.

Structure of this thesis
There is a small but growing body of information relating to the Forgotten Australians and it is important to provide some context pertaining to the origin and identification of the population. This occurs in Chapter Two. The chapter overviews the historical context of institutional out-of-home child ‘care’ in Australia from its inception. It highlights the key national inquiries which impacted on how the history of institutional ‘care’ is viewed in contemporary Australia. Much of the contemporary research and resulting literature directly relating to Forgotten Australians, including the term itself, has its origin in government reports. The publications resulting from official government inquiries have provided most of the information about institutional out-of-home child care in Australia to date. Hence, by considering the revelations of these inquiries, Chapter 2 contextualises the phenomenon of Forgotten Children in the 20th century and sets the scene for a broader exploration of the relevant literature in the following chapter. Furthermore, the chapter emphasises the historical inadequacy of both the culture of the institutional child ‘care’ regime across all states of Australia, as well as identifying the lack of political will to address the systemic issues resulting from this form of out-of-home child ‘care’.

Chapter Three explores the Social Science literature relating to the main themes of this study. They are firstly, the genesis of child ‘care’ and child rights in a Western context. This is followed by a review of attachment theories and out-of-home ‘care’. The third section addresses Goffman’s concept of total institutions and stigma. Degradation ceremonies, shame and lived experience are explored prior to the
literature relating to a sense of self and belonging for Forgotten Australians. The sixth section canvases the literature on a sense of belonging. Outcomes for ‘care’ leavers, research on Australian institutional care leavers and access to ex-residents’ records are explored before the chapter summary.

The fourth chapter explains the ontological basis of the research and the hermeneutic phenomenology used. The focus shifts to the research methods beginning with the advantages and disadvantages of insider research. The sampling and recruitment methods employed in the study are then considered before turning to a discussion on the interview process and interview schedule. The chapter canvasses participants and trust. The demographic details are discussed before the process of thematic identification and analysis used in the study is presented. The rigor of qualitative research is then argued. The ethical considerations are critically discussed before moving on to strengths and limitations and finally the summary.

Chapter Five is the first findings chapter, which addresses the stigma, shame and the associated emotions that participants of the study said they lived with and carried throughout their lives after exiting the out-of-home child ‘care’ institutions. It examines the participants’ insights relating to the punitive conditions experienced by some, which it is argued compounded their felt shame and stigma. The chapter highlights some of the issues participants experienced relating to anger. Finally it focuses upon the participants’ narratives concerning trust and shame after ‘care’, which they contend was influenced by their institutional experiences.

The sixth chapter is concerned with how the participants viewed themselves, or experienced a sense of self, after their time in institutional ‘care’. The discussion
includes a section detailing some generalised abuse allegations and how that abuse impacted some participants. Lastly, the chapter investigates how some individuals in this study sought to come to terms with their lived experiences after being institutionalised.

Chapter Seven explores how some participants of this study experienced and narrated their concept of a sense of community. Discussion focuses upon how some participants experienced a sense of insecurity, before turning to how a sense of belonging was experienced. The discussion is framed within the context of some participants’ ability, or inability, to construct and develop relationships with family, community and within the broader social milieu.

Chapter Eight is the concluding chapter. It provides a general discussion highlighting the findings of the thesis and integrates the key themes in the context of the research question, aims and objectives. The chapter proposes some recommendations concerning the issues of Forgotten Australians as they age and argues the need for future research concerning the population. It also addresses the limitations, as well as highlighting the significance of the study. A brief concluding comment regarding the study is then offered.
Chapter Two: The Origin of Forgotten Australians

...as a matter of political economy, it would be better to spend a few pounds extra per annum in creating good and useful men and women, who will add to the national credit and prosperity, than to train up more cheaply useless members of the community who would eventually...either relapse into pauperdom or come back upon the state in a still more objectionable form (New South Wales State Children Relief Board, 1883, p. 837 cited in van Krieken 1992a, p.61).

Introduction
This chapter will provide a brief overview of how the institutional out-of-home child care regime developed in Australia from early colonisation through to the commencement of deinstitutionalisation in the mid-1970s. However the main sources that provide information about twentieth century regimes are official state and federal reports published in the latter part of the twentieth and early twenty first centuries. These have significantly influenced how institutional out-of-home child care during the early to mid-twentieth century is viewed and described in contemporary social science literature, which is considered in the following chapter. Prior to these official reports, there was very little information relating to children who experienced institutional out-of-home care in Australia. The focus of this chapter is to establish the historical background concerning institutional out-of-home child care in Australia during the last century and assist in providing a context for understanding the population identified as Forgotten Australians, a term coined by the Senate Community Affairs Reference Committee inquiry in 2004. The Forgotten Australians are considered in relation to two other populations that experienced out-of-home care in institutions, kin care and/or foster care. The chapter will begin by providing a discussion of the historical overview of institutional care in Australia. The two national
inquiries preceding the publication of the *Forgotten Australians* (2004) report will then be introduced. The origin of the term ‘Forgotten Australian’ is explored revealing gaps in the two earlier inquiries. The genealogy of inquiries and reports by the states before, during and subsequent to the Forgotten Australians Senate inquiry in 2004 are then explored. In so doing, a culture of inadequacy within the institutional care regime across all states of Australia will be revealed and some of the consequences of those inadequacies for the hundreds of thousands of children who passed through the system will be highlighted, providing a context for this research.

**An historical overview of institutional child care in Australia**

From the early years of European settlement, administrators of the colony of NSW were confronted with the challenge of orphaned, abandoned and/or neglected children. The parents of these children were often incarcerated, or unable to care for them because of misfortune or destitution (SCARC 2004, p. 36). Some of these children were cared for by relatives, others found their way into the care of charities and/or religious organisations. With the expansion of the new colony, a requirement for organised child care became evident. One option was for the administrators to construct buildings to house those children in need of care. The wife of Governor Lachlan Macquarie (1762-1824), Elizabeth Henrietta Macquarie (1778-1835), initiated the construction of one of the first residential orphanages on mainland Australia in 1813. The building is located in Parramatta and still exists today; it is the oldest three storey public building in Australia and considered one of the most significant surviving buildings from the earliest period of European settlement (United Nations Education 2014).
The introduction of child neglect legislation from 1850 to 1890 acknowledged greater acceptance by all states of increased responsibilities of governments toward children (Liddell 1993, p. 34). The autonomy gained by each colony as they developed into states led also to the establishment of independent social welfare departments. These new institutions gained the responsibility of overseeing the care of orphaned, neglected and/or abandoned children. The delivery of child care was dependent on economic imperatives with each state having variations to their policies (SCARC 2004, p. 20). For example, NSW tended to outsource child care to non-government organisations (NGOs) wherever possible. Many of these NGOs were religious organisations and included Catholic orders such as the Josephites, the Sisters of Resurrection, Sisters of Charity and Sisters of Mercy. Other denominations included the Church of England, Baptist Church, Methodist Church and Salvation Army (SCARC 2004).

From the 1920s, NGO non-denominational agencies including Barnados and Fairbridge also provided residential care for children (Szablicki 2007, pp. 7, 13; SCARC 2004, p. 52). The latter agency was the focus of a 2001 inquiry, and will be discussed later in this chapter. Although the NSW government developed and maintained reform schools and detention and remand centres, there is very little evidence of the government establishing and sustaining orphanages. The NSW Government did however subsidise children going into NGO orphanages and homes (SCARC 2004, p. 26). South Australia, Queensland, Tasmania, Victoria and Western Australia opted for a policy of foster care for their children when and wherever possible.

In excess of 341 institutions were used to house children across all states of Australia by the mid-1970s. Of the estimated 500,000 children who experienced institutional
care, the majority, upwards of 200,000, came from NSW and were housed in approximately 141 residential institutions (SCARC 2004, p. 385). Some of these institutions were administered by the state, 37 of which were reform schools, detention centres, remand centres and corrections centres. Five states shared the remaining residential institutions which were estimated at 200 buildings. The breakdown of these is: West Australia 13, Tasmania 23, South Australia 24, Queensland 24 and Victoria 96 (Care Leavers Australia Network (CLAN) 2014; SCARC 2004, p. 392).

At some time and in some form, across all states of Australia until the mid-1970s, both government and non-government child care services relied on institutional care as an essential facility in their child care regimes. A lack of accurate record keeping by many institutions coupled with the multiplicity of child welfare practices, agencies and organisations, and the destruction of historical files and records (see SCARC 2004, pp. 262-263) have created challenges in the construction of an accurate history of Australia’s institutional care regimes. As a result, there is a lack of detailed and rigorous historical information relating to child care practices and policies within institutions creating difficulties assembling a clear and comprehensive understanding of child welfare in this country (SCARC 2005; 2004; 2001; Tregeagle 2000; HREOC 1997).

There remains however, sufficient information to assert that during the past century much of the child care sector functioned in an environment not conducive to the healthy socialisation of children and did not contribute to the development of necessary life skills for out-of-home care leavers so that they could develop productive, wholesome and rewarding lives after exiting care. Publications such as
Protecting Vulnerable Children: a National Challenge (SCARC 2005), Forgotten Australians: A Report on Australians Who Experienced Institutional or Out-of-Home Care as Children (2004), and Bringing Them Home (HREOC 1997) have highlighted the adverse effects experienced by institutional care leavers. In the early 1970s, there was growing pressure to abandon the antiquated child care regime because of the increasing maintenance cost of the institution and its structures. There was also momentum gathering to utilise the existing foster care and the developing community-based care systems which included smaller scale residential care provisions. Ultimately, this led to the beginning of the deinstitutionalisation of the child care system in the mid-1970s (SCARC 2004, p. 6).

Two national inquiries
During the last century, there were three populations of children who experienced institutional care. These populations are known as the Stolen Generations (Indigenous Australians), migrant children and the Forgotten Australians. Over many generations, upwards of 25,000 Indigenous children were forcibly removed from their biological families and culture in line with practices, policies and laws of the times and placed into the care of various non-government and government organisations (HREOC 1997, p. 2; Woodrow 1990). The forced removal of Indigenous children had been occurring since European settlement of the colony (Attwood 2003, pp. 31-53). Many Indigenous children were left without parents, or were stolen from their communities as a result of violent battles over food and rights to land and water sources during the nineteenth century (NSW Government 2008; Moses 2005, pp. 77-102). Throughout these times, Indigenous children were kidnapped and exploited as cheap sources of labour by the European settlers (Kidd 2007; HREOC 1997, pp. 24, 78, 87, 113). Indigenous children were still being hunted in the northern areas of Australia into the early twentieth
century because of the low cost of their keep (Kidd 2007; Moses 2005). Because the
currency of these incursions and kidnappings were increasing, and the colonies were
unwilling or unable to control the practices of brutality caused by European
expansionism, the British government appointed a Select Committee to inquire into
the treatment of Indigenous people. The Select Committee recommended in 1837
that a ‘protection’ policy be adopted throughout the colony (Australian Human Rights
Commission 2008).

A Chief Protector was appointed as legal guardian of all Indigenous children,
‘displacing the rights of parents’ (HREOC 1997: p. 23). By the early twentieth century
the protectionist policy had failed as the Indigenous population began to be reduced
partly because of the limitations that were placed on the exercising of traditional
cultural activities. This was in conjunction with the requirement that a white
manager’s permission was necessary for Aborigines to carry out normal activities such
as going to town for provisions (Stewart & Allan 2013). In 1937 a policy of assimilation
through absorption was being discussed and shortly after was broadly adopted across
the states and territories (HREOC 1997, pp. 24-27). The constitutional referendum of
1967 saw an end to this assimilation policy and the forced removal of Indigenous
children and provided the Commonwealth Government with authority over Aboriginal
affairs (Summers 2000).

It is significant to acknowledge that this systemic removal and placement into foster
homes or institutional care of Indigenous children stemmed from a philosophical and
racist ideal that the ‘Christian white civilization’ was superior to the Australian
Indigenous people’s culture (Darian-Smith & Edmonds 2015). It was believed that the
‘full blood Aborigine’ would eventually be extinct, thus the ‘half caste’ should be bred
into the population to assist this process (Bessant, Hil & Watts 2005; HREOC 1997, p. 248). The Commonwealth gained concurrent legislative authority with the states resulting in the establishment of a federal office for Aboriginal Affairs after the 1967 referendum (HREOC 1997, p. 29). A request was made on August 2, 1995 under the Human Rights and Equal Opportunities Act 1986, to inquire into matters concerning Indigenous policies within Australia during the course of the past century (HREOC 1997).

The resulting inquiry by the federal government was the first to investigate the systemic institutional child abuse within Australia. The subsequent report Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families published by the HREOC in 1997 created significant public interest. The terms of reference of the Bringing Them Home inquiry were specific and requested the Attorney General of Australia at that time, Michael Lavarch, to inquire into the matters affecting those Indigenous and Torres Strait Islander children who were removed from their culture and families ‘...by compulsion, duress or undue influence...’ (HREOC 1997, p. 2) and placed into child care away from their family and cultural connections. The specific wording of the terms of reference of this inquiry meant that two other populations of children were omitted in the subsequent discussion, findings and recommendations of the report.

The terms of reference for the Bringing Them Home inquiry were also directed at the ‘...past laws and policies...the inadequacy of and the need for change in current laws, practices and policies...affecting Aboriginal and Torres Strait Island peoples’ (HREOC 1997, p.2). There are still important and challenging issues with the child care systems responsible for the care of Indigenous children (Wild & Anderson 2007; HREOC 1997).
These include the longer-term implications indicated by the inquiry and the resulting report, emphasising the unchanging attitudes of Australian organisations and the ways in which they view Indigenous Australians today (HREOC 1997, pp. 372, 389, 394). There appears though, to have been some attitudinal change in the broader Australian population toward Indigenous Australians and the historical challenges confronting them. This changed attitude manifested in a formal apology from the Commonwealth Government to those Indigenous care leavers known as the ‘Stolen Generation’ on 13 February 2008 by the Commonwealth Government (Cuthbert & Quartly 2013; Rudd 2008).

A second national report *Lost Innocents* (SCARC 2001) was tabled in the Australian Parliament in 2001, some four years after the *Bringing Them Home* (HREOC 1997) report was published. This second national inquiry was instigated on June 20, 2000 by Senator Andrew Murray. On this occasion, a Senate Community Affairs Reference Committee was to conduct the inquiry. The committee was to address emerging concerns in regard to British and Maltese children who had been transported to Australia and raised in institutions or other forms of out-of-home care during the last century (SCARC 2001: p. 2). A trigger for the establishment of this inquiry was allegations of child abuse, neglect and impropriety in Australian child care by a British Parliamentary Committee on Child Migration (United Kingdom (UK) Parliament 1998). The ensuing inquiry investigated and exposed issues concerning a second population of children cared for under the auspice of various state governments in Australia and whose experiences had previously been suppressed and/or denied.

As with the previous inquiry, the terms of reference of the SCARC (2001) inquiry were specific in their intention to explore ‘Child migration to Australia under approved
schemes during the twentieth century, with particular reference to the role and responsibilities of Australian governments...’ (SCARC 2001, p. 1). This included the ‘investigation of governments and non-government organisations responsible for the care of child migrants’ and whether any unsafe, unlawful or improper treatment of child migrants had occurred in institutions that were responsible for their welfare (SCARC 2001, p. 1).

The primary evidence for both the HREOC (1997) and the SCARC (2001) inquiry emerged from the written submissions and oral testimonies of adults who as children experienced out-of-home institutional care. Because of the many interpretations of this population over time, the resulting report identified challenges in establishing a definition for the term ‘child migration’. However for the purposes of the report and this thesis ‘child migration’ referred to:

...the dispatch of poor, abandoned, often illegitimate youth from orphanages, institutions and workhouses throughout the United Kingdom to overseas British colonies – later Dominions (SCARC 2001, pp. 11-12).

According to the agreements entered into by the British and Australian governments, there were upwards of 13,000 children transported to Australia from Malta and Britain as child migrants (SCARC 2001, p. 4). The inquiry had its origins in 1986 when Margaret Humphreys, an English social worker and author of Empty Cradles (Humphreys 1994), a publication exploring the issues of ‘child migrants’ and institutional care, received a letter from a woman in Australia asking for help to locate her parents in Britain. The woman said that, at the age of four years she had been sent on a boat from the UK to a children’s home in Australia, and that she was looking
for help in tracing her parents. Humphreys’ research led to the exposure of the child migration scheme devised by the English and Australian governments during the last century (Oranges & sunshine 2011; SCARC 2001; Humphreys 1994). After an investigation into these policies, a report was published by a British Parliamentary Committee on Child Migration in August 1998 (UK Parliament 1998).

The report by the British Parliamentary Committee criticised the British-Australian child emigration policy in general, and particularly certain non-government and Catholic institutions in Queensland and Western Australia where child migrants were housed and where alleged abuses were perpetrated. As previously mentioned, the Australian government responded by commissioning an inquiry which resulted in the publication of Lost Innocents: Righting the Record Report on Child Migration in 2001.

The preamble of the report made reference to the disregard for the wellbeing, safety and needs of many of the children transported to Australia from the UK and Malta as child migrants by the non-government agencies and all levels of the Australian government concerned with the care of these children in Australia (SCARC 2001).

Contained in the body of the report are 216 references to abuses perpetrated on individuals (SCARC 2001). It is difficult to comprehend and relate the depth of the cruelty and dehumanisation experienced by the child migrants through systemic neglect, sexual and other forms of abuse they experienced in the institutional care system from those responsible for their care. The following quote in the report outlines the nature and scale of abuses exacted upon innocent children:

The psychological impact that their childhood experiences have had upon their lives was dramatically yet simply illustrated by the language used in the 158 public
submissions. Terms such as transported, deportation, exported, chosen like cattle, human cargo, abandoned, interned, incarceration, slave labour, penal servitude, inmates, concentration camp, and finally released reoccurred constantly in the submissions of the child migrants (SCARC 2001, p. 73).

Amongst the concerns noted in the 2001 report included the child migrants’ feelings of a negative sense of self and a lack of connection and belonging to society within their narratives (SCARC 2001, p. 7). The report is dedicated to all child migrants of the previously mentioned Maltese and British-Australian Child Migration scheme of the last century, and to ‘those who had the courage to speak to the Committee, and for those who have not survived’ (SCARC 2001, p. 4). Just as important were the personal benefits experienced by each individual in relating their lived experience to the inquiry. Although most of the 158 submissions related stories of trauma, neglect and abuse, there were also stories of positive experiences as a result of institutional care (SCARC 2001, p. 7).

Notwithstanding the important intervention of these two reports in terms of generating public attention of the privations experienced by children who had experienced these institutional regimes, a complete representation of institutional care within Australia was yet to emerge. There remained a significant gap in the national story of institutional out-of-home child care in Australia during the twentieth century.

**Identifying the Forgotten Australians**

On March 4, 2003 Senator Murray once again instigated a SCARC inquiry. On this occasion the inquiry focused on a population of children who had been over looked by the terms of reference of the two previous national reports. This cohort was the
largest to experience institutional child care in Australia. The population to be investigated involved approximately 500,000 children (SCARC 2004, p. 385) who were neither Indigenous Australians nor child migrants and remained predominantly unnoticed by officialdom until 2003 thereby continuing a culture of silence around this large population. The dismissal of complaints of misconduct or abuse by those whom the children saw as responsible adults and who often accused them of lying (SCARC 2004, p. 128) reinforced the silence. This cohort became known as the Forgotten Australians.

The term Forgotten Australians was first used to describe the people in a report published by the Senate Community Affairs References Committee (SCARC) in 2004 after the federal inquiry described above. The terminology ‘Forgotten Australians’ is appropriate in that two previous national inquiries focusing on similar issues, neglected in their terms of reference to accommodate this cohort. The second of the four terms of reference of the 2004 inquiry Forgotten Australians (SCARC 2004) reads:

...the committee is to direct its inquiries primarily to those affected children who were not covered by the 2001 report Lost Innocents: Righting the Record, inquiring into child migrants, and the report Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families’ (SCARC 2004, p. 1).

XV). Some of these children were state wards, and others were placed in care by parents or relatives unable to care for them. Predominantly, these children came from Anglo Celtic backgrounds in an era when for many children dislocation, domestic violence, divorce, poverty, single parenting or the inability of parents to cope with social isolation or hardship resulted in the surrender of their children to the authorities.

As with the previous inquiries, it was the testimonies of the now adults who provided much of evidence gathered by the SCARC inquiry. The 700 individuals were a small fraction of those (SCARC 2004, p. 385) who as powerless and vulnerable children experienced institutional life during the course of the twentieth century (Hil, Penglase & Smith 2008; SCARC 2004). Many of the testimonies spoke of a sense of disconnection and of feeling they did not belong to family or community (see for example SCARC 2004, pp. 13, 142, 155, 160, 253). Many of those who gave testimonies were in their fifties, sixties or seventies and only recently had begun to reveal their stories and the depth of their feelings of separation and of disconnection from society.

It is important to note that stories of institutional abuse and the effects of being in the institutions had been appearing for a number of years in the media (radio and newspapers), and in the form of autobiographies and biographies. These include: Ryszard Szablicki’s *Orphanage Boy: Through the Eyes of Innocence* (Szablicki 2007), *Brutal: Surviving Westbrook boys Home* by Alfred Fletcher (2006), Joanna Penglase’s *Orphans of the Living: Growing up in ‘Care’ in Twentieth-century Australia* (Penglase 2005), Richard McKenzie’s *The Home: A Memoir of Growing Up in an Orphanage* (McKenzie 1996) and *Better off in a Home* by Bill Smith (Smith 1982).
The telling of these experiences for many had been prompted by the publication of the two reports *Bringing Them Home* (HREOC 1997) and *Child Migrants* (SCARC 2001), as well as other state publications such as the Forde Inquiry report (Forde 1999), television documentaries such as the *Leaving of Liverpool* (1992) and media coverage of inquiries into institutional care in Canada and Ireland (Ferguson 2007; SCARC 2004, p. 127; Stanley & Manthorpe 2004). A great number of the submissions were of a harrowing nature. *Forgotten Australians* notes that ‘[m]any care leavers showed immense courage in putting intensely personal life stories on the public record’ but there were also positive stories also heard by the Committee from those who were in care (SCARC 2004, p. XV).

The stories and submissions narrating the lived experience of the care leavers contained in the three national reports add to the growing body of official knowledge concerning the often harrowing experiences of the hundreds of thousands of adults who experienced institutional care as children. Taken together, these accounts have contributed to the exposure of inappropriate institutional cultures within out-of-home child institutional care across all states of Australia over the past one hundred years or so. Although there are a number of positive narratives about institutions and individuals who worked in them, the following quote from the executive summary of the *Forgotten Australians* Report gives an indication of the challenges of life after institutional care:

> The long-term impact of a childhood spent in institutional care is complex and varied. However, a fundamental, ongoing issue is the lack of trust and security and lack of interpersonal and life skills that are acquired through a normal family upbringing, especially social and parenting skills. A lifelong inability to initiate and
maintain stable, loving relationships was described by many care leavers who have undergone multiple relationships and failed marriages. Many cannot form trust in relationships and remain loners, never marrying or living an isolated existence (SCARC 2004, p. XV).

The testimonies of the adults who experienced out-of-home institutional care, supported by the national and state reports are critical to advancing our knowledge of the occurrences in child care institutions across Australia during the twentieth century.

**Cultures of institutional care and state reports**
Complementing the national reports have been several state reports resulting from inquiries canvassing the stories of adults who experienced institutional care in Australia. The first of these occurred in 1874 with a New South Wales Royal Commission into Public Charities 61 years after the formation of the first residential institution for children in the colony (United Nations Education 2014). The Royal Commission found that the isolation from the local community, factory-like conditions and lack of supervision by the institutional care providers during that period was appalling (SCARC 2004, p. 14). The next report of significance resulted from an inquiry by the Child Welfare Advisory Council New South Wales, Delinquency Committee (1945) into Sydney’s Parramatta Girls Industrial School. The investigating Committee was scathing in its findings, noting treatment of the residents and the inadequacy of the living arrangements of that institution (New South Wales Child Welfare Advisory Council Delinquency Committee 1945).

Sixteen years later in 1961, Queensland had cause to investigate a mass escape of Westbrook reformatory institution. The subsequent inquiry, referred to as the
The Schwarten Inquiry (Schwarten 1961), will be discussed latter in this chapter. Other key state investigations included: the Commission of Inquiry into Abuse of Children in Queensland (Forde 1999); Listen to the Children: Review of Claims of Abuse from Adults in State Care as Children (O’Grady 2004) from Tasmania; Children in State Care-Commission of Inquiry: Allegations of Sexual Abuse and Death from Criminal Conduct (Mullighan 2008) in South Australia; Signposts: A Guide for Children and Young in Care in WA from 1920 (Government of Western Australia 2009); and from Victoria, Betrayal of Trust: Inquiry into the Handling of Child Abuse by Religious and Other Non-government Organisations (Family and Community Development Committee 2013), which was tabled in parliament on November 13, 2013. These publications are by no means a definitive list of inquiries and reports emanating from the states of Australia during the twentieth century. They do however, highlight the desire and need by institutional care leavers to place their stories on the public record.

The accounts provided by the ex-residents of institutional care exposed a culture of systemic abuse and neglect within the out-of-home child care regime across all states of Australia during the last century. As noted above, the Schwarten Inquiry was the first major state investigation in Australia. It was also the first inquiry to extensively rely on the narratives of residents to obtain a clear picture of the activities within institutional care. The inquiry was commissioned by the Queensland Government after a mass inmate breakout on May 14, 1961 at the Westbrook Reformatory for Boys near Toowoomba. The absconders argued that the breakout was a response to the ongoing abuse and neglect experienced by them and other inmates of that establishment (Schwarten 1961). The inquirers relied heavily on the narrations of the inmates of Westbrook to establish the cause of the breakout. A theme of systemic
abuse and neglect and a culture of indifference to the wellbeing of inmates was found throughout the narratives provided to the inquiry.

The evidence given in the inquiry was used to establish the guilt of the key players in the breakout rather than to determine the absconders’ purpose and reasoning for wanting to flee the institutional abuse. The legal requirements governing institutions such as Westbrook in Queensland were located in the ‘State Children’s Acts, 1911/1955’ and disseminated in the ‘Government Gazette of the 10th July, 1961’ (Schwarten 1961, p. 16). It is worth noting that the evidence provided to the Schwarten Inquiry resulting in the Schwarten Report (1961) did not prompt any cultural change to the broader established culture of abuse and neglect endemic across Australian institutions at the time. It was 38 years before the next state inquiry of any significance explored the experiences of ex-residents relating to concerns about institutional care. Queensland was also the location for that inquiry which is commonly referred to as the Forde Inquiry (Forde 1999).

It was May 31, 1999 some two years and two months after the first national inquiry, Bringing Them Home (HREO 1997), that the Forde Inquiry was tabled in the Queensland parliament. There were 171 individuals who submitted oral testimonies and another 151 written accounts were received contributing to the inquiry (Forde 1999, pp. 347-348). As with the national inquiries, the Forde Inquiry (1999) acknowledged the courage of the individuals coming forward and narrating their experiences and dedicated the report to them. After considering the 322 submissions the inquiry determined that there was evidence of unsafe, improper and unlawful treatment of children in Queensland institutional care resulting in physical, emotional
and sexual abuse and that these abuses were endemic throughout the latter part of
the last century (Forde 1999).

The next report was tabled by the Tasmanian government in 2004, entitled *Listen to
the Children: Review of Claims of Abuse from Adults in State Care as Children*; it was
the result of that state’s inquiry into institutional child (O’Grady 2004). Preceding the
*Forgotten Australians Report* of the same year, the Tasmanian report documented 364
testimonials of individuals who came forward. The Ombudsman observed that:

> Many of the adults who came forward confessed that they had never told anyone
> of their childhood experiences. Others who had told someone in authority are still
> bitter that they were not listened to, or were not believed. (O’Grady 2004, pp. 3-
> 4).

As with the previous inquiries, many of the testimonies told of emotional, physical and
sexual abuse, neglect and lack of emotional care, which created issues of trust, anger
and disconnection with family and community.

A report from South Australia released on March 31, 2008, entitled *Children in State
Care: Commission of Inquiry: Allegations of Sexual Abuse and Death from Criminal
Conduct* was published as a result of that state’s investigation into institutional child
care (Mullighan 2008). Prior to its release the inquiry received testimonies and
submissions for three years and eight months. In acknowledgement of those who
came forward, the committee stated that it ‘...observed their selflessness and courage
in sharing their stories as part of their process of healing’ (Mullighan 2008, p. v). As
with the Tasmanian report, the South Australian report also spoke of issues of abuse
and neglect creating ongoing challenges for ex-residents as they aged, including a poor sense of self and challenges with social integration.

There are many similarities across each of these reports. One is that they all, to varying degrees, relied on the first-hand account of ex-residents who, as children, experienced institutional out-of-home care in Australia. We have seen that each of the publications acknowledges that, for many, their experiences generated lifelong issues of anger and distrust, feelings of insecurity and of familial and community disconnection, as well as challenges in establishing a healthy sense of self. The telling of their stories to the various inquiries was often traumatic, but something many considered they needed to do for reasons of personal growth. A notable difference in the three national inquiries is that the populations of Forgotten Australians and Child Migrants predominantly focused on those children who had at some time lived in institutional settings, whereas Indigenous children identified as the Stolen Generation had largely experienced foster care arrangements within the wider community. There is also an increasing body of literature beginning to emerge in the form of autobiographies and biographies complementing the official accounts cited above.

Chapter summary
In providing an overview of the history of institutional out-of-home care in Australia from colonialism through to deinstitutionalisation circa 1974, this chapter has identified two key national reports identifying separate populations of children who experienced child care. In exposing a gap in those inquiries and reports, another population of children experiencing institutional child care, the Forgotten Australians, was identified. The entrenched cultures of neglect and abuse in institutional child care
in Australia have been highlighted in the publication of other state reports before, during and after the tabling and publication of the three national inquiries. All of the reports, state and federal, have noted issues such as former residents experiencing a lack of security, disconnection to family and community and a poor sense of self. The following chapter will discuss the literature pertinent to out-of-home care and lived experience.
Chapter Three: Out-of-home Care and its Implications

...we lived under a totalitarian regime though obviously I would not have described it like this at the time. My sister and I and the other children lived according to an ironclad routine, in constant fear of doing the wrong thing and of the threatened (catastrophic) consequences of such transgressions... (SCARC 2005, p. 63).

Introduction
Australian institutional out-of-home child care pre-1974 is not an issue that has been extensively explored from a historical perspective. As such, the experiences of persons who have spent time in Australian child care institutions have not been discussed widely within academic literature. The ongoing lack of support is a key concern for ex-residents of institutional child care which are currently being addressed by academics (see for example Mendes, Michell & Wilson 2014), along with research on the contemporary experiences of out-of-home care (McDowall 2009). In particular, there is literature emerging in the form of autobiographical and biographical stories of institutional care leavers. This literature contains narratives of individuals overcoming extreme brutality and hardships in the institutional care regimes. Others tell of taking on the challenges thrown up by the adversity experienced during childhood through the telling of their stories. This chapter provides some historical context to the origins of child care as well as critically examining the Social Science literature on out-of-home care and related theoretical discussions, highlighting some of the concerns and issues relevant to the Forgotten Australians. It will be seen that a wide range of theorists have considered out-of-home care and related concepts, and contributed to our understanding of the effects of living in care regimes in Australia.
This chapter firstly discusses the genesis of institutional child care in Western nations which flowed from the recognition of children as having rights. The chapter will then explore the literature on attachment theories due to their relevance to out-of-home care. It then considers Goffman’s concepts of the total institution, shame and stigma. This is followed by a review of literature relating to degradation ceremonies and shame and the resulting impact on a care leaver’s lived experience. The literature on a sense of self for Forgotten Australians is then surveyed followed by a sense of belonging. The literature on outcomes for care leavers is presented, followed by an overview of research concerning Australian institutional care leavers. Access to ex-residents’ care leavers records and is canvassed before the chapter summary.

Child care – the genesis
According to the available literature, childhood is seen differently today than 200 years ago. In fact, Aries’ Centuries of Childhood: A Social History of Family Life (1962) hypothesised that the concept of childhood did not exist prior to the late seventeenth century. Authors such as Aries (1962), Herlihy (1978), Herlihy and Herlihy (1985), Klapisch-Zuber (1987), Laslett (1983; 1966), Mitteraurer (1992), Stone (1977), and more recently, Ozment (2001; 1990; 1983) and King (2007) have explored the historical archives in an attempt to shape a narrative of the lives and wellbeing of Western families with a focus on childhood. As a result of one such exploration, Aries (1962) theorised that one factor that discouraged intimacy or emotional investment of children in centuries past was the high mortality rates of the young. Importantly, and as noted by Aries, although ‘the idea of childhood did not exist; this is not to suggest that children were neglected, forsaken or despised’ (1962, p. 125). Commentators such as Macfarlane (2008; 1986; 1977) and Pollok (1987; 1983), contest this theory arguing that although infant mortality rates were horrendous
historically, much depended on culture, class and geographical location (including rural or urban living and country of birth) in regard to rates of childhood mortality. In contemporary society, childhood is increasingly perceived by sociologists as a social construction (van Krieken 1992b) and what is deemed to be maltreatment of children today was not necessarily considered so historically.

Using laws that were established in 1866 for the prevention of cruelty to animals, the American Society for the Prevention of Cruelty to Animals in New York argued in a court of law that, as a ‘human animal’, Mary Ellen McCormack (cited as Mary Ellen Wilson in Fogarty 2008, p. 56), a child who was experiencing abuse, was entitled to the same protection as other animals (New York Society for the Prevention of Cruelty to Children 2000, (NYSPCC)). The resounding success of this line of argument established a legal precedent leading to the establishment of the NYSPCC. This was the first structured Western social advocacy service/organisation for children’s rights and was influential, along with public debate, in the establishment of juvenile rights and courts in the United States of America (USA) circa 1899 (Fogarty 2008; Barnard & Twigg 2004; Fox 1970). Britain, and consequentially the fledgling colonies of NSW and the Port Phillip Districts (to become Victoria in 1851) were much slower in adopting legislated child protection policies. With the observance of child rights remaining indiscernible until the mid to late twentieth century (see Farson 1974; Holt 1974) the recognition of child rights in Australia has its foundations in the 1960s (Archard 2004). This was an era when institutional child care, in some form, was practiced across Australia.

Nell Musgrove, an historian and archivist recently published The Scars Remain: A Long History of Forgotten Australians and Children’s Institutions (2013), a topic which was
also the subject of her PhD. The book provides insights into child care institutions historically with a particular focus on the issues of Forgotten Australians. Musgrove observes that in times of social or economic difficulties, there was an increase in the admission rates of children into institutional out-of-home care. The book provides an analysis of the implicit suppositions underlying welfare decisions, such as the assumption that a family’s moral fibre could be judged by behaviour and housing. One of the conclusions made by Musgrove is:

In both the nineteenth and twentieth centuries children in ‘care’ found themselves shifted to the bottom of the social hierarchy. Consequently, Australian society as a whole paid little attention to the life outcomes for children in ‘care’, except for during periods of public anxiety about ‘dangerous’ children or nation building (Musgrove 2013, p. 161).

In contrast to a child’s perspective as described by Musgrove (2013) are contributions to the literature by historians such as Fox (1994), and researchers including Bridges (1973) and Riordan (1958), who provide detailed descriptions of how administrative and fiscal processes were developed, implemented, utilised and monitored from the inception of the orphan schools in the nineteenth century until deinstitutionalisation. Other researchers such as Bubacz (2007) sought to provide a deeper understanding of the mothers of the children who were ‘orphaned’, neglected, abandoned or destitute. In so doing, she has provided some insight into why it was necessary to establish the first Female Orphan School in 1801. In her research, Bubacz used an interpretive analysis of the historical records to construct an understanding of the circumstance surrounding the establishment and the management of the orphan school from the perspective of both Church and State. Bubacz found that the main instigator for the
establishment of the School was the ‘many social and economic problems confronted by women’... and that ‘male contemporary figures of the day who were in positions of authority, formed perceptions about the morals of the convict women...’ during the nineteenth century (Bubacz 2007, p. 311).

In the late nineteenth and early twentieth centuries attention turned to the living conditions in out-of-home child care institutions which came to be seen by many as places where children were ‘susceptible to colds and epidemics of infectious diseases’ leading to a concerted effort to improve the living conditions within these regimes (Pease & Gardner 1958, p. 141). Westernised countries such as Australia, New Zealand, Canada, the USA and the UK began to deinstitutionalise their child care regimes in the 1970s as a general trend arguing that foster care, kin care and community group homes were more viable. The changes to the child welfare system across Australia and other Westernised countries during this period were instigated by the increasing cost of maintaining and supporting the antiquated institutional child care structures and systems. As such, the increase in the desire for community-based care such as foster care, kin care and smaller communal residential group housing saw the demise of institutionalisation (SCARC 2004, p. 6).

The wellbeing of a person experiencing out-of-home care today is individually case managed and scrutinised whereas this was not the case in historical institutional child care. Nonetheless, there remains evidence of anomalies and poor practice in the contemporary Australian child care system. For example, contemporary researchers such as King, Delfabbro and Barber (2010) and Rubin, O’Reilly, Luan and Localio, (2007) highlight the negative effects of multiple placements. Rubin et al. found that
placement instability continues to be ‘a significant contributor to a child’s risk for behavioural problems...’ (Rubin et al. 2007, p. 343).

Such research has prompted the publication of a national standard for out-of-home care. The National Framework for Protecting Australia’s Children 2009-2020 (Council of Australian Governments (COAG) 2009), outlines 13 standards including the right to stability and security; the right to participate in the decision-making process; and maintaining connections with family and significant others where possible (COAG 2009, pp. 8-14). Each of these standards is a significant advancement in contemporary out-of-home care in Australia.

Currently in Australia, foster care is the preferred method and is generally used for those children requiring full time direct or high levels of supervision. However, the historical challenge of recruiting suitable carers continues to be an issue in all states and territories, tending to force the authorities to place older children into group housing (Colton, Roberts, & Williams 2008). Drawing on data from the Australian Bureau of Statistics provided by Siminski, Chalmers and McHugh (2005), Bromfield and Osborn (2007) observe that contemporary Australian foster carers were most likely to be women aged between 35 and 54 and not in the work force (2007, p. 11). Researchers, such as Stein (2004) in the UK, have identified issues of emotional attachment related to the experiences of out-of-home care, which can be included in the challenges faced by children and their carers, potentially creating discipline issues. Researchers have identified issues of emotional attachment related to the experiences of out-of-home care, which can be included in the challenges faced by children and their carers, potentially creating discipline issues (Stein 2004). The next section will explore the literature on attachment theories and out-of-home care.
Attachment theories and out-of-home care
Attachment theories are relevant to this thesis because many individuals separated from their primary carers were infants at the time of admission into the institutional regime (SCARC 2004). As highlighted in the Forgotten Australians report:

Many care leavers have been described as leading adult lives as ‘parentless people’, feeling that they belong nowhere, isolated and being unable to establish attachments which the majority of people take for granted (SCARC 2004, p. 253).

British psychiatrist, John Bowlby (1907-1990), known for his seminal work on attachment, described it as a ‘lasting psychological connectedness between human beings’ (Bowlby 1969, p. 194). His development of attachment theory began whilst studying children from ‘broken homes’ and in institutionalised care (Bretherton 1992; Rutter 1981; Waterhouse 1980). Bowlby argued the early bonds of attachment or connection that developed between children and their caregivers establish the foundations for future personal development. Prior to Bowlby’s description of attachment theory, the bonds between infant and early mothering or caregiver experiences were described in terms of a ‘significant relationship’ (Pease & Gardner 1958, p. 141). According to Bowlby, the central tenets of attachment theory posit that infants are biologically ‘programmed’ to create a connection to their primary carer(s) establishing a sense of security, and that a caregiver is able to respond to the needs of a child, improving that child’s chances of survival (Bowlby 1969). Bowlby’s work has been strongly criticised, among other things because he failed to take cultural differences into account during the development of his theories. Critics describe the theories as ethnocentric and laden with Western values and meanings (Rothbaum et al. 2000; Field 1996; Rutter 1981). Nonetheless Bowlby’s conceptualisation of
attachment has been influential in the out-of-home literature and thus is relevant to this research.

Attachment theory was further developed by Mary Ainsworth (Ainsworth et al. 2014; Ainsworth 1979), who, like Bowlby, categorised infants as connecting in one of three ways. The first is secure attachment and was described above. The second form of attachment is described as insecure-anxious ambivalent attachment. In this mode of attachment, children have a lack of confidence in their carer due to the carer being inconsistently available to provide reassurance and comfort for the child. The carer may often show little or no interest in the wellbeing of the child and at times intrude on them without consideration of the child’s needs. Under these conditions, children are unable to rely on the carer for consistent security and comfort. This can cause distress and heighten anxiety creating exaggerated displays of attention seeking (Wilkins 2012, p. 16). The third category consists of children who experience insecure-anxious avoidant attachment. This form of attachment is associated with carers who reject or are slow to respond to a child’s calls of distress (Roberson 2006, p. 731). Some of the effects of insecure-anxious avoidant attachment include hostility toward society, social isolation and/or disconnection society (Erikson, Sroufe & Egeland 1985, p. 149). Disorganised attachment is another term used to describe attachment disorder. These terms relate to the experiencing of either insecure-anxious ambivalent or insecure-anxious avoidant attachment (Roberson 2006, p. 731).

Early research into the effects of institutionalisation on children (Bakwin 1949; Goldfarb 1943a, 1943b, 1947; Spitz 1945) coincided with research into infant separation from their primary caregiver (Lowrey 2010; Bowlby 1956; Ainsworth & Bowlby 1954; Bowlby, Robertson, & Rosenbluth 1952). The concepts of insecure-
anxious avoidant attachment and insecure-anxious ambivalent attachment theories developed and expanded by Ainsworth et al. (2014) are especially relevant when exploring the experiences of out-of-home care leavers. The information and knowledge garnered from these early studies remains relevant in contemporary out-of-home child care and provides a more nuanced understanding of the challenges and issues involved in the after care service delivery for contemporary care leavers. As argued by Mendes and Moslehuddin (2006, p. 122), understanding how to develop secure attachments allows for the promotion of a positive experience for those in care as well as care leavers.

From a Western perspective, there are numerous research publications employing, testing and developing the work of Bowlby (1956) and Ainsworth’s (1979) attachment theories (for example see Keller 2013; Doumen et al. 2012; Hawk & McCall 2011; Vostanis 2010; van den Dries et al. 2009; Waters & Valenzuela 1999). Each of these researchers approach the understanding and development of attachment and associated theories from a psychological perspective. Studies are also emerging on the effects of institutionalised care and early adoption with children in countries such as Romania, Russia and Korea (Lee et al. 2010). The collapse of the former USSR circa 1989 has seen former Eastern Bloc countries such as Romania, which had institutionalised child care regimes that were severely detrimental to its charges, provide research opportunities for a group of psychiatrists to explore and test the theories of Bowlby and Ainsworth (see for example Zeanah et al. 2005). One of the findings central to these explorations is that harmful childhood institutional experiences have negative lifelong effects for ex-residents of care and as argued by Vorria et al. (2006), requires more investigation.
In this regard, the Bucharest Early Intervention Project (BEIP) is generating considerable literature on several issues relating to the effects of institutionalised care on young people. The BEIP group consists of researchers and academics from the USA and service providers in Romania (Johnson et al. 2010; Zeanah et al. 2009; Smyke et al. 2007; Zeanah et al. 2006; Ellis et al. 2004; Zeanah et al. 2003; Smyke & Zeanah 1999) with some assistance and contributions from European (Beckett et al. 2007; Vorria et al. 2006; Rutter & O’Connor 2004) and Canadian researchers (Marcovitch et al. 1997). Mostly adopting a quantitative approach, this group, composed predominantly of psychiatrists, has been applying and testing the theories of Bowlby and Ainsworth as well as examining cognitive functions such as speech development patterns and social behavioural development in babies and young children after their institutional experience. For example, Garvin et al. (2012) explored disturbances in social relationships in their study of adopted children from institutions in Romania.

However, it must be noted that Romanian child care institutions were particularly problematic and described by Garvin et al. (2012) as barren and impoverished because of insufficient resourcing and political indifference to the general wellbeing of children (Castles et al. 1999, p. 424). Gavin et al. (2012 p. 14) found that the poor social development and disordered social behaviour experienced by a child during their time in institutions has a negative impact on an individual’s social and emotional development post-institutionalisation (Garvin et al. 2012, p. 44). In effect, they argue that children who had experienced abusive institutional care and were later adopted required more support than those children who had not experienced institutional care because of issues of social connection suggesting that, this ‘conclusion is consistent with attachment theory’ (Garvin et al. 2012, p. 36). Recommendations included interventions such as enhanced parenting skills for those adopting children from
institutions, suggesting that this strategy ‘may prove to be effective’ (Garvin et al. 2012, p. 46).

Most of the above mentioned contemporary studies of institutionalised care have made significant contributions to the understanding of the development of severe behavioural problems in former inmates (Garvin et al. 2012; Lee et al. 2010) including issues described as social and emotional (Zeanah et al. 2003, p. 903). They highlight some of the emotional attachment or bonding difficulties, which influence the construction of an individual’s sense of self (Garvin et al. 2012; Cashmore, Paxman, & Townsend 2007). Moreover, they shed light on how programs may be developed for young people in care or who are about to exit the care regime and have the need of supporting services after leaving care. As highlighted by Goffman (1963) being associated with institutions is likely to carry with it feelings of stigma. This is explored in the next section from an historical perspective in relation to care leavers’ experience of total institutions.

**Total institutions and stigma**

During the early to mid-twentieth century, establishments for the care of children took the organisational form of what Goffman (1961) a sociologist, termed the ‘total institution’ in which every aspect of the residents’ lives were subject to an overarching system of rules, regulations and practices. This is highly relevant because the participants of this study resided in total institutions. For Goffman:

> A basic social arrangement in modern society is that the individual tends to sleep, play and work in different places, with different co-participants, under different authorities, and without an overall rational plan. The central feature of total
institutions can be described as a breakdown of the barriers ordinarily separating these three spheres of life (Goffman 1961, pp. 5-6).

Goffman (1961, p. 4) states that ‘there are institutions established to care for persons felt to be both incapable and harmless; these are the homes for the blind, the aged, the orphaned, and the indigent’. In the case of orphanages and children’s homes, these institutions were characterised by disciplinary regimes that governed almost every action or behaviour of residents; they governed the totality of a resident’s life (Goffman 1961). Importantly, this definition correlates with descriptions of twentieth century institutional child care regimes provided in many government documents and reports (Mullighan 2008; O’Grady 2004; SCARC 2004; SCARC 2001; Forde 1999; HREOC 1997; Schwarten 1961). There are also two non-government reports on institutional child care produced in Australia that match Goffman’s description of total institutions (Barnard & Twigg 2004; Children’s Commission of Queensland 1998).

Many autobiographies written by people who experienced life as a child in these institutions provide descriptions which match Goffman’s definition and question the disciplinary methods used within the child care regime (Dickey 1966). The following insight into how some institutions received children is provided by Davey:

As I walked in the front door... I handed my luggage and other things to a tall man who was the duty supervisor. I was then taken to the laundry where I was deliced... [sic] I was then marched down a corridor. Despite my protests at not having any lice, two supervisors conducted a revolting, cleaning process anyway... Following their orders I took off all my clothes and had my entire body coated with a disgusting pesticide (Davey 2011, pp. 34-35).
Descriptions such as Davey’s provide an insight into the workings of these institutions up until deinstitutionalisation circa 1974 that affect participants of this study. However, it is important to note that the Executive Summary of the Forgotten Australians Report acknowledges not all comments received by the Committee were negative. The Report states that:

the overwhelming response as to treatment in care, even among those that made positive comments was the lack of love, affection and nurturing that was never provided to young children at critical times during their emotional development (SCARC 2004, p. xv).

Goffman (1963) emphasised stigma as a social construction rather than an inherent attribute of any individual. He nominates three categories of stigma: physical stigma; stigma of group identity; and stigma of character traits. The first, physical stigma, has two sub-categories with the first consisting of the congenital stigmas such as vascular birthmarks and body deformities. The second refers to physical maiming which is not congenital. These types of stigma may be carried by individuals who have resided in the institutional care system however, although potentially affecting an individual’s sensitivities, were not the primary subject of this research. The second category of stigma identified by Goffman is the stigma of group identity. This category describes the stigma attached to a particular race, nation, religion or ethnicity. An example is the Indian caste system, which has its origins in religion and places people in occupational groups. As with the first category, this stigma category was not the main focus of this study although some children in institutional care did experience this form of stigmatisation (SCARC 2004). The final category identified by Goffman, and which contains the most relevance in regard to this thesis, is stigma of character. This
stigma category refers to traits which are concerned with perceived blemishes of individual character often emanating from issues of mental disorder, imprisonment, addiction, alcoholism, struggles with sexuality, unemployment and suicide attempts (SCARC 2004). The following section will explore the literature on lived experience in relation degradation ceremonies, shame and lived experience in the child care system.

Degradation ceremonies, shame and lived experience
Many of the care leavers’ autobiographies refer to ceremonies of degradation.

Penglase (2005, p.50) writes that ‘[t]he dehumanising environment of the institution itself is the primary abuse’. Supporting this statement are the numerous accounts of ritualised shaming of children through ceremonies of degradation found in each of the national reports into child care. For example, the child migrant report stated that:

> It appears that some institutions or religious orders allowed even encouraged, sadistic and excessive punishment. Systemic beatings designed to break down the will and subjugate the child migrants again draw parallels to stratagems used in concentration camps (SCARC 2001, p.80).

Another example comes from the Forgotten Australians Report where, for one individual, ‘the worst punishment was standing at attention for a couple of hours’ (SCARC 2004, p. 63). For many, there was stigma and shame attached to these ritualised punishment ceremonies.
To assist in understanding the concept of shame in relation to this study, a sociological definition has been adopted from the work of Scheff and Retzinger. The authors provide a broad definition of the concept arguing that shame is a ‘class name for a large family of emotions’ (Scheff & Retzinger 2000, p. 303-305). They argue there are many words which can be used to describe a state of mind resulting from seeing one’s self negatively in the eyes of others. These include embarrassment, humiliation, self-consciousness, rejection, unworthiness and feelings of being inadequate (Scheff & Retzinger 2000, p. 305).

Similarly, social researcher Hugh Mackay (2014) argues shame, an internal emotion, can be experienced as a result of disapproval. In his description of the use and effects of shame, Mackay’s discussion affirms the connection between the shamed and their status level within a community, saying that the ‘thread of connection with the community might also be frayed’ (Mackay 2014, p. 232) during the period of the person being shamed or experiencing the shaming ceremonies. Although not specifically identifying any form of a degradation or mortification ceremony, Mackay talks about the embarrassment, humiliation and vulnerability of being scrutinised, which potentially creates a crippling effect on those being shamed, effectively achieving the objectives of degradation or mortification ceremonies.

There are many similarities between the ceremonies of mortification identified by Goffman (1963) and the ceremonies of degradation described by Garfinkel (1956). Garfinkel (1956), in acknowledging Goffman’s (1963) contribution, expanded the concepts of ceremonies of mortification and included a discussion on ‘status’
degradation ceremonies (Garfinkel 1956, p. 429). In this discussion, Garfinkel proposed that the total identity of an individual is affected by a degradation ceremony and that the idea of the ceremony lowers the individual’s position in regard to status and privilege.

Goffman identified an institutional privilege system that was experienced by inmates of asylums (1961, p. 48). It was often in conjunction with the ceremonies of mortification or degradation that an inmate could be subjected to the loss of privileges. As noted in the Forgotten Australians report, a similar privilege system existed in many Australian child care institutions (SCARC 2004, p. 96). As a ‘total’ institution there were routines enforced on residents each day to assist in the ‘flow’ of institutional life. As with the institutions described by Goffman, there were also ‘house rules’ for the various child care institutions that cared for Forgotten Australians (SCARC 2004, p. 164).

We have seen that stigma was maintained through the enactment of degradation ceremonies. Degradation ceremonies or ‘ceremonies of mortification’, as Goffman (1961) termed them, were designed to induce shame and were used in many institutions. For example, Garfinkel (1956) described a ‘status degradation ceremony’ as ‘any communicative work between persons, whereby the public identity of an actor is transformed into something looked on as lower in the local scheme of social types’ (1956, p. 420). According to Garfinkel, a degradation ceremony has been effective when an actor has been seen by others (witnesses) as being separated from them in social relationships by indignity, shame or disgrace. That is, they are no longer seen to
be on the same social level or occupy the same social status position as the others of the social group as a result of shame. It is with these definitions by Goffman (1961) and Garfinkel (1956) that this thesis is mainly concerned.

Writing in an historical journal and although not strictly addressing the SCARC (2004) definition of the Forgotten Australian population, Wilson (2014) identifies as a Forgotten Australian and reflects on her experiences of ceremonies of degradation by the state welfare system during her childhood. She argues that the treatment meted out by the child welfare agencies was in fact contrary to Article 9 of the United Nations Declaration of Universal Human Rights: ‘No one shall be subjected to arbitrary arrest, detention or exile’ (United Nations General Assembly 2015; Wilson 2014, p. 85). Wilson (2014) also identifies the indemnity of the various state child welfare authorities in relation to the decisions and actions they made, often with deleterious effects on the children they were responsible for and for whom they had a duty of care. She argues that children placed in care were often confronted with ceremonies of degradation and mortification. Musgrove supports this observation with her description of the controlling of the minds and bodies of children under the guise of ‘tough love’ (2013, p.113). A supporting observation by Musgrove (2013, p. 114) is her comment that ‘Children, and their bodies, were objects to be managed rather than loved’.

While not explicitly using the terms degradation ceremony (Garfinkel 1956) or ceremonies of mortification (Goffman 1963), many authors writing autobiographies or biographies and who had experienced the institutional regimes refer to the
humiliating experiences imposed upon them during their time in care (Wilson 2014; Fletcher 2006; Penglase 2005). For some authors, the very purpose of penning their institutional experiences was to highlight the long-term effects of the shaming ceremonies (Davey 2011; Szablicki 2010; Wilson 2010). Many authors who did experience the brutality of these ceremonies, some of whom have come to terms with them, argue that the experiences have constructed who they have become (Wilson 2014; Wilson 2010). There are many however, who have not managed to accept the experiences and who continue to struggle with the effects of degradation ceremonies which they either state or imply caused them ongoing feelings of stigma and shame (SCARC 2004). The effects of ceremonies of mortification are not dissimilar to that of being excommunicated or cast out of the community (Penglase 2005), or, in the experience of some Forgotten Australians, being separate to the community during and after their time in care. Each has the potential to leave lifelong emotional scars on an individual and establish memories which one can never quite escape (Wilson 2014). They also have the potential to create feelings of not being a part of or of not belonging (SCARC 2004). The next section will explore the literature on a sense of self and belonging.

**A sense of self for Forgotten Australians**

A sense of self emerged as a prominent concept in the exploration of autobiographies of ex-residents of the institutional care regime. The concept also has prominence in the psychological and sociological literature on belonging or belongingness. Authors such as Knez (2005), and Ross, Bonaiuto and Breakwell (2003) argue a person’s identity is constructed in relation to their physical environment, similar to how their social identity is built in relation to feelings of belonging to a particular social category or group. For example, some individuals who experienced institutional out-of-home
care during the last century may consider they belong to a group of people identified as Forgotten Australians. This notion is supported by other researchers and theorists including Maslow (1943) and Goffman (1959) who suggest that individuals shape how they view themselves from the influences of the society in which they live. A further argument is presented by Manzo (2005, p. 76) who posits that ‘... places contribute to one’s sense of self over time, but also several places can simultaneously contribute to one’s identity’. Hence, a sense of self as experienced by ex-residents of care during the last century could be influenced by those institutions.

Although the ‘self’ is a problematic notion, Cooley’s 1902 concept of a ‘looking glass self’, and Goffman’s books, *Stigma* (1963) and *The Presentation of Self in Everyday Life* (1959), feature in the literature and be used to inform and develop an understanding of how Forgotten Australians construct a sense of self. One such Forgotten Australian found that the concept of a healthy sense of self was so elusive for her that she published a book *Gaining a Sense of Self* (Wilson 2010) in an attempt establish a firm idea of who she was and to provide inspiration and encouragement to others who may have had similar experiences.

A looking glass self-orientation refers to the process of social interaction by which the perceptions of others are internalised. It involves the subject producing a self-representation to reflect those perceptions and an expression of understanding of one’s self (Cooley 1907). Cooley (1907) argued that a sense of self is constructed during our earliest social interactions and that it forms one’s self-concepts, emanating from family, culture and the society into which one is born. Mead (1913) extrapolated from Cooley’s ideas to argue the notion of a sense of self is essential to being human. Goffman (1963; 1959) provides further insights into how the self is constructed.
through processes of interaction within particular social, cultural and environmental contexts and the negative impact stigma has on those constructs of self. Another example is provided by Szablicki who, in reflecting on a journey of personal healing, wrote:

Looking back is fraught with painful times of reliving a corrupted innocence. It’s debilitating. I can speak only from my experience, yet I am one of many thousands whose early development was crippled and stunted by abuse and neglect within the walls of institutional care. I am a product of those institutions (Szablicki 2010, p.67).

In his work *Social Identity*, Jenkins (2014, p. 19) acknowledges the work of Weber (1976), Goffman (1959), Simmel (1955), Mead (1934) and Cooley (1902) in his discussion of the socio-cultural origin of the understanding of self. He also discusses different concepts of self such as the public and private selves or as described by Jenkins (2014, p. 42) an internal self and an external self. Jenkins theorises that there are longstanding conventions of the understanding of the notions of an external self and an internal self. The public self consists of the presentation of self in the public domain, whereas the private self evokes introspection as in self-doubt or self-confidence (Jenkins 2014; Goffman 1959).

**A sense of belonging**

Expanding on Cooley’s (1907) view, authors such as Garbutt (2011) and Manzo (2005) agree that the concept of belonging is a principal ingredient informing how we shape our view of ourselves (see also Marcouyeux & Fleury 2011; Jorgensen 2010; Hill 2006; Stets & Burke 2003). However, for Reber, Allan and Reber (2001), belongingness is
used to express the ‘feeling’ or ‘sense’ of belonging. In social psychology and sociology, where the concept figures prominently, belonging is understood as the inclusion or acceptance and/or recognition by a group or the sense of being accepted by another individual or by a group (Van Ryzin, Gravely & Roseth 2009; Reber et al. 2001). According to psychologists Baumeister and Leary, ‘human beings have a pervasive drive to form and maintain at least a minimum quantity of lasting, positive, and significant interpersonal relationships’ (1995, p. 213). Despite the abundance of psychological literature on the concept of a sense of belonging (Pittman & Richmond 2007; Scheff 1999; Roeser & Midgley 1996; Ross & Uzzell 1996), there is limited research on the concept in relation to children who have experienced institutional care in Australia, either historically or contemporarily.

Maslow’s (1943) theoretical contribution to the development and understanding of belonging is significant for this research. Maslow, identified the significance of belonging for individuals in his seminal 1943 paper A Theory of Human Motivation, which discusses a ‘Hierarchy of Needs’ (Maslow 1943). The premise of Maslow’s hierarchical theory is that people are born with basic needs and each need must be met before they can move up the hierarchy. The hierarchical pyramid consists of five constructs: physiological needs, safety needs, belonging and love needs, esteem needs, and the need for self-actualisation (Maslow 1943).

Maslow’s work has been contested by many theorists because of its Western cultural assumptions and disregard for cultural difference. Baumeister and Leary argue that there is little empirical evidence to support Maslow’s theory of the hierarchy of needs
(1995). For example, it has been observed that some cultures might have a radically different appreciation of the hierarchal needs structure and may in fact not think in this way at all. Further, it is conceivable that ‘some cultures may be fixated on belonging over safety, or esteem over belonging’ (Poston 2009, p. 352). Despite such problems, Maslow’s schema has some uses insofar as it draws attention to needs that, at least for people in some western countries such as Australia, contribute to a secure, complete and fulfilled life. In contrast, failure to achieve belonging may lead to feelings of social isolation, loneliness and despair, affecting how one views oneself and one’s sense of self (Baumeister & Leary 1995, p. 497).

Supporting the theories of Maslow (1943) are comments made by Penglase (2005), in her book *Orphans of the Living* which provides some insight into how belonging can have long-term effects on an ex-resident of care. Penglase writes:

When I was put in the Home it was as if I ceased to belong to my parents, and they did not claim me. I never thought about it again until the day when my analyst asked me how I felt about it (Penglase 2005, p.15).

Further examples are found in the *Forgotten Australians Report*:

And for those who say it was in the past and should get on with life, should take a close look at many families who find it hard to let go of family hurts and disappointments. As a child raised in an institution, I have no sense of belonging or a family experience to share (SCARC 2004, p. 142).
I had a number of traumatic episodes where I had undergone severe bouts of depression, anxiety, loneliness, physical and mental health problems caused by feelings of not belonging and separation trauma. The stress of feeling “aloneness” impacted upon me and the compounded feeling of anger, low self-esteem and despair led me to try to commit suicide on two occasions (SCARC 2004, p. 155).

Having the feeling that one belongs implies that one has been acknowledged, taken seriously and supported. These feelings were not always the outcome for historical care leavers. The next section will explore the literature relating to post care outcomes for ex-residents of care. This is important to this thesis because ex-residents past experiences impact and contribute to their post care outcomes.

**Outcomes for care leavers**

Although there is literature emerging on how institutional care leavers fare as adults, there is a strong argument for more research to be conducted on the social and emotional wellbeing of ex-residents of institutional care (Akister, Owens & Goodyer 2010; Vostanis 2010). This is important to this study because it addresses the first objective of the thesis: to contribute to the growing knowledge concerning adults who experienced institutional out-of-home care pre 1974. Writing from an international perspective Vostanis (2010, p. 563) argues that unless there is a more concerted effort to address these issues, including further research, ‘certain young groups are at particular risk of developing multiple problems across their development and psychosocial function...’.

Some areas where leavers of the institutional child care regime may feel that they experience forms of social exclusion include access to employment, housing, education and health (Department of Families Housing
Community Services & Indigenous Affairs (DFHCSIA) 2012). For example, in exploring the experiences of former foster care leavers in several states of the USA, Hook and Courtney (2011) argue that adults aged twenty-four years old who had experienced foster care did not fare well integrating into society or accessing employment and housing despite government policies designed to assist their transition from care into independent living. They cite vulnerability during early adolescence and childhood as one of the likely factors to impact and add to these disadvantages.

Hook and Courtney’s (2011) findings indicate half the former foster care youth that they researched in the USA had significantly higher unemployment rates than the same aged cohort in the broader population. Of the percentage employed, it is estimated twenty-two percent have earnings that ‘would not lift them out of poverty’ (Hook & Courtney 2011, p. 1863). Historically, Australian research has shown that individuals transitioning from out-of-home child care experience higher than average representation in crime, prostitution and drug and alcohol addiction and have lower than average educational outcomes and inadequate social support and higher than average unemployment rates (CLAN 2011, pp. 21-24; Ferguson & Wolkow 2012). Coupled with possible previous traumas, these issues also have the potential to detract from the social and emotional well-being of both institutional care leavers and contemporary foster care leavers (Vaughn et al. 2007; Mendes & Moslehuddin 2006; 2004). For example, Mendes and Moslehuddin suggest that many children ‘have experienced and are still recovering from considerable physical, sexual or emotional abuse or neglect prior to entering care’ (2006, p. 112). A study by Cashmore and Paxman (2006, p. 236) found that as well has high rates of unemployment, educational attainments also have an impact on the social and emotional wellbeing of contemporary care leavers.
However, there have been some successes in regard to education outcomes for care leavers who have experienced social and emotional health issues in Australia. For example, Against the Odds, edited by Michell, Jackson and Tonkin (2015), focuses on the academic achievement of thirteen Australian adults who experienced foster care and/or institutional out-of-home care as a part of their childhood experience. Contributions such as To Learn is to Live: Education Nourishes Self-Worth (Smith 2015, pp. 21-32) highlight the benefits that the process of gaining an education can deliver and explores the social challenges while doing so. Each of the contributors share insights into how they overcame the many social challenges faced prior to, during, and after their education, inclusive of social and emotional health issues.

There have been many years of social challenges for ex-residents of child care who exited the institutional regime pre-1974. As highlighted earlier this has precipitated publications of biographies and autobiographies, as well as many state and several federal reports. One of the most prominent autobiographies is that of Joanna Penglase (2005) which emerged from her PhD thesis. Penglase highlights the limited research influencing policy making relating to aftercare outcomes for care leavers during this period. This book is especially significant to the literature on Forgotten Australians and their social and emotional issues as it is the precursor and reference for much of the research on this population. It should be noted that one of the dynamic results of the social and emotional health concerns experienced by Penglase was the concept and establishment of the national out-of-home child care advocacy organisation Care Leavers Australia Network (CLAN).

The greater proportion of academic literature and research publications from the last century in relation to out-of-home care leavers tends to focus on social and emotional
issues and foster care with the notable exception of the research conducted by BEIP. The mental health literature has identified numerous challenges associated with the social and emotional problems confronted by child care leavers both internationally (Havnen, Breivik & Reidar 2012; Vinnerljung & Selinäs 2008; Ellis et al. 2004; Rutter & O’Connor 2004) and in Australia (CLAN 2011, p. 13; Ebbels 2011; McCluskey 2010; Wilson 2010; Cashmore et al. 2007). As argued by Mendes (2002), many young people enter contemporary child care because of physical, emotional or sexual abuse and remain at risk of having further harm inflicted upon their person rather than being helped by their admission into care. This was especially evident for Forgotten Australians as highlighted in the state and national reports, the 2011 surveys by CLAN (CLAN 2011; 2008), many autobiographies (Davey 2011; Wilson 2010; 2008; Szablicki 2007; Penglase 2005; SCARC 2004; Forde 1999) as well as a decision to provide exhibition space highlighting the historical challenges of this population in the National Library of Australia (Chynoweth 2012). Although there are improvements in some areas of service accessibility (discussed further on p. 66), the aftercare outcomes for the ageing population of Forgotten Australians continue to be limited.

From a British perspective, Akister, Owens and Goodyer (2010) argue that government data in the UK ‘consistently demonstrate’ the out-of-home care system is sending care leavers into independent living with poor health and quality of life outcomes stating ‘[s]tatistics...reported that approximately half (45%) of CIC (children in care), and almost three quarters (72%) of those in residential care, were clinically diagnosed with a mental disorder’ (Akister et al. 2010, p. 1). As highlighted by various researchers, including Geenen and Powers (2007), many young people leaving child care do not have the support of any family. As such there are increased pressures on each individual. For many young adults leaving care, the challenges of entering into
independent living can seem overwhelming. Because of ongoing issues with contemporary foster leavers and social and emotional outcomes, there continues to be considerable research carried out that is influencing policies on the transitioning of current care leavers into independent living (DFHCSIA 2012). However, researchers such as Murray, Malone and Glare (2008) explore some of the longer-term impacts of growing up in institutional care and they identify a lack of known published research in Australia. The next section will explore the Australian research on ex-residents of care.

**Research on Australian institutional care leavers**

A key observation of the literature is the limited contribution from Australian researchers and theorists on childhood institutional out-of-home care historically, although there have been some notable exceptions such as Maunders (1994) and van Krieken (1986; 1992a; 1992b). For example, Maunders (1994) provides insight into the challenges faced by institutional child care leavers across three countries, Australia, Canada and the USA, highlighting the similarities within the institutional care regimes across Westernised nations. His study is premised on the knowledge that there had been, apart from the occasional autobiography, little evidence drawn from the child graduates themselves on the histories of orphanages or early child care institutions in Western cultures. Maunders (1994) identified difficulties in relationship construction, anger and/or confusion in the years after exiting the institutional care regimes, signifying attachment and/or relational ‘belongingness’ challenges in institutional care leavers generally. He observed that there is a need to add to the academic understanding of these populations and the issues confronting them. This is especially important in relation to addressing concerns relating to the development of a better
understanding of how this population integrates into family and community as they age.

There has been increased research activity since the publication of the Senate Community Affairs References Committee Report: *Forgotten Australians* (2004). For example, Hil and Branigan (2010) edited a book by key authors and researchers on Forgotten Australians titled, *Surviving Care: Achieving justice and healing for the Forgotten Australians*. This book includes critiques of the apologies given to the Forgotten Australians by the national and state governments for the abuse and neglect experienced by many as children in institutional care (Hil, Rose & Smith 2010; pp. 101-122). The book also provides insights into personal experiences and highlights many of the legal challenges in seeking redress for this population (Sdrinis 2010, pp. 123-150).

Publications such as these, coupled with an increase in recent times of research on institutional outcomes for care leavers, continue to build on the literature concerning ex-residents of institutional child care regimes. Australian researchers addressing issues of contemporary institutional child care do, on occasion, explore the historical institutional experience of Forgotten Australians. For example Mendes writes extensively, and sometimes with co-authors, on the contemporary foster child care experience and has provided some knowledge on other cohorts such as the Forgotten Australians (Mendes & Moslehuddin 2010; Mendes 2005).

The primary historical observation by Mendes relates to the challenges of transitioning from the child care regimes into adulthood. Overall, the main theme for Mendes has been commenting on the preparations of contemporary care leavers for
life after care. He also advocates for more support and research for those transitioning from contemporary foster care into independent living and higher education (Mendes et al. 2014). In contributing to the literature on Forgotten Australians, Mendes co-authored a chapter, *Abuse and Neglect in Care Then and Now* (Mendes & Moslehuddin 2010 in Hil and Branigan 2010), and a publication shortly after the tabling of the SCARC Report in 2004, *Remembering the ‘forgotten [sic] Australians* (Mendes 2005). The latter explored the role the fledgling advocacy group CLAN played in lobbying the Federal Government for the national inquiry into the issues relating to the child care institutions pre 1974 (resulting in the SCARC 2004 Report).

Mendes has not extensively focused on the historical context of child care such as that of the Forgotten Australians but rather on the issues of contemporary child care. In his work relating to the Forgotten Australians, Mendes reiterates the key findings of the SCARC (2004) Report which described significant emotional and psychological problems including ‘...psychiatric illness, depression, suicide, substance abuse, illiteracy, impaired relationship skills, marriage breakdown’, as well as high incarceration rates within the population (Mendes 2005, p. 4). Whilst citing a number of quotations from the submissions of care leavers used in the 2004 Report, Mendes does not provide in-depth discussion or detail on the issues relating to an individual’s institutional care experience including a sense of self or sense of belonging, but focuses on the key role which CLAN played during the late twentieth and early twenty-first century in highlighting the historical concerns of adult care leavers.

Researchers such as Johnson et al. (2010) are contributing considerably to the accumulation of a scholarly understanding of these populations, especially in relation to care leavers’ cognitive issues. However, authors such as Havnen et al. (2012) argue...
that these studies have generated data which suggest that attempting to measure the ‘problems’ of contemporary care leavers as an homogeneous group can give false impressions and understandings of the individual requirements of those exiting the child care regimes today. There have been some longitudinal studies using mixed methods (Cashmore & Paxman 2006; Tregeagle 2000) exploring educational outcomes in contemporary care leavers, asking what has been learned from the past that will benefit the future of child care residents and those exiting the contemporary care regime.

As a result of these studies, researchers have advocated for more flexibility of age-based eligibility criteria and better funding of services for those transiting the contemporary foster care and kin care regime (Mendes et al. 2014; McDowall 2010; 2009; Cashmore & Paxman 1996). For example, the Victorian government commissioned a report that has recommended that Victoria extend assistance to foster care leavers until aged twenty-five years (Cummins, Scott, & Scales 2012). As with Zeanah et al. (2003), working with the BEIP researchers, they have also provided support for the notion that children with a stable continuum of care fare much better than those who have been raised in institutional or foster care regimes and have had numerous placements (Cummins et al. 2012). Analysis of the available literature indicates a need for more quantitative and qualitative research (Murray & Goddard 2014, p. 105; Akister et al. 2010) including longitudinal studies with mixed methods into how these populations experience a sense of self and relational belongingness within family and communities post care.
Access to ex-residents records

For many ex-residents of institutional care, developing a sense of self and familial belonging has become important as they age and access to their child care records plays an important part of this process (SCARC 2004, p. xvii). As such, there has been an increase in the demand of ex-residents wishing to access their records. To assist in addressing this issue, Recommendations 12 through 18 of the Forgotten Australians report asks that all government and non-government agencies which supported or provided historical out-of-home child care during the last century cooperate and provide ‘dedicated services and offices to assist care leavers in locating and accessing records’ (SCARC 2004, pp. xxii-xxiii). In recent times there has been an increase in the demand of ex-residents wishing to access their records. This demand has generated a requirement for ease of accessibility to historical records for care leavers. For example, in Australia there are now federally funded entities such as Find and Connect. DFHCSIA contracted Encompass Family and Community to explore the possibilities of the Find and Connect project in 2010 (Elliott & Smith 2010). The proposed components of the national service included the construction of a website to assist care leavers locate records held by past care providers and government agencies. Another initiative is a national 1800 telephone number to provide information to care leavers and assistance in accessing appropriate information and counselling services (Elliott & Smith 2010).

The Find and Connect service was established in November 2011 by a team of historians and archivists from the University of Melbourne and the Australian Catholic University with the objective of providing a web based ‘one stop shop’ for care leavers inclusive of the Stolen Generation, child migrants and the Forgotten Australians as well as those who have experienced contemporary foster care. Archivists such as
Jones and O’Neill (2014, p. 110) support the concept of archival metadata systems and services because they assist marginalised populations such as Forgotten Australians to access their records with some ease. The expectation of databased services such as these is to provide the care leaver with historical personal memorabilia that contributes to the construction of a sense of self (Jones & O’Neill 2014; Swain & Musgrove 2012). The new literature emerging on the use of web resources by historians and archivists highlights the provision of accessible information to the broader public in the twenty-first century. For example, authors such as Adkins and Hancox (2014, p. 1163) argue that this type of resource provides the ‘possibilities for online environments to support...authorship and agency’ in public testimony.

As the name implies, Find and Connect was also designed as a service to provide assistance to care leavers in locating and connecting to their family members, many of whom were separated during their childhood institutional care experience (CLAN 2011, p. 16). The service was established in response to Recommendations Fourteen to Eighteen in the Forgotten Australians Report (SCARC 2004, pp. xxiii-xxiv) and the 2009 apology to the Forgotten Australians and Child Migrants (Swain 2014). However, at the time of submission of this thesis no evidence was located to suggest that the family connect component of the Find and Connect project had been implemented.

Swain, Sheedy and O’Neill (2012) published a ‘response’ to recommendations emerging from the three Australian inquiries into the legacy of out-of-home care in relation to access and content of historical records. From an historian’s perspective, they argue that the premise on which many care leavers’ histories are based relied on annual reports and promotional publications which were ‘designed to depict the organisation in the best possible light’ (Swain et al. 2012, p.18). Identifying four
separate genres of investigative process: in-house productions, commissioned histories, academic studies and survivor narratives, they provide a rational and predictable outcome for each genre. For example, in-house documents presume a ‘universal good’ yet fail to describe the experience of the children being cared for. The generalised result of this genre depicts the institution in a positive light at the expense of the individual experience of the child. Swain et al. suggest that the contributions by survivors of the institutional care regime, which they call testimonial cultures, are substantially adding to welfare history.

Chapter summary
This review of the literature on institutional out-of-home care has provided significant insights into some of the issues relevant to this research topic. In providing an historical overview of the establishment of child care in Western cultures, the review identified the events generating public acknowledgment of juvenile rights. It has identified the significance of theories of attachment between children and care providers as it relates to this thesis and identified some issues relating to those theories. Goffman’s description of the ‘total institution’ was explored in relation to shame and stigma and was identified as being predominant as a theme in the autobiographical literature concerning Forgotten Australians. Also identified were the experiences of degradation and mortification ceremonies which emerged in the various reports and autobiographies of historical care leavers. A sense of self and belonging were highlighted as prominent concepts in the autobiographical literature of out-of-home care leavers in general.

However, it was observed that there was limited literature on the concept of a sense of self in relation to children who experienced any form of out-of-home child care.
Although the literature extensively explored the concept in relation to other populations, there is limited information to be accessed in relation to institutional care leavers. This was also highlighted in the literature on a sense of belonging. After care outcomes for care leavers was discussed and it was revealed that care leavers have a higher than average representation in unemployment, crime, prostitution and addictions. Lower than average educational outcomes and inadequate social support for the population was also identified. The emerging interest in online service provision and access for ex-residents’ historical information and records was identified in the chapter. Increased activity by researchers and academics since the publication of the Forgotten Australians Report was noted. It was identified that there has been considerable research contributing to the understanding of issues experienced by contemporary foster care leavers when seeking employment, housing and/or advancing their education. There is however, little ongoing support for the population of Forgotten Australians. The chapter discussed the establishment of data base systems designed to assist care leavers to access their child care records and assist in reconnecting with family and develop a sense of who they are. The following chapter will explore the ontology, epistemology and research methodology which was employed for this study.
Chapter Four: Methodology

The human inquirer serves not only as the instrument of data collection but also as the tool for data analysis. The two remain intertwined because data analysis begins during data collection (Woods & Trexler 2001, p. 301).

Introduction
This chapter presents the methodological approach for this study. It will begin with the theoretical and conceptual scaffolding used in this thesis. In so doing, the chapter will outline an analytical framework to assist in the explanation and interpretation of the findings. It begins with a discussion on the ontological foundations of the thesis in relation to the participants. This is followed with a description of the epistemological framework which includes hermeneutics, phenomenology and hermeneutic phenomenology. The research methods are then addressed beginning with the advantages and disadvantages of insider research. This is followed by a description of how the processes of participant sampling and recruitment were undertaken. The interview procedure and interview schedule are then discussed as are the issues concerning participants and trust. The demographic details relating to the participants are highlighted before the process of thematic identification and analysis and trustworthiness in qualitative research are discussed. The following section will canvas the ethical approach of researching a vulnerable population and describe the ethical protocols employed within this study. This is followed by acknowledging the strengths and limitations of the research methodology.
Ontological foundations

Before proceeding to the findings chapters and an analysis of the narratives in relation to a specific subject population, it is necessary to reflect on the general subjective nature of human experience in relation to the notion of ‘being’. In this thesis, ‘being’ directly relates to how a participant experiences being-in-the-world or their lived experience. In addressing this question, as the pivotal expression of human experience, Hartmann (1948) argues that this should begin ‘at a point which is prior to metaphysical problems and positions’ (original source in German, cited in Mohanty 1997, p. 25). Heidegger (1962) argued that exponents of ‘European metaphysics,’ whether Plato, Descartes, Leibniz or Kant or Hegel, did not consider the basic question of the authenticity of being in terms of ontological differences; namely, that there is a world which existed ‘out there’ before philosophy (Magee 1987). The classic view is that if one can conceive anything clearly and distinctly then it must be true and from this understanding, knowledge could be constructed. This way of thinking led scholars to philosophical answers that failed to address the authentic and original question of metaphysics, the nature or structure of reality (Scott & Marshall 2005, pp. 405-6).

At the heart of an individual’s engagement with the world is subjectivity – that is, the various interlocking perspectives shaped by biographical locations in situational contexts. Subjectivity is an integral part of the creation of knowledge and how knowledge is constructed, articulated and interpreted. For each individual, possibly the greatest certainty is of their own conscious awareness. Thus, if one wants to build knowledge on solid foundations, this is the place to begin (Laverty 2003, pp. 3-5; Magee 1987).
From a phenomenological perspective, questions of knowledge are referred ‘back to the lifeworld, where knowledge speaks through the lived experiences’ of one’s ‘being’ (van Manen 2006, p. 46). Hartmann (1948) argues that ‘ontology cannot rule out the possibility that there is a being, a subject, for whom the world is an object’ (cited in Mohanty 1997, p. 25). Phenomenology is essentially concerned with exploring how a lived existence is experienced and what it means to the subject (van Manen 2006). This perspective becomes useful for the participants in this project as they are being asked to reflect on their lived experience or of their ‘being’.

**Hermeneutics**

Only when our entire culture for the first time saw itself threatened by radical doubt and critique did hermeneutics become a matter of universal significance (Gadamer 1983, p.100).

Hermeneutics is concerned with the understanding and interpretation of texts or written documents. The origin of hermeneutics lies in religion (Brant, Hedrich & Shea 2005; Byrne 2001a). During the twentieth century, Heidegger and his student Hans-Georg Gadamer expanded hermeneutics into the cultural and social sciences (van Manen 2006). Key to this project was the assumption that human experience could be understood not as individual reflexive pursuits but primarily in relation to one’s interaction with others. As Dilthey (1833-1911) argued:

...the inner experience through which I obtain reflexive awareness of my own condition can never by itself bring me to a consciousness of my own individuality. I experience the latter only through a comparison of myself with others (Dilthey cited in Makkreel & Rodi 1996, p. 236).
Dilthey indicated that ‘others’ who are only accessible to an individual from the outside are not mere extensions of oneself. They are understood through the process of interpretation that enables one to begin to understand another individual’s worldview. Dilthey elaborated upon Kant’s (1724-1804) work, which included his epistemological position; that our minds create our experience of the world; and as such we can never know things in themselves - ‘noumena’ - only things as they seem - ‘phenomena’ (Magee 1987).

In reflecting on Dilthey’s hermeneutic formula, van Manen (2006) argued that the premise of understanding and the interpretation of ‘expression’ and ‘lived experience’ are essential to the lifeworld. He also advocated for a methodological distinction between the natural sciences and the human or social sciences. Accordingly, cultural studies and social sciences should be characterised by an empathetic understanding of cultural phenomena, which can be interpreted with a distinctly humanistic methodology such as hermeneutics and phenomenology (Scott & Marshall 2005). Importantly, ontological hermeneutics, as discussed by van Manen (2006), draws attention not to the question of understanding of knowledge about the world but rather to the question of being-in-the-world as experienced by individuals. Thus, interpretive or hermeneutical sociology is an analytical approach that typically regards ‘meaning’ and ‘action’ as the key objectives of interest for sociology (Scott & Marshall 2005). It is within this frame of being-in-the-world that the contexts of the narratives of the participants of this thesis will be viewed and analysed.

It is from this position and in the context of this research, that the data are subjected to extensive reflection based on the interpretation of past events through the process of conversations. The researcher’s understanding of the data is temporal and the
research can only represent a temporary consolidation of views in relation to the whole experience. The participants in this research project have provided the researcher with information in relation to their interpretation of past experiences of that historic time; that is, the conditions and circumstances under which they came to experience their being-in-the-world.

**Phenomenology**
Phenomenology is essentially the study of lived experience in the life world (van Manen 2006). According to van Manen (2006), phenomenological human science theorists studying lived or existential meaning, attempt to describe that meaning in depth and endeavour to reveal something ‘telling’, something ‘meaningful’ and ‘thematic’ in the various experiential accounts (van Manen 2006, p. 86). In this way, phenomenologists attempt to discern meaning from those experiences. Thus, phenomenology is the beginning of the construction of the understanding of ‘being’ (Laverty 2003; Mohanty, 1997, p. 7). As van Manen explains:

> Phenomenology differs from other disciplines in that it does not aim to explicate meanings specific to particular cultures (ethnography), social groups (sociology), historical periods (history), mental types (psychology), or to an individual’s personal life history (biography). Rather, phenomenology attempts to explicate the meanings as we live them in our everyday existence, our lifeworld (van Manen 2006, p. 11).

The German philosopher Edmund Husserl (1859-1938) is generally considered to be the father of phenomenology (Scott & Marshall 2005). Husserl was critical of psychology as a science, specifically in the way it applied natural science methodology to human issues. Instead, Husserl established a school of philosophy concerned with
the systematic analysis of human consciousness (Magee 1987). In so doing, Husserl used and developed phenomenology for the study of the ‘lifeworld’ or ‘lived experience’ (van Manen 2006). For Husserl, an individual’s experience of the world depends upon their capacity to comprehend the varying elements of the phenomena they encounter (Husserl 1962). He argued that there is a need to dispense with the common sense understanding of the social world in order to investigate the stream of consciousness and the lived understandings that make up human experience and knowledge. Husserl’s (1962) focus on phenomena was concerned with how one appeared through one’s own consciousness.

Consciousness in the realm of being, Husserl argued, is the only thing one can be certain of and phenomenology as a methodology seeks to understand that consciousness by penetrating the nadir and the apex of reality. That is, by drawing on phenomenology Husserl sought to discern true meaning in the realm of being or of consciousness (Laverty 2003, pp. 3-5). To achieve this, Husserl proposed that one needed to ‘bracket’ out the world, as well as one’s individual biases in order to successfully achieve contact with the essences, or the real and invariable nature, of consciousness (Magee 1987). Thus, he developed the notion of ‘bracketing’ or ‘phenomenological reduction’, which refers to a separation or a distinction between the outside world and one’s individual biases in order to achieve contact with the true essence of an object or the self. In so doing, one is required to suspend judgment of the outside world, consequently ‘bracketing out’ or suspending particular beliefs about phenomena so as to distinguish the phenomena to be observed (Magee 1987).

Although never a ‘formal’ student of Husserl, Heidegger studied Husserlian phenomenology and argued that ‘bracketing’ was not possible because a person
cannot stand outside the pre-understandings of their own experiences (Laverty 2003; Heidegger 1962).

Heidegger used hermeneutics as a frame of reference in the understanding of phenomena (Heidegger 1962). He believed that consciousness is a form of historically lived experience, or a collection of retentions that are not separated from the world (Laverty 2003; Steeves 1994). In this sense, an individual’s history, values and background or historicality (Heidegger 1962) incorporate all that one receives in the context of their temporal culture, which, in turn, enables a particular understanding, and interpretation of the lifeworld (Laverty 2003; Steeves 1994; Magee 1987). Thus, an individual develops the capacity to determine that which is real for them. An individual without an historical-cultural reference for a meaning or object has no pre-understanding of what that meaning or object is. Heidegger claimed that nothing could be encountered without reference to an individual’s background understanding, thus arguing that a pre-understanding cannot be ‘bracketed’ or set aside because it is already identified and understood (Laverty 2003). Supporting Heidegger, Guignon argued that:

Though our general sense of things depends on what we encounter in the world, we can first discover something as significant only because we have soaked up a ‘pre ontological understanding’ of how things can count through being initiated into the practices and language of our culture (Guignon 1993, p.14).

Phenomenology does not provide one with information in the customary sense of the expression. Instead, the practical significance of phenomenological knowledge provides one with information, of and for, the lifeworld and/or the lived experience.
of an individual. In this way phenomenological knowledge provides individuals with a sense of perception, a lens that contributes to that understanding of lived experience (van Manen 2006). Individual biographies derive from interactions with others in terms of the meanings associated with such experiences. This has particular relevance for an understanding of how the participants in this study explained and interpreted their lived experience.

**Hermeneutic phenomenology**

Byrne (2001b) described hermeneutic phenomenology as a combination of hermeneutics as the theory and practice of textual interpretation, and phenomenology as the study of describing the meaning of phenomena. Hermeneutic phenomenology focuses on the description of the lifeworld or human experience as it is lived in the world. Koch (1995, p. 831) described this as ‘an indissoluble unity’ between a person and the world. Whilst our consciousness is constructed by our experiences of the world, how we make sense of it stems from our own background (historicality) and life experience (van Manen 2006). Hermeneutic phenomenology was selected as the methodology of this study as it facilitates understanding and interpretation of the lifeworld and of that which is real, or experienced as such through subjective experience (Laverty 2003; Steeves 1994; Magee 1987).

Polkinghorne (1983) endorsed the use of the term methodology rather than method to describe the use of hermeneutic phenomenology. He argued that a methodology is not a ‘correct’ method, but rather a creative approach to enable the understanding of social phenomena. His argument was supported by Laverty who posited that method focuses the ‘researcher on exact knowledge and procedure whereas methodology uses good judgment and responsible principles rather than rules to
guide the research process’ (Laverty 2003, p. 16). This requires the researcher to be reflective, insightful, sensitive to language, and constantly open to experience and the sense making and meaning involved in the interpretation of such. Hence, hermeneutic phenomenology was used as a sensitive exploratory and informative methodology in this research project. It is also an approach that respects the sensitivity and vulnerability of the participants but which, at the same time, allows them to reflect on what past experiences meant to them particularly in terms of self-disclosure and a sense of self (van Manen 2006). van Manen argued that the hermeneutic phenomenological researcher:

...tries to be attentive to both terms of methodology: it is a descriptive (phenomenological) methodology because it wants to be attentive to how things appear, it wants to let things speak for themselves; it is an interpretive (hermeneutic) methodology because it claims that there are no such things as uninterrupted phenomena (van Manen 2006, p.180).

In this way both the researcher and the participants of this study contributed to the description (phenomenology) and interpretation (hermeneutics) of the lifeworld and what it means to be an adult who has experienced time in an institution as a child. Situated in the context of biographical experience, it is through the telling and retelling of one’s experiences that the past is framed and reframed, and the present and future understood. This understanding is inevitably shaped by social and cultural context, as well as the particular cognitive aspects and other attributes of the individual. Heidegger asserts that phenomena can be discovered (Heidegger 1962, p. 60), for example, as a child in an institution; however, consciousness of harm may, over time, become buried, obscured or covered up, thus rendering one’s history incomplete.
For the Forgotten Australians in this study, the process of story-telling involved a complex architecture of telling and retelling stories of ‘what happened’ in the past and how this shapes their appreciation of the present and future. Inevitably, ‘consciousness’ of what happened is fluid, malleable and subject to interpretive change. Yet this should not suggest that accounts of the past are necessarily idiosyncratic stories devoid of verifiable content. Rather it is best to view such accounts as processes aimed at constructing a particular, nuanced understanding of past events and, as such, they have enormous importance in providing an understanding of life in care institutions historically and how those referred to as Forgotten Australians might begin to come to terms with their past. The research design will now be discussed beginning with insider research.

**Insider research – advantages and disadvantages**

As I identify as a Forgotten Australian, a significant component of this research relates to the concept of insider research. In the context of this study, the definition of an insider researcher by Louis and Bartunek (1992) is used. They define an insider researcher as one who has experienced a place in the population being studied prior to the investigation commencing, whereas outsider researchers are those only beginning to relate to the phenomenon to be studied at the time of the research. Research methods have developed over the past nine decades since Malinowski (1922) suggested that researchers in a ‘foreign milieu’ should describe themselves as participants rather than observers, a view supported by Kanuha (2000). For me, exploring Forgotten Australians was not a new area of study. However, my aim in this research was to answer a question that will assist me to comprehend the disconnection from family, community and society in general which many who have graduated from out-of-home care institutions, have experienced (SCARC 2004). In so
doing, I have participated in active verbal communication in the form of face-to-face semi-structured conversations with individuals who have experienced similar life experiences as me. As discussed above, this highlights the inter-subjectivity of the research and its content.

That I identify as a member of the population being explored can be considered a strength of the methodology. This provides identification through shared experiences of the key issues and emotions, and assists the rapport-building process. Seidman (2006, p. 22) discusses the reciprocity of perspectives in forming research relationships between interviewees and interviewers. Moreover Lincoln and Guba (1985) argue that the quality and depth of information is reliant on the extent of the rapport established during the information collection process. It is in this context that identifying as a member of this population could be deemed advantageous. Nonetheless, during the interview process it was imperative a balance be struck and I said only enough about myself ‘to be alive and responsive but little enough to preserve the autonomy of the participants’ world’ (Seidman 2006, pp. 95-97). This approach assisted in focusing on the participant’s lived experience and not my own.

Another advantage of being an insider researcher was in the development of the awareness of my own role in the research process, such as how my own history impacts on the way I engage with interviewees and pose certain questions or prompts. To facilitate methodological integrity, these subjective insights were documented in a reflective journal as well as in field notes, where appropriate. Both were used to assist in the description and analysis of personal reflections during and after the interview processes. The journal was also used to assist in establishing methodological integrity as discussed later in this chapter.
Vicarious trauma or secondary traumatic stress (Adams & Riggs 2008, p. 26) is a consideration when working with vulnerable people who have been traumatised (Webb 2011; Hernandez, Engstrom & Gangsei 2010). Vicarious trauma was identified as a disadvantage of the methods used in this study. For some participants, revisiting past experiences activated some unpleasant and traumatic memories, the accounts of which were witnessed by the researcher. As such, it was imperative that suitable debriefing and counselling for the researcher be built into the research process. This occurred in the form of debriefings with my supervisors and pre-arranged psychological counselling over the duration of the thesis process.

**Sampling and recruitment process**
The sampling process involved purposeful selection (Neuman 2011, pp. 267-268; Maxwell 2005). To meet the criteria for this study, participants were required to be Australian-born non-Indigenous people who had resided in a government or non-government Australian out-of-home care institution prior to 1974 and be willing to share their thoughts on how they experienced belongingness, a sense of community and a sense of self as adults.

A media release (Appendix 1) through the University media unit provided information on the research project to mainstream Australian media. As a result, several invitations for the researcher to participate in interviews on the Australian Broadcasting Corporation (ABC) radio network were issued and accepted. These interviews generated interest from locations in areas such as Western Australia, Queensland and the Northern Territory. The media release information was also located on Forgotten Australian websites. The Forgotten Australians, Alliance of Forgotten Australians, Wings for Forgotten Australians and Vanish websites each
published the invitation to participate in this research within twenty-four hours of the media release. The content of the information published generated considerable debate.

The main contestation of the participant invitation was the definition of a Forgotten Australian. Several emails and phone calls were received from younger foster care leavers who believed that they also qualified to participate in this research and argued that the researcher needed to revise the definition of a Forgotten Australian. This contention was addressed with a carefully worded response outlining that, for the purpose of this thesis the definition of a Forgotten Australian contained in The Senate Community Affairs References Committee report (2004, p. 2) entitled *Forgotten Australians* was to be used and participants should meet this criteria. Recruitment occurred between late January 2012 and April 2012. Although there was considerable interest generated by the research initially, the first enquiry expressing an interest to participate was received three weeks after the information was released.

All respondents interested in more information were sent, via Australian Post or email, an information kit that consisted of a letter of introduction (Appendix 2) and an invitation to participate (Appendix 3). An information sheet (Appendix 4) was included explaining how the results would be used. It made clear how confidentiality would be maintained as well as the processes to address concerns related to the research. The primary ethical principle is to obtain informed consent from the potential participant before the interview can commence (Elliott 2005). As such, a consent form (Appendix 5) and an interview schedule (Appendix 6) with a list of support services (Appendix 7) was included in the items posted. A contact phone number and email address of the researcher was provided for the respondents to ask any questions.
asked to discuss the prospect of participating in this study with significant others and to consider their decision for a minimum of seven days prior to signing and returning the consent form. Upon receipt of a signed consent form (acknowledging an understanding of the requirements of the person’s participation) a date and location suitable to the participant was agreed for the first interview.

Participants were selected on a first to accept basis. That is, after the dissemination of the invitation to participate, each response was processed as it was received. During the selection process, eight people indicated their willingness to participate in this research and after being fully informed of the study, three signed consent forms. After further consideration all eight decided not to take part. The commonality in the decision was that they did not wish to re-visit their institutional childhood experiences because they considered the process would be too emotionally demanding and could potentially have negative effects on their lives. Fifty-seven invitations to participate were sent to respondents. There continued to be those who, for their own reasons, chose not to participate. There were also many who did not respond to the invitation after making the initial enquiry.

Initially the recruitment process was deemed to be complete when twenty participants were recruited. One participant was recruited through the process of snowballing. Noy (2008, p. 329) argues that snowballing is appropriate for a study with hermeneutics as a component of its epistemology because it provides access to the social networks of the population being sampled. A twenty-first participant was accepted because he resided in the Northern Territory and, although there had been some interest initially, there had been no other requests for further information from that geographical location. The inclusion of the final participant, a male, assisted in
bridging the gender imbalance and also ensured that each state and territory of Australia was represented within the research. In terms of gender, there were eleven females and ten males who became participants in this study.

**Interview process and schedule**
This qualitative study was centred on in-depth, face-to-face semi-structured interviews and follow-up Skype and/or telephone conversations. The interviews were conducted in 2012 and each state and territory of Australia was represented. This was fortuitous and was not a component of the method design. However, the geographical variations add to the diversity of the sample. Semi-structured interviewing provides an opportunity for information to be obtained with unrestricted input from the participants, whilst allowing the interviewer to be influenced by the direction of the interviewee (Denzin & Lincoln 2001). Phone and Skype discussions became an important method of communication because of the distances involved and the requirement to seek clarification on information provided by the participants.

The research was concerned with the what, who, how, where and when of the experiences of the individual, thus reflecting the hermeneutic phenomenological perspective adopted in the study (van Manen 2006). The participants were asked to volunteer their thoughts on the conditions and contexts of a sense of belonging and self, precipitating a willingness to discuss their experiences. To satisfy the interview requirements of this study, I travelled to various locations in each state and territory of Australia and met with each participant in a location of their choice. The duration of the face-to-face interviews was approximately forty-five minutes to one hour. Questions were open-ended, although prompts were used during the interview.
process. Given the reflexive nature of the study, questions continued to be formulated throughout the interview process.

It was during the face-to-face interviews that the bulk of the data was collected. The interview schedule assisted the interviewee and the researcher to remain within the guidelines of the interview objectives (Lincoln & Guba 1985). Each interview was recorded with the participant’s permission, and the recorded interviews were professionally transcribed into text with all identification removed and pseudonyms added where required.

The face-to-face interviews were followed up with at least one further phone or Skype conversation with each participant, dependent on the preference of the individual. Permission for this contingency was established during each face-to-face interview. There was no specific script used in the follow up interviews because of the personalised nature of the information being sought from each participant. For example; in a follow up interview with Val, she was asked to expand on her statement ‘I never lived anywhere more than three years...’ (Val 2012) which originated in her face-to-face interview. The interviewer sought to gain an understanding of how this transience affected her relationships. Some clarifications however, were more generic. For example, each of the seven participants who signaled they had gained a Bachelor degree in their initial interview was asked if they had obtained that degree early or later in life during their follow up interview. In this way clarity was provided in regard to the information gleaned in the initial face-to-face interviews.

The research design allowed the participants to consider and relate their experiences at their own pace. There was an explicit option that, at any indication of distress or
discomfort, the participant could exercise the right to withdraw from the interview without explanation or penalty and be offered counselling free of expense to them. Participant distress was monitored by the researcher via observation of body language, vocal signals, evasion of questions, looking away, fidgeting, excessive movement in a seat, taking a long time to answer, hesitation, blushing, perspiration, tone and volume of voice, as well as any other indication of general agitation or discomfort (Lincoln & Guba 1985).

Participants and trust
Trust is of primary concern in qualitative research. This is especially so when researching members of a vulnerable population such as Forgotten Australians. The various measures put in place to ensure confidentiality were aimed, in part, to ensure trust between the researcher and participants (Gubrium & Holstein 2002). The measures included the choice of a pseudonym and the assurance that the recorded and transcribed interviews would be kept in a secure environment at Southern Cross University for seven years. It was decided to have the interviews transcribed professionally after identifying issues of vicarious trauma by the researcher in a previous study relating to this population, acknowledging the emotive content surrounding the lived experiences of Forgotten Australians.

Demographic details
The following data were recorded (Appendix 8): the gender of each participant; their age when first admitted into out-of-home care; age when discharged from the institution; and age at the time of interview. The youngest participant was Mitta who was aged forty-four years and the oldest was Allan at seventy five years of age. As well as the general location of each individual’s residence at the time of their interview, the state in which their institution was located was also recorded. All participants were
offered the option to select a pseudonym for themselves. Pseudonyms were offered as a method of protecting a participant’s privacy and anonymity (Charmaz & McMullen 2011, p. 356). Ten participants rejected the idea of using a pseudonym and chose to use their own names (addressed later in the chapter). As such, there is a combination of pseudonyms and real names listed in Appendix 8.

Participants comprised a broad cross section of the community. The study sample consisted of three professional people, one was a grandparent who was receiving a carers pension and had full-time responsibility for five grandchildren, and one participant owned and managed a small business. There were three retired citizens and seven individuals who were receiving disability support pensions. Four participants said they were reconstructing their careers, three of whom had recently completed a bachelor degree. Of these only one was working at the time of recruitment. The remaining two participants described themselves as being unemployed.

Thematic identification and analysis
The analysis process is centred in theory arising from hermeneutical phenomenology, beginning with the raw data and developing into an abstract concept (Neuman 2011). Three methods of thematic identification which can be used in phenomenological experience are described by van Manen as: ‘holistic or sententious’, ‘selective or highlighting’, and a ‘detailed or line-by-line’ approach (van Manen 2006, pp. 92-93). The detailed approach was employed in this study and every sentence was examined in relation to the hermeneutic circle described below. The question was asked: ‘What does this sentence reveal about the phenomenon or experience being described?’ (van Manen 2006, p. 93). A ‘meaning unit’ can be contained within a part of a
sentence, a sentence, several sentences, a paragraph or any piece of the text which conveys a single meaning to the whole of the text (Lindseth & Norberg 2004). For example, the text; ‘... and I lived on the fringes because I felt I didn’t fit in with society’ (Tilly 2012), is a part of a sentence and could be interpreted as having feelings of not belonging. In this context there are two meaning units, ‘I lived on the fringes’ and ‘I felt I didn’t fit in’. After transcribing the data, and having immersed myself in the text, identifiable themes began to emerge from the participants’ stories. Searching for common factors or themes in the data is relative to the ‘understanding’ being sought. A theme captures the phenomenon or lived experience that the researcher is trying to understand (van Manen 2006). In hermeneutic phenomenology:

...themes are not objects or generalizations; metaphorically speaking they are more like knots in the webs of our experiences, around which certain lived experiences are spun and thus lived through as meaningful wholes (van Manen 2006: p. 90).

The approach to data analysis taken in this research conformed to the principles of conventional qualitative research practice, as well as to the requirements of the epistemological framework. In attempting to make sense of human experience, Heidegger (1962) developed the notion of a ‘hermeneutic circle’ which rotates from part of an experience or phenomena, to the whole of experience, repeatedly increasing the depth of engagement and understanding of the phenomena or experience (Figure 1). For phenomenology, making sense of lived experience through interpretation is a process of insightful invention, discovery or disclosure (van Manen 2006, p. 79). Formulating a thematic understanding is not a rule-bound process but a free act of ‘seeing’ meaning (van Manen 2006, p. 79). van Manen argues that for
hermeneutic phenomenology ‘the concept ... may be considered simply as a means to get at the notion we are addressing’ (2006, p. 79).

Figure 1 Hermeneutic Circle

In this way, hermeneutic phenomenology tries to reveal ‘something ‘telling,’ something ‘meaningful,’ something ‘thematic,’ in the various experiential account of the transcribed text (van Manen 2006, p. 86). For example, the statements ‘I’d like to be a part of it [society] eh. I’d like to fit in like the average Joe Blow’ (Jon 2012) – was explored for its meaning. It was then fixed in some way and ascribed a theme. In this case, the theme identified was the notion of relational belonging. The researcher then read more of the text and related that back to the whole and the meaning changes as a result of knowing more of the content. This approach was deemed most appropriate to this study as it explored, interpreted and described the lived experience of the participants.
Rigor in qualitative research

Issues of credibility and integrity are primary considerations when establishing trustworthiness in qualitative research (Patton 2002, pp. 542-545). However, as argued by Laverty (2003):

Issues of rigor in interpretive inquiry are confusing to discuss as there is not an agreed upon language used to describe it, or one universal set of criteria used to assess its presence (Laverty 2003, p.24).

Polkinghorne (1983, p. 46) suggests four qualities to assist readers to judge the trustworthiness of hermeneutic phenomenological interpretation: ‘vividness, accuracy, richness, and elegance’. Vividness draws the readers in, establishing a sense of candor and reality. Detailed field notes were made after each interview and noted the emotional state of participants. These notes were used to convey the feelings/expression of the participants to the reader. For example, when Mitta became emotional and was offered time to compose herself. Accuracy refers to believability in that readers are able to recognise the phenomenon in their own lifeworld or can imagine the description vicariously. Accuracy in this study is evidenced by the many commonalities of experience arising from the data. For example, all participants spoke of social distrust as being prominent in their lives. Richness relates to the quality and aesthetic depth of the description, enabling the reader to enter the interpretation intellectually as well as emotionally. For example, Mitta spoke of how she felt when witnessing her sister pulling out her own hair and how that remembrance continued to affect her as she aged. Finally, as highlighted by Polkinghorne (1983), elegance describes the wealth and disclosure of the phenomenon in a poignant and graceful way. Polkinghorne argues, it is the economical use of words establishing the essence of the phenomenon through 'simple
expressions that unify the description and give it grace and poignancy’ (1983, p.46). For example, Leicester’s comment, ‘I have decided that they [the Ethics Committee] can’t tell me who I am or who I am not...’ is poignant, descriptive and graceful.

Hermeneutic phenomenology is an approach that respects the sensitivity and vulnerability of the participants but which, at the same time, allows them to reflect on what past experiences have meant to them (van Manen 2006). Historical, social and cultural contexts as well as the particular cognitive aspects and other attributes of the narrator inevitably shape this understanding. In this way, the telling of an experience, or feeling, changes with each narrated account (Morgan 2000).

There is an ethical obligation to support a member’s right to check the accuracy and adequacy of their interview transcripts. Member checking occurs every time a researcher seeks clarification on the interpretation of the participant’s experience (Sandelowski 1993). Appleton and King (1997, p. 20) argue that member checking after information collection is not useful as respondents may seek to justify their views and identify their perspective in the interpreted thematic experiences. However, Patton (2002, pp. 552-555) considers it critical in order to establish the credibility of the research. Member checking was used in this project. The interview transcripts were sent to each participant for authenticity. In response, three participants asked for amendments or discretion. For example, one participant requested that the circumstances under which they entered and received child care were not revealed.

**Ethical considerations**

The Forgotten Australians have been identified as a vulnerable population by the Federal Government. This classification has been attributed to the abuse and trauma
many experienced as children. For many, this has been exacerbated by the ongoing challenges of social integration in later life (SCARC 2004). Accordingly, it was a requirement to submit an application to a full sitting of the Human Research Ethics Committee (HREC) via a National Ethics Application Form (NEAF) for research on this population.

The decision to participate, the time leading up to the interviews, the interview process and the period after the interview process had been completed presented emotional challenges for some participants. This was because they were asked, as 'survivors' of the institutional care regime to reflect on their lives. Bearing in mind that some participants had been physically and sexually abused and/or neglected emotionally, their reflections had a cost. Each respondent was asked to explore their past and present and discuss how they experienced a sense of belonging and a sense of self in relation to family, a community and/or society in general. An important consideration in this area of the research was to be explicit about the ethical safeguards which were put in place to ensure confidentiality, anonymity and professional support for each participant if required.

One of the unexpected challenges of the HREC process involved the use of pseudonyms for some respondents. After reading the research information sheet, a number of respondents indicated that although they would like to participate in the study, they would not do so if they could not use their own names. For example, Leicester was among the first to reply to the invitation to participate in this research project, and he questioned the fact that the university’s Ethics Committee urged the use of a pseudonym as a requirement of participation. Leicester said that although he would like to participate in the study, he resented and rejected what he perceived as
the Ethics Committee exercising authority over him. Leicester’s insistence precipitated a ‘Change of Protocol’ application to the Ethics Committee (Appendix 9). The change of action delayed the recruitment process for two weeks whilst legal advice from the university’s legal department was taken. It was agreed by the chair of the Ethics Committee that each participant had a choice of using a pseudonym or not. Ten participants chose to use their real names. As argued by Kafle (2011, p. 197) ethics are important in hermeneutic phenomenology. The ethical considerations used within this research strengthened the methodology and established respect and trust with each participant. This was paramount in the research and contributed to the depth and quality of data gathered.

**Strengths and limitations of the research methodology**

Hermeneutic phenomenology, as a research method, is deemed to be rigorous and critical adding to the systematic investigation of the phenomena being explored (Streubert & Carpenter 1999, p. 48). It provides a rich and detailed description of the human experience with the results emerging from the data rather than being imposed. Importantly, in a study such as this, hermeneutic phenomenology captures the process of change of the phenomenon being explored over time.

As with all qualitative research, in designing the methodology, it was important to be flexible enough to allow the participants’ voice to be heard. Hermeneutic phenomenology has provided that flexibility in this study making it an appropriate approach for researching the participants’ experiences (Wimpeny & Gass 2000, p. 1456). Because the participants in this study are self-determining human beings, they warrant the merits of an in-depth exploration of their life-world (Rapport 2005, p. 136). In this way a deeper understanding of their transcripts can be provided.
The section discussing insider research highlighted some related strengths and limitations. Of the limitations, vicarious trauma was considered to be a noteworthy factor influencing the management of the researcher’s wellbeing. As discussed, it was necessary to implement debriefings with supervisors. On at least two occasions, it was necessary for the researcher to take an emotional rest for seven to ten days because of the nature of the subject matter being divulged through the interview process.

As in all qualitative research another limitation was the possibility of a hierarchical relationship between the interviewer and the interviewee (Karnieli-Miller, Strier & Pessach 2000). This can be especially so when researching individuals who identify as members of a vulnerable population such as Forgotten Australians. As such, it was important to be aware of the possibility and allow the interviewee to choose the direction of the interview – this was accommodated in the semi-structured interview approach adopted (Denzin & Lincoln 2001).

In this study there were seven participants who lived in regional areas, seven in rural areas, six lived in metropolitan locations and there was one transient person. Because of the geographical location of some participants, organizing the face-to-face interview was, at times, logistically difficult. Age of the participants is another factor to be considered in relation to the limitations of the study. The youngest participant was Mitta who was forty four years of age at the time of her interview. The population of Forgotten Australians is an aging population. As such, any attempt to replicate this study will be addressing an older minimum age and this possibility should be considered.
An additional limitation was the possibility of making assumptions (Creswell & Miller 2000). The challenge here was to render the accounts of the interpretations of individuals’ lifeworld experiences as faithfully as possible. Hermeneutic phenomenology is a personal interpretive methodology; hence, it is easy to read too much or too little into an interview. In this regard a balance of both emotional and intellectual sensibilities was required (Thiis-Evensen 1987).

Chapter summary
This chapter has provided the reader with information pertinent to the research design including the ontology, epistemology, research methodology and ethics. The ontology provided the starting place for understanding the self and ‘being’ in relation to the research. The epistemology provided the reader with an understanding of the way knowledge gained in the research was advanced and the methods section has provided the information required to understand how the research was actioned. Ethics had a major role in this research. Importantly, the processes have shown the importance the researcher placed on the wellbeing of the respondents and participants involved in this study.

The following Chapter, Stigma, Shame and Institutional Care, is the first of the findings and discussion chapters. It will explore some key findings including shame and stigma.
Chapter Five: Stigma, Shame and Institutional Care

You think you’ve got over it but it’s still there, total shame and stigma and you’re covering up, you’ve got a mask on the whole time (Crumbs 2012).

Introduction
This chapter will explore how participants of this study narrated their being-in-the-world in relation to their childhood institutional experiences. The discussion will be viewed from two temporal perspectives: first, an example of each individual’s experience of what happened in the institutional child care regime, and second, how institutional child care influenced participants’ current life experiences. These temporal perspectives were connected by one overriding theme, stigma, which was identified as dominating the conversations during the interview process. Stigma was a key initiator for a multitude of emotions including shame and anger. For many of the individuals who contributed to this study, stigma and associated emotions were exacerbated by issues of trust and figured significantly in shaping how they viewed themselves in later life. Stigma and its felt effects will be the focus of this chapter.

The chapter consists of four main sections. The first section provides an overview of how participants’ experiences of shame emanating from stigma attached to their time in institutional care, influenced their being-in-the-world and the accumulation of those effects at the time of their interview. It discusses how the constructs of stigma and shame were a by-product of a requirement by the institutions to enforce conformity through regimented and sometimes brutal discipline. The second section examines how discipline, control and degradation or mortification ceremonies influenced the lived experience of participants during their time in institutional child care and identifies some of the effects of those experiences in relation to their being-
in-the-world in later life. There is evidence contained in the findings that, for some participants, anger significantly impacted their life opportunities and had negative effects on relationships, both personal and social. As such, the third section will explore how participants’ being-in-the-world has been influenced by their experience of being in the institutions and the anger resulting from that childhood experience. The final section will explore participants’ experiences of trust and shame in relation to the longer-term effects of institutional child care. In presenting the testimonies of the participants, a discussion will be provided to assist the understanding of the context of the ex-residents’ being-in-the-world. During this process, the chapter will introduce each of the twenty-one participants who generously consented to be interviewed for this study. To begin and assist in contextualising the effects and implications of stigma on the participants, the chapter opens with a brief and generalised discussion of the perceptions of a ‘normal’ nuclear family life pre 1974.

**Stigma, shame and institutions**

For many, it was considered to be a deviation from the norm to reside in places such as orphanages, detention and correctional centres, reform schools or other forms of institutionalised child care provided by any government or non-government organisation (SCARC 2004, p. 323). In this way, children who had experienced this different form of being cared for carried with them a form of stigma (Smith 2010b). As identified by Maunders (1994), many of the children who lived in the institutional care regime were acutely aware of the differences between children experiencing the perceived ‘normal’ nuclear family lives of the early to mid-twentieth century and their own institutional life experiences. Many of the participants in this study considered themselves to be stigmatised by these differences.
Nineteen of the twenty-one participants described stigma, and the accompanying shame as having played a significant role in their lived experience. Scheff and Retzinger define shame as ‘the feeling that results from seeing one’s self negatively in the eyes of the other, such as feeling self-conscious, rejected, unworthy or inadequate’ (Scheff & Retzinger 2000, p. 96). Many ex-residents of care experienced feelings of shame. This emotion haunted many into their later years.

An example of how stigma and shame affected the lives of some ex-residents was provided by Crumbs (pseudonym) who, at the time of her interview was fifty-seven years old and resided in metropolitan Queensland. She experienced care from the age of seven to eighteen years in NSW and said:

Sometimes I think I’ve got over it but it’s still there, total shame and stigma from being in those places and I’m trying to cover it up, I’ve got a mask on the whole time. Even now you know, I’ve got to cover up, ‘cause I know I’m not that person that they tried to convince me I was but, it just comes up (Crumbs 2012).

Crumbs, a highly educated woman, was cognisant of the link between shame and stigma and, although becoming quite emotional when relating this part of her reflections, said that she continually found it necessary to hide the feelings of shame and suggested that she did not have complete control over those emotions. The source of shame experienced by Crumbs came from being in the institutional regime. Masking emotions is a protective device for many people especially in later life (Fabianowska & Hanlon 2014), as was the case with Crumbs. For many people, stigma may not be immediately visible. They are what Goffman (1963, pp. 48-49) described as ‘non-obtrusive’ stigmas, or stigmas originating from within the carrier or the
stigmatised person. Over time a person experiencing the effects of stigma can become adept at disguising residual emotions. However, as evidenced by Crumbs, these emotions can be experienced intermittently as an individual ages.

Another participant, Holly (pseudonym), a fifty-five year old female residing in rural Tasmania at the time of her interview, had experienced institutional care in Victoria from the age of three years and six months, until she was adopted at age nine. She provided another example of how individuals disguised their childhood experiences:

...for twenty-five years I wouldn’t even tell anyone about how I grew up in the homes...it was just like that was back then and... [i]t’s only been in the last, probably since 2003, when we requested our files under Freedom of Information or 2002, with my other family members, we requested our files and it’s only been really since that time that we’ve been more outgoing and open (Holly 2012).

Whilst supporting Crumbs comments, Holly provided a more generalised description of how participants hid or suppressed childhood experiences when she stated that she did not reveal her institutional experiences to anyone until later in life. Holly attributed her silence to shame: ‘... I felt too ashamed to even talk about the past to my sister...’ Holly’s childhood experience was unpleasant and she chose not to speak of it for twenty-five years. However, she developed a desire in later life to explore her past experiences and discard the constraints of her felt shame, thus changing how she experienced being-in-the-world as she aged.

Although not explicitly nominating stigma or shame during her interview, Myra’s transcripts do imply shame in relation to her time in care. At the time of her interview Myra (pseudonym) was fifty-seven years old and was living in rural Victoria. She
entered the Victorian child care regime when she was aged five years and six months
and remained within both the institutional and foster care regimes until her discharge
thirteen years later. Myra explained:

I was called retarded, backward all my life through being brought up in care. If I
went along to a …receiving home or whatever, when they saw me the first thing
they would say is, ‘this little girl is backward, she won’t amount to much,’ or
anything like that. So in that way I found that a lot of people, they didn’t take me
for who I really was, that I was just a normal little girl going through a really bad
time. They, they looked at me as somebody who they couldn’t do anything with
themselves. Being treated like that has affected all my relationships including with
my brothers and sisters (Myra 2012).

In this reflection, Myra implied both shame and stigma, highlighting the ways in which
institutional carers stigmatised her. Myra’s reminiscence began slowly, and then
gradually became more self-assured as she progressed. She said that it was some
considerable time after leaving care before she was able to establish any relationship
of substantial meaning. It is notable that she included relationships with her siblings
within this statement, signifying that the treatment she had received from her carers
influenced those relationships. It appears that not being able to develop relationships
was attributed to feelings of difference as a result of disparaging comments about her
assumed emotional ability and/or her mental capability at that time. For Myra, these
assumptions continued to influence how she viewed herself as she aged. At the time
of her interview, Myra said that she continued to receive psychological guidance and
counselling ‘as a part of understanding…’ herself and of ‘…coming to terms with the
past’.
Another example of hidden shame and stigma was provided by Pink (pseudonym), a sixty-year-old woman who resided in metropolitan South Australia when interviewed. Pink entered the child care regime in South Australia aged two years and remained within that system for sixteen years. Pink reported that because she had numerous placements within the foster care and the institutional regimes, ‘sixty different placements’, she did not believe that she had been accepted in any of them. Pink said:

Well, there was all the different placements, and I only found out recently the sexual abuse started at...three and continued for years. I had heaps of guilt and shame and was never really sure why until I found out about the abuse only a few years ago. So you know, that was like in my formative years wasn’t it, so it was a pretty lousy start...I was just being put down and not liked when I was, you know, only acting out the best way that I knew (Pink 2012).

In acknowledging that she had been sexually abused over many (twelve) years, Pink also pointed out the carers deflected attention from her claims by demeaning her. Pink stated that, in her mind, acting out was the best way for her to cope with the situation and she felt she had some semblance of defence in being rebellious. When invited to explain what she meant by ‘acting out’, Pink said she would ‘throw tantrums, yell and scream, you know, acting out’. For Pink, a component of that rebellion was a psychic wall she had constructed as self-protection against the hurt from others. Pink was also explicit in nominating shame as a source of her need to protect herself from people (Middleton et al 2014, p. 19). While talking about how she felt she presented to people, Pink said:

I think that I’m alright and get on alright with people. I seem to be quite liked, but then when you get to know the real me, the layers are taken away and you, you
know, I start to expose the hurt person...some of it doesn’t become easier. As much as you try to get over it, the stigma of being in the homes and the shame of the past stays with you the whole of your life... (Pink 2012).

In effect, Pink has said that she was concealing the vulnerabilities which had been established in her childhood, but as one got to know her, her vulnerabilities were eventually exposed. This suggests she experienced ongoing deeper emotional disturbances as a result of her childhood experiences in institutions. Pink acknowledged the shame she associated with her childhood experience and that there were implications of the residual effects of institutional child care, which she felt tended to influence her wellbeing for the remainder of her life. Pink was explicit in identifying stigma and shame as influences on her life as she aged. This awareness existed even though some past childhood experiences escaped her recollection for many years.

Others, including Paul (real name) said they had a clear recollection of their childhood experiences. Paul was a fifty-seven year old male living in a rural NSW location at the time of his interview. He was placed in a child care institution at approximately two years of age and remained within the system until he was eighteen years. In reflecting on his life after care, Paul said:

I had lots of shame-based behaviour and made a lot of shame-based decisions, but mostly I console myself and say it’s the best I could ever do at the time. That’s all I had. I didn’t have any more, I didn’t have quality of choice, you know. I didn’t have the distinction of wellness, you know. I didn’t have it. It just wasn’t there. Yeah, sickness attracts sickness, you know... I believe that low self-esteem attracts low self-esteem. It’s true, I didn’t know it at the time but I know it now,
and I've been on my own for, fuck, I don't know, probably ten fuckin' years aye

(soft laugh) (Paul 2012).

In this reflection, Paul was explicit in identifying the inadequacy of his behaviour post care and linked it to the effects of shame. He attributed shame to many decisions he had made, which resulted in poor life choices. Moreover, Paul associated his lack of ‘wellness’ to both the decisions he made and the limitations of those decisions in relation to his shame based behaviour. Paul said he attracted unhealthy relationships and people with low esteem. Self-esteem, as argued by Scott and Cameron (2004, p. 58), is linked to a sense of belonging and a sense of self or self-worth, both of which begin to develop in childhood. It seems that his association with other unhealthy individuals influenced some of the unhealthy behaviour described by Paul and other individuals with ‘low self-esteem’.

Shame, as an emotion that results from stigma, has the capacity to manifest within individuals creating feelings of being degraded and worthless, often resulting in low self-esteem (Maldonado, Landenberger & Cuevas 2015). The etymology of the word shame suggests feelings of a need to cover up or hide. Often because of the feelings of disgrace, the perceived falling from grace within establishes low self-worth or self-esteem or circumstances causing these feelings. Many of the participants of this study indicated that for them, a state of grace did not exist within the child care regime where they began to develop a sense of low self-esteem or self-worth. As indicated in the testimonies of Crumbs, Holly and other participants, the feelings of shame associated with stigma precipitated a need to cover up their institutional histories and hide their felt inadequacies. It seems that Paul had an understanding of his own self-
esteem and was able to separate his past lived experiences from his being-in-the-world at the time of his interview.

Several participants laughed briefly during the narration of their recollections. Some of these laughs could be perceived as being incongruent with the content of the narrations, thereby disguising true emotions and feelings. Lewis (1971) posits that an individual can use laughter as a mechanism to cope with elements of shame in lived situations as they occur. In this way, the laughter serves to place distance between the present self and the past emotional experience and a person is less inclined to internalise the negative residues of past shame experiences (Lewis 1971, pp. 130-132). Nonetheless, for many of the participants there has been a residual effect of stigma, which resulted in feelings of shame. For Goffman, shame in this context is ‘reflexive and embodied’ (1963, p.3) meaning that it is contained and conveyed in and through the individual.

Allan (real name) was seventy-five years of age at the time of his interview and unsure of his age at the time of his admission into care in Queensland, saying that he was about two years. He exited institutional care aged seventeen years. Allan resided in a metropolitan area of Queensland and provided an example of a coping mechanism saying that he dealt with:

...the general community always on a guarded basis. I cover the past up with a very warped sense of humour, because I don’t want the general public to know what’s going on inside, so I act the fool, right. Very few people know what I’m doing (Allan 2012).
Allan said that he wears a mask, or covers up, when he is in public to deflect attention from his past experiences. In this context, Allan used black humour both to protect him and to disguise or hide his true feelings. Allan continued, saying:

I was put down so often, and so consistently, I started to believe that I was nothing but vermin, I was nothing more than society’s detritus. Right. And I kept doubting myself. Until I was older the only thing I knew and the only way I knew how to achieve things was with the knuckle, right? And I was quick to it, anger and the knuckle I mean (Allan 2012).

Allan stated in this reflection that in his youth and early to mid-adulthood he was a volatile person with low self-worth, easily provoked into anger and violence. Allan was one of the participants who did not explicitly refer to shame. However, he did attribute his feelings to being ‘put down’ on a regular basis whilst in the institutions and wore the indignity of his time in care for many years after his discharge, possibly suggesting the effects of residual shame and stigma.

Commentators, such as Scheff and Retzinger (2000) and Darab and Hartman (2011), suggest that shame contains feelings that derive from seeing one’s self as ‘less than’ in the eyes of others. For Allan, the stigma associated with being in the institutions and the continuous negative insults from his carers contributed to his self-doubt and low self-esteem, affecting his experience of being-in-the-world at that time and inciting patterns of violence. In reference to his life at the time of his interview, Allan said:
I go home after a full day, I put dinner on, I turn the lies on [television news] ...I don’t go looking for kudos or gratification. I move through the briar, just getting things done... (Allan 2012).

In this statement, Allan indicated that he attempts to simplify his life in a complicated world. He said he chose not ‘...to socialise much because people piss me off’ and watching television ‘helps me cope’. These latter comments suggesting that he continues to have challenges integrating into community.

Mitta (pseudonym) was forty-four years of age at the time of her interview and resided on the outer fringes of rural NSW. She experienced institutional care in NSW from the age of three until she was eighteen years old. Mitta said:

I remember being belted if we wet the bed, we were made to feel so ashamed. We had to get up and strip our beds and take it to the laundry and I remember it being very scary because it was a long corridor, a black corridor that we had to walk down. As I was walking down the corridor, the nuns would tell me I was lazy because I didn’t get out of bed to go to the toilet... I was so confused and ashamed and really didn’t understand; it was horrible and I felt like the other kids were judging me. It was humiliating. And I remember always being scared of wetting the bed and my sister...developed a nervous disorder and she’d always wet the bed, and she lost all her hair ‘cause she used to pull it out. Like, we are both affected by that today. I still struggle with self-esteem and I think that is a part of it (Mitta 2012).

Mitta described her experience of the toxic effects of shame and humiliation. When remembering this particular past experience, Mitta became emotional and requested
some moments to re-compose herself, in effect adding to the ongoing impact of the historical events. Mitta alluded to an ongoing fear that manifested as vicarious trauma from witnessing her sister pulling her hair out and the treatment from the nuns for wetting the bed. This disorder is defined as trichotillomania, and Mitta claimed the hair pulling was still affecting her and her sister at the time of her interview. In trichotillomania hair pulling can be instigated by the occurrence of a recent sense of tension (American Psychiatric Association 2000). Mitta also connected these childhood experiences with her being-in-the-world at the time of her interview saying that she continued to ‘struggle with self-esteem’ because of these memories. In this way Mitta directly linked shame, humiliation and self-esteem to her lived experience post care.

A further example of how stigma can elicit shame and humiliation was provided by Leicester (real name), a resident of institutional care in NSW for nine years from the age of three years until he was twelve years old when he was returned to his mother’s care. Leicester, fifty-five years of age and living in regional NSW at the time of his interview, stated:

I went to the school in the orphanages. ...we would be driven up there [to the school]. A nun would have a station wagon and the boys would end up being squashed into the back like cattle, and the girls would get to sit in the seat in the second row, and they would do five or six, seven trips whatever it was, back and forth from the orphanage. Same on the way home, you know, we were all squashed in the back. Today it would be illegal to do it, but in those days we were all packed in like sardines...we were different. We were treated different. We were those people who come from backgrounds who their parents had deserted them, had left them, people you didn’t mix with, and we kept to ourselves, you know.
We were frightened and ashamed of the situation which we were in, you know.

We didn’t have friends; we were different (Leicester 2012).

Leicester provided insights into the stigma attached to being in an orphanage. His reference to the transportation to and from school during childhood signifies a visual difference to the conventional method of arriving at the school grounds. When Leicester articulated this reflection, his voice became quite soft and his demeanour seemed to become passive. It became apparent at that time that he still associated stigma to the activities of the orphanage, which produced unpleasant recollections of his childhood experience. Notably, Leicester said he remained ‘ashamed’ of the situation and activities, which would have been observed by other school children attending the Catholic school.

There are similarities between the implied stigmatic content of Leicester’s narrations of his childhood experiences and Goffman’s (1963) description of non-obtrusive stigma. As stated previously, this type of stigma is carried within the individual and is not immediately visible to others. For example, if Leicester did not convey to the researcher his experience of being squashed into the vehicle as a child and of being acutely aware and ashamed of the situation in his later years, there would be limited overt means by which to establish his sense of ‘felt’ shame and indignation. Leicester’s emotions originated from his knowing that, at the time, the other students of the school witnessed these very visible and public occurrences. This in effect established a sense of difference from the other children in the school. For Leicester, the impact of the felt stigma and associated shame prompted him to request psychological intervention to assist with his being-in-the-world as his interview was
being organised. Accordingly, psychological counselling was provided to Leicester prior to his interview.

Analysis of the accounts provided by Mitta and Leicester highlighted an ongoing sense of shame associated with the stigma from their time in institutional child care. For many of the participants, the effects of this stigmatic association have been lifelong and deleterious. Mitta reported:

I didn’t realise how much of an impact that orphange had on my life, but I think it really has had a huge impact and that’s why I contacted you because I think that that level of shame, you know, how they talked to us in the home, and they said we were dirty and they were always trying to scrub us clean and you’re always scrubbing the floors and doing the things that we had to do in there. I think you take that shame with you for the rest of your life. I really try to work on it and come to terms with it but it’s so hard to not own and feel it (Mitta 2012).

There are two issues of note contained within the above quote by Mitta. The first is the recognition of the ‘huge impact’ shame has had throughout her life. In this comment, Mitta was reflecting on a communication between the researcher and participant in 2011. Mitta contacted the researcher after reading a publication (Smith 2010b) on the influences of shame on a sense of self in relation to ex-residents of the institutional care regime. She was weeping with relief after learning that she was not alone in experiencing feelings of shame associated with the stigma from her time in institutional care as a child. Mitta suggested that the shame she experienced as a child continued to affect her as she aged. The second point became evident when Mitta was invited to expand on her comment about ‘scrubbing the floors’. She said: ‘they [the aunties] used it to punish us. If we were naughty we would scrub floors instead
of playing with the other kids’. These types of rituals are what Goffman (1961) referred to as mortification ceremonies and described by Garfinkel (1956) as status degradation ceremonies. Ceremonies such as these encroach on and detract from the autonomy and agency of an individual and will be discussed in more detail in the next section.

Boudicca was forty-five years of age when interviewed and resided in metropolitan Victoria. She entered the institutional child care regime at the age of four years in NSW and remained within that system until she was ten years old when she entered the Victorian foster care regime until eighteen years of age. When invited to share her thoughts on how she connected with the other children in the institutional setting, Boudicca appeared quite emotional when she said:

... and there was a lot of shame and stigma, you know, and there were a lot of very damaged children. Some were very violent. I was afraid of a lot of them. I kind of felt like I was always protecting myself against the others... they would sexually abuse younger children and be really cruel and violent. You know, and the carers didn’t get it—they only got medical attention for us when they absolutely had to, so things were left. Infections were left, cuts weren’t attended to or stitched. Things weren’t dealt with until it got to a point where they would be in trouble, you know. The schools would have to flag it or some such thing. I don’t know actually what the infant death [rate] was; I just know that was common, that things were left. My brother was nearly blind with sties in both eyes, and my elder sister had been beaten by one of the older kids and they busted the blood vessels behind her eyes, now she’s got permanent bruising under her eye ‘cause it bled. And I felt ashamed when I cut my finger once. I’ve still got the scar, and I cried (chuckles). I got in trouble for crying too, which just made me cry even more because I just felt
like nobody cared, you know. I just needed a cuddle and I didn’t ever get that. I mean it probably needed stitching as well but it wasn’t that I was crying for (Boudicca 2012).

Boudicca’s experiences prove insightful here in relation to stigma and violence. Boudicca indicated that the violence she experienced within the institutional child care regime created an environment of fear initiating a need for constant vigilance. She alleged that the older residents would commit acts of cruelty and sexual abuse on the younger residents.

Boudicca referred to infant deaths. She was not prompted to elaborate nor did she offer to expand on this in her recollections. Infant mortality was not uncommon within the institutional regime and is referenced on many occasions within testimonies of the Forgotten Australians Report (SCARC 2004). Boudicca used the example of her sibling and conveyed her own issues of neglected health and shame when she cut her finger. She spoke of neglect in relation to the medical needs of children until they were brought to notice by outside agencies such as schools. These allegations imply a neglect of basic nurturing and medical requirements of children in care and the assertions are supported by the majority of the participants who contributed to this study. When Boudicca was asked why she felt ashamed of cutting her finger, she was unable to elaborate except to say ‘...the nuns made me feel like it was my fault and I was weak because I was crying and causing them trouble’. Significantly, Boudicca was one of the participants who, during the process of organising her interview, requested psychological counselling to assist her in understanding how her past institutional childhood experience influences her being-in-the-world as a mature adult.
Another perspective of lived experience and shame was presented by Lee Being (pseudonym) who experienced institutional child care in Queensland from the age of seven years until she exited the system at eighteen years. At the time of her interview, Lee Being was fifty-years old and lived in a NSW regional community. When invited to share her thoughts on being in care, Lee Being said:

They sent me to a mental hospital where I got put in isolation for quite a long time because I tried to hang myself in the home. I really was homicidal and suicidal, and sociopathic towards the end. They had to keep me away from the other kids. None of the other kids liked me anyway and I didn’t like them. Well, I would have liked to have liked them but it was just scary (chuckle). I was so ashamed of who I was, I hated me...like I’d been treated as uncontrollable and I bought it, I believed it, I lived accordingly. I carried that shame with me for a long time. And um, yeah, that still has an effect on my whole life (Lee Being 2012).

The reference to isolation by Lee Being is an indication of how she experienced some of her time in care, disconnected from others. She said that she was not a child to mix well with other children, suggesting that to have any familiarity with them would be scary. Lee Being also described herself as being ‘homicidal’ and ‘sociopathic’, reinforcing her antisocial behaviour at that time. When asked if these were diagnosed conditions, Lee Being said, ‘they were bandied around at the time by the psychologists but there was no definitive diagnosis’. She had attempted to take her own life by hanging herself and this action speaks of extreme emotional trauma. Lee Being also said that she was labelled as being uncontrollable by the authorities and she believed it and made it a reality.
Notably, there is a paradox within this section of Lee Being’s transcript. She said she did not like the other kids and she was isolated, partly by choice, from them, and yet she also stated that she would have liked to like them and for them to like her. This suggests that there was some confusion, or cognitive dissonance, in her desire to be liked by the other kids and for her to associate with them. As such there is also a suggestion of difference or of not being accepted by the other children.

For many ex-residents, the very fact that their living arrangements were not the same as the perceived ‘normal’ nuclear family created difference. Many participants spoke of that difference which positioned them as lesser than other children. Goffman (1963) referred to this as non-obtrusive stigma. As described by the participants above, shame was identified as a component experienced through carrying the stigma which was only conveyed through the story telling process. In addition, the shame was exacerbated by the experience of degradation ceremonies for some participants whilst in the care of the institutions, as the next section will explore.

**Discipline, control and degradation ceremonies**

One of the commonalities across all child care institutions was a requirement for conformity, discipline and compliance by children. One method of encouraging compliance was through routines and rituals. Often the rituals served the purpose of establishing discipline. For example, Shanka (real name) experienced nine years of institutional child care in West Australia from the age of nine years until she was eighteen. She was fifty-nine at the time of her interview and resided in a regional location in NSW. Shanka recalled:
I feel like I didn’t get it physically maybe like as much as some of the other kids did in the homes, but a few times I did cop a hiding over the chair with my knickers down in front of the other kids, that was from the matron who had a bit of an attitude I think. She was a stickler for discipline. Um, but that was one of the few times that I had physical abuse from them (Shanka 2012).

Shanka’s reflections seemed to minimise the abuse she received at the hands of the ‘matron’ with attitude. Her recollections support allegations of abuse perpetrated on child residents by care providers in many of the testimonies in the Forgotten Australians Report (SCARC 2004). Shanka’s description of the ‘hiding’ she received conforms to the description of mortification and degradation ceremonies by Goffman (1963) and Garfinkel (1956). The ceremony was conducted in view of other residents establishing a degree of humiliation and embarrassment (Goffman 1963).

Some ceremonies and routines caused incidental harm to individuals when concerned with activities of convenience for management. For example, when asked to talk about how she connected with the other children in the institution, Crumbs began by providing some insights into common ablation activities:

I remember getting on sort-of okay, you know. I kind of like was getting used to all those things like sharing brushes, tooth brushes, no toilet doors, and three or four having to all get in the bath together, getting nit treatment. I kind of felt like I was one of the—you know, I saw people coming, kids coming and going, and I saw how other kids were treated, yeah not good (Crumbs 2012).

Crumbs was self-aware and self-conscious in relation to a lack of privacy and dignity concerning the ablution activities within the institution. It was assumed by several
participants, including Tilly, Tuck and Jon, that doors restricted the ability of carers or staff to ‘supervise’ the ablution activities of the children during these routines. Hence staff supervisory requirements overrode respect for the dignity of their charges. Often these routines did not allow for any autonomy or privacy and detracted from the development of a child’s dignity and sense of self.

Tilly (real name), fifty-seven years of age and residing in a remote rural location in the Northern Territory at the time of his interview, said he was cared for in various institutions in NSW and Queensland from the age of three until he was eighteen years old. In response to being asked to share his experiences of his time in care, Tilly said:

The first couple of years I don’t really remember much. That was when I was in the first place. But later I dreaded every day of being in [name of institution]; it’s burnt into my very being. Every afternoon after school we would have some playtime and then we would have to go up to the bathroom. It was on the first floor next to the dormitories. All the boys would line up in a line going out the door. There was about twenty of us. When there were two in front of us, we would have to take our clothes off and stand naked and wait for our turn to be bathed. The older girls, I think they were about thirteen and fourteen, would bath us. It was so degrading and humiliating. I was ten years old being bathed by a thirteen year old girl. The first time that it happened I threw a mental. For that I got a hiding until I could barely stand and I was locked in this tiny room. I don’t remember how long I was there. But I slept on the floor. They [the girls] would make derogatory remarks about the boys’ genitals. I still feel humiliated when I think about it. I don’t think I will ever come to terms with those things (Tilly 2012).
Tilly spoke of the ‘dread’ of the everyday routines and schedules of being in care. His account affirms Maunders’ (1994) thesis that these types of activities were exacerbating the trauma many children had already experienced prior to admission into the child care institutions. This lining up as part of the ablution process was also described by Golding (2005, p. 42). In the above sequence of activities, Tilly had no power or voice in relation to the routines and ablutionary activities being administered to him.

In this narration, Tilly appeared to describe ritualised gender shaming. Importantly, his attempt to exercise autonomy resulted in him being severely punished by a physical beating and by being alienated from the other children. As Goffman (1963) observed, the stigma attached to ritualistic shaming is both powerful and enduring as was evidenced by Tilly’s reminiscing: ‘it’s burnt into my very being’ and ‘I don’t think I will ever come to terms with those things’. These comments suggest that he considered these lived childhood experiences of ritualised shaming would continue to impact on his being-in-the world as he aged.

For others, these ceremonies of degradation or mortification ceremonies, as defined by Goffman (1961) and Garfinkel (1956), came in different forms. Karen (real name), who spent two years in institutional child care in Queensland from the age of six years and six months, was aged seventy years at the time of her interview and a resident in metropolitan Tasmania. Karen said:

...they took my suitcase into a big room, opened it, and a nun went through all my belongings. All the girls were circled around and the nun decided what would go. This would go to the clothing area, this toy will go into the furnace, that toy goes
into the furnace, and this doll will hang up in the classroom. I said ‘You can’t do that, they’re my toys, they’re my clothing.’ ‘We can do what we like.’ You know, this kind of conversation (chuckle) (Karen 2012).

The ritualistic separation of personal belongings upon admission to an institution was not uncommon and several participants, including Shanka and Tuck, reported similar experiences. There are numerous testimonies of belongings being removed and never returned within the Forgotten Australians Report (SCARC 2004). In another example, Adkins and Hancox (2014) use the story of ‘Blick Bear’ to describe how, Jeanette, a child resident in an institution circa 1962 received a Christmas gift, which was removed to storage shortly after she received it. Jeanette did not see the bear again until she left the institution (Adkins & Hancox 2014, pp. 1160-1161).

The response to Karen’s protest signified complete subjugation for her. This experience, in conjunction with her exit from institutional care, impacted on how Karen saw herself at the time of her interview. She explained that she ‘wasn’t a pretty sight when I came out of the orphanage because the nuns had shaved my hair…they shaved all my hair very roughly and I had these huge abscesses on my scalp’. For Karen exiting the institutional regime at eight and a half years of age in this manner, the possibilities for integration into a social life must have seemed frightening at best. When asked how this impacted on her she said, ‘… it still affects me today’.

Ceremonies of degradation were also commonplace within the various state correctional or reformatory child care institutional regimes. For example, Tuck (pseudonym) entered the NSW child care system aged six years and experienced care in several institutions, including the reformatory system, until he aged out of the
correctional system at eighteen years. Tuck described himself as being a difficult child who experienced the discipline of the correctional system for absconding toward the end of his time in institutional child care. Tuck was fifty-nine years old and residing in a Western Australian rural area at the time of his interview. In response to an invitation to talk about how he felt he connected to others in the institutions, Tuck responded:

Not real good. I was unprivileged [a form of punishment] most of the time. I used to get too many demerit points and adversaries. Because I was unprivileged, I got heaps of the dirty work like cleaning the grease traps and scrubbing the showers and toilets. When I was unprivileged no one was allowed to talk to me or they would lose points too. One of the favourite punishments was to make me stand by myself on a cross on the concrete for hours at a time with my arms outstretched and a pillow on them while all the other kids were having rec [recreational] time. If my arms dropped I lost points for the next week. When I was unprivileged I had to stand to eat my meals and didn’t get dessert... (Tuck 2012).

Tuck’s comments imply that if a resident wanted to have a complete meal and time to interact with others, they were required to maintain points without demerit. If individuals did not maintain a level of points they were subjected to ceremonies of degradation, including the cleaning of ‘the grease traps and scrubbing of the showers and toilets’ which was referred to as ‘latrine duty’ by Goffman (1961, p. 46). Tuck also said that he was not allowed to communicate with others during his time of being unprivileged, establishing the notion that to share words with another human being was considered to be a privilege rather than a human right.

When encouraged to expand on his conversation and the use of the term ‘demerit points’ Tuck said:
Every day you got twenty-five points. At the end of the day when whoever was supervising wrote up the reports, they deducted points for indiscretions which might have occurred through the day. If you swore and someone heard you, you could lose ten points. If you got into a fight and hit someone, depending on how bad, you either got boob [solitary confinement] for twenty-four or forty-eight hours or lost twenty-five points or both. They called that an ‘adverse’. An ‘adverse’ was an automatic loss of privileges for the next week. Boob was best because no one hassled you for a couple of days. Having no privileges was really bad. You became the target of everyone’s abuse. When you were scrubbing the pathway or something, they would spit on it and you had to clean it up and the adults would spur them on saying things like ‘you’ll learn’. I just don’t like what they done to me and I still get angry inside thinking about it (Tuck 2012).

Tuck was, in effect, conveying aspects of Goffman’s description of mortification ceremonies, which were used in concentration camps to disempower an individual (1961, p. 46). These methods of punishing children could also be perceived as forms of torture. In this context the demerit points system and accompanying ceremonies were used primarily as punitive and disciplinary mechanisms, which incorporated stigma and shaming as leverages to enforce compliance. For Tuck, it was preferable to be in the ‘boob’ than to be humiliated and tortured in the mortification ceremonies and be identified as someone who was a target of abuse by others. The ‘boob’ was used as a method of punishment and was a period of solitary confinement, usually in a concrete cell with no windows, a thick steel door and a bolted drop down viewing panel. In this passage, Tilly placed his emotion in the present tense affecting how he experienced being-in-the-world at the time of his interview.
Exacerbating the emotional trauma of not being able to communicate with other residents was the physical exertion of being forced to ‘stand on a cross on the concrete for hours at a time’ and having one’s arms ‘outstretched with a pillow on them’. In addition to the humiliation of this ceremony of degradation, the activities took place while Tuck was ‘forced’ to watch the other residents participate in recreational activities. For Tuck, the experience of these degradation and mortification ceremonies generated anger within him at that time and, as stated, continued to do so as he aged. Anger has been associated with stigma and shame and was a key theme in many of the interviews. The next section will explore how anger was described within some of those transcripts.

**Institutional care and anger**

Of the twenty-one participants, twenty spoke of and described anger in at least one of its manifestations. There are many legacies experienced by ex-residents of institutional care and anger and shame figure prominently (SCARC 2004, p. xvi). In developing an understanding of emotions emanating from anger, Scheff (2006) makes two valuable contributions. The first is his description of hatred as the argot used for concealed rage or anger. The second is his identification of hatred as a component of the shame and the rage of being rejected or of not belonging. Many of the individuals who participated in this study spoke of their experiences of anger in relation to feelings of abandonment and alienation or of not being accepted. Swain et al. made the observation that: ‘Survivor stories are often raw, uncomprehending and at times angry, yet they provide a rare insight into how it felt to be inside the system...’ (Swain et al. 2012, p.12). Bradshaw (1996) posits that shame can metamorphose into other toxic emotions, which can significantly impact on a person’s sense of self. One of those emotions is anger.
Examples of how anger manifested were provided in Celtic’s interview. Entering institutional child care in Queensland aged ten years, Celtic was discharged when she was sixteen years old. She was fifty-five at the time of her interview and resided on the fringe of an isolated rural setting in NSW. When invited to talk about her time in the institutions Celtic said:

We weren’t allowed to talk to each other. If we talked to each other we was locked in a room, a dark room. We weren’t allowed to make friends, comfort each other, anything; it was alienation the whole time. We were bits of shit, and that’s how we were treated…it was a regimented regime…it really affects me. I will not tolerate morons; I hate people that abuse other people and liars. I hate liars! It’s made me um, a decent person, because I was a decent kid and they tried to make me a bad kid, AND IT WASN’T JUSTICE! [Very loud]. I hate them! I hate them all! Now I have a sense of justice for people! I’m a committed socialist (Celtic 2012).

During her interview Celtic spoke very rapidly with short sharp sentences. At times she became quite agitated and animated. This was evidenced by dramatic changes in her facial expressions, facial colourations and the clenching of teeth and hands. In this way, it was not so much the content of Celtic’s remembrances as the delivery of them that conveyed the strongest sentiments. At the suggestion of terminating or postponing the conversation, Celtic was adamant that she wanted to continue, emphatically stating, ‘No, no, no! I need to do this!’ meaning she needed to talk about her past experiences. When asked to reflect on the name of the institution she referred to in the above statement, Celtic took some time to consider her past experience. Her expression began to change with the realisation that she had ‘been in that many places (institutions)’ and began to name them, trying to organise a linear sequence of her institutional child care experience.
This response indicated that the recollection of these particular experiences had not been acknowledged at a conscious level for some time and was being accessed at the time of her interview. Her response affirms Heidegger’s (1962) view that lived experiences or phenomena can be ‘re-discovered’ through the re-telling of stories. The information was dormant within her psyche for many years and Celtic began to ‘rediscover’ her un-accessed memories while narrating her thoughts on the institutions in which she had been housed. Celtic also claimed to have no clear understanding in regard to why she continued to feel ostracised and alienated.

The use of the term ‘alienation’ is significant in Celtic’s dialogue. It seems that Celtic experienced the ‘regimented’ routine of not being allowed to comfort, talk or make friends with other residents as effectively constructing barriers of social isolation between the children. Another observation of Celtic’s reminiscence is that she spoke of her emotion in the present tense, indicating that her time in care continued to influence her. These ceremonies of isolation were earlier referred to by Tuck when he spoke of them as a form of enforced social isolation, saying that to speak with other children was considered a privilege. Analysis of Celtic’s transcript suggests that the comforting of each other and friendship were also deemed as privileges within the institution that provided her with child care.

Celtic was very passionate in the descriptions of her lived experiences as evidenced in the emotive language used. Words such as ‘morons’, ‘hate’, ‘abuse’ ‘liars’, ‘cheats’ and ‘justice’ all provide insight into how she relates to, and lives in the world today. In an earlier comment, Allan described himself as being treated as ‘a piece of vermin’. Both Celtic and Allan spoke of how they were seen by the carers during their childhood. Celtic suggested that it is these past life experiences that have provided her with ‘a
sense of justice’ for others and the need to construct a sense of self accordingly, now identifying as a ‘committed socialist’.

For some participants, anger has played a significant role in the formation of who they have become in later life. Val (real name) was four years old when she entered institutional child care and was seventeen when discharged. At the time of her interview Val was fifty-seven and lived in a regional location in NSW. Val said:

For me personally, I had a lot of anger, particularly the second time I went in [to an institution]. I didn't really connect. I think we were all very challenged by the situation. I remember at the age of five, having a huge blue with this thirteen year old and reaching up and grabbing her hair and ripping at it (laughs) and the nuns told me I had an Irish temper (Val 2012).

Mitta provided another example of a propensity toward anger at an early age within the institutional child care regime. She said:

I recall playing but we used to always get in trouble. I used to get belted a lot; I remember that... with the table tennis bats. Like we used to get belted with them, and just belted with bare hands, like—we had to call them aunties. So Aunty Gwen was the horrible mean one and she was the one, she was the disciplinarian, and she would always do the belting. By twelve years old I was really angry and I was probably angry at everyone, but didn’t know at the time... I was in the lowest classes with all the dysfunctional children. And so, I just went right off the wall and become really angry, full of rage, and didn’t really conform... I was always in trouble, I was always on detention, and I hate who I was. I s'pose I was just running
away from everything. I suppose I was just looking for, I don’t know, whether it was attention or just trying to get away from that life (Mitta 2012).

Mitta’s reflections are consistent with many of the testimonies contained within the Forgotten Australians Report (SCARC 2004). Corporal punishment was commonly used as a disciplinary tool to make misbehaving children conform. As indicated in her reflections, conformity was continually a challenge. Mitta identified three types of controls used to subjugate the children. These were the table tennis bats, the use of hands to smack the children and the forced use of ‘Aunty’ as an artificial term of endearment. When asked to expand on the meaning of ‘off the wall’ Mitta’s response was: ‘I would stand there and scream at them until I couldn’t scream any more’. For Mitta, reflecting on these memories was painful.

Throughout her reminiscences Mitta was susceptible to emotional and copious outbursts of tears. During this particular reflection, there was an obvious increase in the emotional toll prompting an offer of a few moments to compose herself, which was accepted. When later asked how these past experiences affected her today, Mitta said that she was ‘still trying to deal with the shame’ of who she had become and acknowledged that ‘there’s anger really deep in me and I’m constantly working on it’. Mitta requested psychological counselling to assist with her coming to terms with her past lived experiences and being-in-the-world as an adult. The counselling began within a week of the completion of the interview.

Greg (real name) was one of three participants whose transcript analysis did not explicitly refer to stigma or shame. However, for Greg, anger was a significant issue and continued to affect his life as he aged. Greg was fifty-nine years old and a resident
of the Australian Capital Territory at the time of his interview. He was made a ward of
the state and experienced institutional child care in NSW from the age of six until he
was eighteen years. Greg said:

When I left the system I was very angry, I suppose. I don’t know. It’s a mixture of
anger, a mixture of enthusiasm and a mixture of excitement (laughs). It was a raw
mix let me tell ya, very raw...I was angry because I’d been dealt a rough deal in life.
I guess, this is hindsight talking, you know. Yeah, I just had a chip on my shoulder
the size of Mount Kosciusko; I felt that, you know, life could’ve been a lot better,
basically. When I left [name of institution] at 18, I think there was a mental
tiredness, if you like, for me to actually continue on my path of self-destruction,
and um, being anti-establishment and anti-society and anti-law and anti-you know
everything that, which, surrounded me (laughs) and I don’t know whether I got
tired or whether I woke up to myself or whether I just chose—see when I walked
out of [name of institution], ...I didn’t, you know, have a need or desire to meet up
with anyone. I was always a loner anyway. I've spent my entire life being a loner
and whether that had any influence I’m not too sure... (Greg 2012).

Greg attributed a proportion of his ‘chip’ to feeling mentally exhausted after being
discharged from the institution. As with several participants including Tilly and Paul,
Greg said he ‘continued’ to engage in negative self-destructive behaviour at the time
of his discharge which continued for a considerable time after exiting the care regime.
This suggests that the origin of Greg’s negative self-destructive behaviours originated
during his time in the institutional care regime. He considered that his negative
behaviour after exiting the care regime resulted in him being alone for a significant
part of his life after care. Greg continued by saying:
...I will still get angry with people and abuse them [people in general], you know, and walk out if they’re—you know, if I feel they are belittling me or not taking notice of what I’m saying or you know, I’m generally uncomfortable. It’s four or five years, six years ago now that I was standing in a car park with a group of people. I felt very uncomfortable and I just wet my pants. So I still have deep problems in that respect, but I’ve learnt to control um, control them to a fair degree. I still won’t go out with my wife and socialise. I won’t go to her friends’ places, or even go to her work, where she used to work at [name of company]. I’d never go there, I’d never go to anything that they, you know, ‘cause I just don’t feel comfortable (Greg 2012).

In Greg’s reminiscence, he began to alternate between past and present tense. At the time of his interview, although not appearing angry, Greg’s depiction of anger seemed to command a very tangible presence. Greg stated that the effects of his anger have caused him ongoing social and personal challenges, which include elements of social embarrassment and isolation. Although he has some control over his emotions, Greg said he still felt highly vulnerable and on occasions continued to feel the ‘... humiliating effects of the institutions’.

Speaking in a more reflexive manner, Tilly explained his observation of how he had, in the past, experienced anger:

I used to be so angry no one would come near me. I would get so angry I would lose the plot; I mean I would have no self-control at all. I was a real danger to myself and society. Seriously! I just hated me. It’s a very lonely way to live. After I gave up the struggle I realised that every time I got angry, I was the one that suffered, now I just get pissed off (Tilly 2012).
Tilly was quite candid in his reminiscence. When asked to expand on his comment ‘lose the plot’ he said, ‘Quite simple really. If I was having an off day and someone said hello, I could just as easily have turned on them verbally or physically’. Tilly’s example shows how he experienced a lack of control over his emotions when he was angry. Moreover, his narrative suggests that he was constantly on the cusp of an emotional discharge. Significantly he identified loneliness as being associated with experiencing constant anger.

Jon (real name) was another whose narrative contained direct references to stigma and shame. He said that he carried within himself considerable anger and the shame of being institutionalised. Jon, aged forty-five years, appeared to wear his time in the child care institutions as a badge of honour, which provided him pathways through the gaol system later in life. He said; ‘...I was on remand for a pretty serious charge, so technically I was still in care until I was eighteen’. As such, Jon transitioned from institutional child care into the prison system. Jon entered institutional child care at the age of two and intermittently remained within the institutional system for forty-three years. At the time of his interview, Jon was living with his new girlfriend in regional NSW. When invited to talk about why he thought his life seemed so chaotic, Jon said:

...you get the attitude, ‘I don’t give a fuck’. It’s like when I was breaking the law; I said to myself well what are they going to do, put me in gaol? Gaol to me is just glorified kids’ home. You know, (laugh) it’s—that’s all it is. They take you out of society and they put you in—well, wasn’t that what they did to me when I was a kid? And they say, ‘Oh, we’re Corrections.’ Sorry, they should have started correcting me when I was a kid. They never did that. All they did was made sure
we were fed, that was it. You had a feed and a bed that was it. And I still get angry
because they really didn’t care for me (Jon 2012).

In this dialogue, Jon conveyed some insight into his relationship with society in
general. He referred to gaol as being a ‘glorified’ child care institution suggesting that,
for him, life was easier within the gaol system than in the child care regime he
experienced in his youth. When invited to expand on this, Jon said ‘it’s like when you
get on the outer [broader society] you got the stigma of being in the homes and you
go to gaol, they accept you because of that…’ Many ex-residents carry the stigma of
institutional care with them after their child care experience (SCARC 2004, p. 146).

For Jon it was into another institution and it gave him some status and acceptance.
Jon said he was aware that, as a child, he had some behavioural challenges, which, in
his view, required some correction. He said that his behaviour was not addressed in
his youth and that the child care institutions fed and bedded him only, but neglected
his wellbeing which has contributed to his anger in later life. Jon’s comment ‘they
didn’t really care for me’ suggests that no meaningful bonds or attachments, as
described by Bowlby (1956), had been developed between him and his carers. There
appear to be elements of blame embedded within Jon’s reflections, dismissing and
rejecting those he holds responsible for the abuse he experienced as a child. He
seemed to have established that, in his world, there was a separation between himself
and society. Jon seemed to make several attempts at revealing what appears to be
deep contempt and anger for society in general and for those who had the
responsibility of caring for him. As a result of his lived experiences, Jon indicated that
he had not been comfortable living outside the institutional system and did not trust
people in general. The next section will explore the concepts of trust and shame in relation to participants’ experiences.

On trust and shame
As indicated earlier in this chapter, analysis of the transcripts signified distrust as a dominant theme and of concern to all participants. Lynd (1958) posits that some issues relating to trust can be seriously compromised when shame is experienced. Although three of the transcripts did not contain explicit references to shame, there were unambiguous references to issues of trust in each of them. As argued by Lynd (1958), shaming and its influences on trust can be experienced either as introversion or as the questioning of values of the outside world. Issues of trust that stem from shame can have profound long-term effects on an individual’s lived experience.

An example was provided by Keith (real name), who was sixty years of age and residing in a remote location in rural Queensland at the time of his interview. Keith had been married for three years when he was in his thirties and had had two significant relationships during his life; his second relationship was in its third year at the time of his interview. He entered institutional care at the age of six and remained in the NSW and Queensland institutional regimes until he was eighteen years old. When invited to expand on comments alluding to a lack of trust in others, Keith said it was ‘… a result of my upbringing. I don’t trust anybody especially anybody with authority’.

As previously discussed, examples of trust issues were evident in all transcripts. They included reference to historical issues of trust, which continued to be an issue for Allan at the time of the interviews. When he talked about reinventing himself, Allan said:
Allan said he was about fifty years of age before he began to realise that he had the ability to take some control of his future life outcomes. Moreover he did so most successfully, thus contributing to an increased sense of worth. Allan alluded to having low self-esteem prior to this age. He said he has worked diligently on changing his self-perceptions and acknowledged his worth. Allan concluded his reflections on this topic with, ‘I’ve been through the worst and I’ve come out the other side. I’m not afraid of anybody or anything. And I’m very much a loner these days, by choice, ‘cause I still don’t trust anyone’. With these last few words, Allan revealed considerable insights and provided evidence of two spheres of distrust. The first is that, in his past, lack of trust, which existed within him manifested as a lack of self-belief. The second is an absolute distrust that he has of others.

Lynd suggests that ‘exposure of misplaced confidence can be shameful’ (1958, pp. 43-44). This assertion can be applied to many Forgotten Australians because, while many were experiencing the trauma of being separated from their families of origin, there was social trust placed in those assigned to care for them. It is evident from the participants’ accounts that placing their trust with institutional carers was misplaced. In speaking of her experiences in institutional care and how it affected her relationships, Val said:
I never lived anywhere more than three years in my entire childhood or young adulthood, ever. I never held a job for more than three years. Even though I was in [name of company] for eleven years, I always moved offices to a different town or suburb, usually with a promotion. But I never stayed in the same office more than three years, so I think it [being in care] taught me to be transient, it taught me to be mistrustful of others and of myself. I continually doubt myself, my decisions. It taught me that things don’t last. All of those is what I learnt intrinsically because of my childhood, and I continue to question my relationships today (Val 2012).

Val appeared to use her work history as a reference to describe her transient behaviour. Although transient behaviour in relation to employment is not uncommon, there are suggestions within the dialogue that Val was identifying this behaviour as a problem. She was also concerned that the behaviour would jeopardise her current relationship, ‘I can see it happening in my relationship now. I am fighting the urge to destroy the relationship’. Val directly linked her behaviour with her experiences of being in institutional child care. When encouraged to expand on her three-year cycle, Val said:

Well I often reflect on this. I think, as I said, I’m distrustful. I built up barriers; I’ve been very short-term in my outlook I suppose. Things are only supposed to last three years...it could just be intrinsically me, but I think the three years was so obvious every time. Like, almost to the point where I nearly panicked. I tried to prove to myself that I could go beyond three years, with the current relationship, and I pushed myself, and pushed and pushed. So it was like jumping a hurdle (Val 2012).
Val indicated that her behaviour warranted regular reflection, which prompted two observations. The first is that her three-year cycle centres on a short-term outlook, thus limiting successful planning beyond that cycle. The second is the recognition of the barriers built between her and others. It was within this latter observation that Val appeared to place her emotional challenges in the present by making reference to her current relationship. Here Val changed to past tense as she suggested that she passed the three-year barrier in her current relationship and acknowledged that to do so was not easy. When invited to expand on why she thought she constructed the barriers, she said ‘I think it’s to do with the stigma I brought with me from the homes. I built the barriers so people would not be able to see it [the stigma]’. As has been noted, this kind of stigma is non-obtrusive and cannot be seen (Goffman 1963).

BJ (pseudonym) was sixty-eight years old at the time of his interview. He spent two years in a child care institution in NSW from the age of eight years until he was ten. At the time of his interview BJ was residing in regional NSW. When asked to share his thoughts on how his time in the institutional system affected his later life, BJ responded with:

I’m very wary of people, you know, like even the ordinary person in the street, you know. I think, like they think that, oh, ‘he’s been in a home,’ and all that and he’s just one of those kids that, you know, just forget him, just, let him do his own thing, you know. And I haven’t got much trust in people. I think it’s just the way it was dealt with in homes, you know. Like I remember one time I wouldn’t do as I was told, but he, I don’t know what you call them, people who are in charge of it [the institution], they’d get older boys to deal with you, ‘Oh, BJ’s being naughty, he won’t do this and this. Take him down the back and give him a flogging.’ You know,
they get in the good books for that and that’s where I got a lot of (long pause), I don’t trust people; never have, never will (BJ 2012).

In the above, BJ indicated his being-in-the-world as an adult continued to be affected by the institutional experiences of his childhood. He made reference to having perceptions of the thoughts of others, which seemed to generate and intensify the idea and connection of stigma to his life experience (SCARC 2004, p.160). This reflects Goffman’s (1963) theories of non-obtrusive stigma in which, he argues, stigma does not need to be of a physical form to have significant influence and bearing on the carrier. It is within the perceived thoughts of others that BJ has established the stigma associated with himself and his time in institutional child care. BJ also alluded to his low self-worth, which has established a pattern of distrust in people, which he directly relates to the experience of being bashed by other residents on the instruction of those charged with his welfare and duty of care.

Karen provided another example of a lack of trust. When invited to talk about how she considered her time in institutional care impacted on her relationships within her community, Karen said:

I’m basically distrustful of everybody. In the last ten years or so I’ve had lots of therapy, and now I’m more sociable, outgoing, but I had this inferiority complex that when I was working that I was not good enough. Now I’ve got to know some people in Tasmania, but not that many really, and in 1990 I made, I became friendly with a woman I was doing art with, and I can talk to her frankly about my life, but with everybody else, nobody ever knew… (Karen 2012).
Karen revealed that she had developed one significant friendship since leaving the institution. She stated that, as a result of her childhood experiences, she had required ten years of therapy at the time of the interview. The requirement for psychological counselling was acknowledged by many of the participants including, but not limited to, Leicester, Tilly, Boudicca, Myra, Tully and Keith. Significantly, several participants requested access to psychological counselling prior to or after their interview. Karen cited issues of inferiority, distrust and an inability to formulate close relationships as being key to her seeking psychological assistance and in coping with her being-in-the-world.

Unlike other participants, Shaggy Dog gave an alternative perspective to childhood institutional out-of-home care. There was no direct or indirect reference to the concepts of stigma, shame or anger in Shaggy Dog’s transcript. Shaggy Dog (pseudonym) was seventy years of age at the time of his interview. He resided in a remote regional location in Western Australia and experienced care in the West Australian institutional child care regime from the age of four until he was sixteen years old. Whilst acknowledging that his institutional experiences as a child created difference; ‘I’d been in institutions, you know, nearly twelve years, so I guess, you know, there was a difference, there is no doubt about that’, he suggested that difference did not create any personal life challenges of serious consequence. For him, difference was and remained at the time of his interview, more about trust rather than stigma, shame or anger. In providing some insight into those differences Shaggy Dog said:

...I keep my distance from people. It’s not that I’m not friendly, but I don’t get emotionally involved with people as such, but, you know, I have no social
problems, I can wander into Bunnings and you’ll find me leaning on a counter yarning to somebody. I’m probably the greatest yarner out, but I think there is a public persona and a private one, to be quite honest... I think that comes from living within a large group of individuals at [name of institution]; you’ve got to have a public persona to get around and cope with a lot of kids. If you think about it, you live inside your own head to a fair degree too, when you don’t have to mix as such... I can switch off from it. For me there hasn’t been any great urge to get out and socialise with others or anything like that (Shaggy Dog 2012).

In acknowledging that his institutional childhood experiences created some difference in the way he responds to others by remaining emotionally detached, Shaggy Dog asserted that he is able to hold his own as a ‘yarner’. Having public and private personas are traits of most individuals and as such is considered part of social life (Jenkins 2014, p. 50). However, there is a suggestion that Shaggy Dog associated his separation of public and private persona with his time in the child care institution. Shaggy Dog said:

I tend to be fairly, physically private, if you like to call it that, but again I think this comes from all this exposure and of no privacy in the institution itself. So life as a kid jumping in the creek with 50 other kids all stark naked it was all great fun, it’s not the sort of thing I did as I got older. As I got older I tended to become more and more private from that point of view. So I like my own toilet, shower and not sharing things and so forth these days... (Shaggy Dog 2012).

There is also an indication that Shaggy Dog thought that because he does not associate too deeply with others, he can spend more time in his own head saying he has no ‘great urge’ to socialise. Coupled with the fact that Shaggy Dog resides in a remote
area of Western Australia, this suggests that, at the time of his interview, he was comfortable with, if not preferred, his own company. Significantly, Shaggy Dog stated that, for him, the abuse and other activities which occurred within the child care institutional regime were ‘part of the deal’ and he accepted those indiscretions as a part of life.

Each of the twenty-one participants of this study spoke of issues of trust. For the greater majority of participants, there was a strong belief that issues related to trust have their origin in the child care institutional regimes. As highlighted in the testimonies of Allan, BJ, Val and Karen, many ex-residents attributed their low self-esteem and self-worth to abusive actions, including emotional and physical perpetrations by those charged with their care creating issues of trust. These accounts are consistent with theories of self-trust and self-esteem or low self-worth described by theorists such as Govier (1993) and Jacoby (2002) who highlight the long-term effects of abusive acts toward others, including children. They outline the social expectation that any child should have the freedom to develop physically and emotionally without being routinely shamed.

Chapter summary
This chapter has introduced each of the participants contributing to this research project. In so doing, it has provided some of the relevant information required to gain a sense of the individuality of each participant. Stigma, shame, anger or trust has, in some way, influenced the lives of the participants represented in this chapter. Many were able to recognise that their childhood experiences were different to what they perceived as the norm. It is in knowing that this difference exists that many bear the scars of non-obtrusive stigma and shame. Most of the participants were of the opinion
that the origin of their shame has its roots in the institutions charged with the responsibility of caring for them. It was within these establishments that routine shaming ceremonies or ceremonies of degradation took place under the guise of maintaining discipline and control. For many participants, these childhood experiences have produced lifelong negative effects from shame and its associated emotions. These emotions have generated negative self-thoughts such as seeing one’s self deleteriously in relation to others. For some, the emotion of shame has resulted in anger in one or more of its various forms. For others this anger has become hatred directed at society, whereas yet others have turned that hatred upon themselves. Unless addressed, shame and its effect continue to play a significant role in influencing their lives. The next chapter will explore how these aberrations affected the construction of a sense of self for the participants of this study.
Chapter Six: Sense of Self

It makes you different to other people. It really affects who you are, the way you see yourself and how you live. It’s not very easy to live your life when you’re really, really alone... (Pink 2012).

Introduction
This chapter explores some challenges faced by ex-residents of institutional child care in terms of identity formation, self-perception and subsequent engagement with others. It provides insight into how the concept of self is experienced by the participants. The chapter consists of four sections and a summary. It firstly presents a critical discussion of a sense of self, providing insight into the significance of the age of a participant upon admission into the institutional regime. These accounts also provide some understanding of how a sense of self was experienced during and after their time in the institutional child care regime. The next section examines abuse experienced by some ex-residents and the ramifications of that abuse for their sense of self as they aged. During the analysis of transcripts, it was noted that many of the participants in one form or another, described themselves as being ‘broken’. The final section prior to the summary will explore some participants’ search for a positive sense of self to replace a deleterious one. It will also provide examples of alternate outcomes for some who had not established a healthy personal understanding of self.

The self has been described in many ways, including a ‘discrete, biological being with various needs’ (Mackay 2014, p. 27). For the purpose of this chapter, the sociological concepts of a social self and social consciousness will be used interchangeably. From
a sociological perspective, these terms originate from the works of Cooley (1908; 1907), Mead (1913) and Goffman (1963; 1959), as discussed in Chapter Three, and are critical in enabling an understanding of identity formation and articulation among a cohort of former institutional residents.

A sense of self
For the individuals in this study, many of their early life interactions were experienced within brutalising and disempowering institutional settings. These early experiences differed markedly to many children who grew up in the customary family milieu of the day (SCARC 2004). For residents in institutional child care, or to use Goffman’s (1961) term, ‘total institutions’, the regimes of control and regulation and resulting social relations, had a significant bearing on their development of social consciousness and sense of self, particularly as they aged (SCARC 2004). It is relevant to note that for some, the circumstances leading up to their admission into institutional care also had a significant influence on their experiences of childhood and how they viewed themselves in later life. Indeed, as noted below, the age of admission into care was an important factor in terms of subsequent constructions of self. Also of significance were the traumatic events prior to, during and after their admission into institutional care.

For example, Leicester was three years of age when he and his brothers were admitted into the child care institutional regime. When asked of his recollections of the circumstances surrounding his admission into care, Leicester said:

I remember! This all sounds strange, but I actually remember when my father died.
I remember when the police came into the property even though I was only three.
They kicked the front door down and shot the dog. I remember the fear and anguish, the screams from my mother, and, you know, the terror that we all encountered. I remember my brothers going off and hiding in the water tanks on the property, the tin water tanks, and the police running around the property and finding us all and that. I hated every minute of it; it was terrifying. Yeah, I had been taken away from, my security. I had been snatched, yeah, stolen away, and put into a foreign environment, you know. I was separated from my older brothers. It affects you for the rest of your life you know. I had lived in a big comfortable house, a property we had, and all of a sudden everything I was familiar with was taken away and destroyed (Leicester 2012).

The death of Leicester’s father and the resulting intervention by the authorities occurred at a pivotal time in the formative years of his childhood. The actions of the authorities exacerbated the trauma Leicester experienced after the loss of his father, impacting to a significant degree on how he saw himself. As noted by Cooley (1908), the early years of childhood have a crucial bearing on subsequent development of sense of self, with traumatic events playing an especially important role in this regard. According to Cooley (1908), children begin to gain recognition of themselves through the use of words such as ‘I’ and ‘me’. Mead (1913) argued that the ‘me’ represents an organised set of attitudes learned from past encounters and the ‘I’ represents the present moment, providing spontaneity, creativity and ‘free will’. Cooley (1908) theorised the use of ‘I’ and ‘me’ begins to occur at approximately thirty-six months of age or about the age Leicester was when he lost his father and experienced the violence of the authorities.

Leicester said that the effects of the authorities’ actions had a significant impact on him later in life. Importantly, Leicester’s early experiences, by his own admission, led
to increased self-protection. This was evidenced by the fact that Leicester was one of several participants who insisted on the use of his real name in this project (Appendix 8). For him, the use of his name meant he was able to exercise some control over his involvement in this research study. As noted by Gallagher (2013), a conscious sense of being and of having awareness in a given circumstance or a sense of agency, assists in the development of a sense of self and personal coherence providing some levels of self-confidence. It was through exercising agency in the course of this research that Leicester was able to maintain, protect and assert his sense of self.

As highlighted in Chapter four, Leicester was among the first to reply to the invitation to participate in this research project, and he questioned the fact that the university Ethics Committee stipulated the use of a pseudonym as a requirement of participation. Leicester’s insistence on his right to use his given name precipitated a ‘Change of Protocol’ application submitted to the university Ethics Committee (see Appendix 9), requesting that the participants be given the right to choose whether they used a pseudonym or their own preferred names. As Leicester angrily noted:

I am sick of institutions forcing their authority on me, telling me what I can and can’t do. They have done that to me for too long. I have decided that they [the Ethics Committee] can’t tell me who I am or who I am not. It has taken me until a few years ago to become comfortable with who I am and I won’t have any authorities or institutions telling me who I can or can’t be. Last year I even changed my signature because I have changed who I am. This was really important to me because it’s how I see myself now. I think it is important to be who I am now and that is who I want to be seen as, not some person with a fake name... (Leicester 2012).
Leicester was adamant in relation to the use of his name, which he considered a core part of his sense of self. It was also part of a conscious reassertion of his social self as opposed to the ways in which certain powerful entities sought to position him. As noted by Mead (1913, p. 374), the social self is determined by introspection and is premised on the information one garners from interactions within the society in which one lives, including interactions within institutions and with the various authorities with which one may have had dealings. The ongoing appraisal and articulation of self continues to change as individuals grow older and are influenced by the information gleaned from social interactions (Cooley 1907). This is evident in Leicester’s assertion that his understanding of how he interpreted himself at the time of his interview was a more comfortable perception than his previous understandings of self.

Leicester attributed previous negative perceptions of self to his interactions and experiences with various institutions and authorities. He appeared to be venting his disdain for authorities and institutions in what could be interpreted as a rebuke for his past treatment and experiences. Leicester said that these experiences had affected the way he saw himself in later life. Also noteworthy in his recollection is the comment referring to a change of signature. Based on this statement, it could be assumed that Leicester had been considering and evaluating how he presented himself within his social milieu. At the time of his signature change, Leicester was questioning how he viewed his social self and made a conscious decision to make changes or adjustments to his actions, thus influencing how he viewed himself over time.

The concept of a self begins to develop at an early age (Cooley 1908). The age of participants who contributed to this study ranged from birth to ten years of age (Appendix 8) at the time of entry into institutional out-of-home care. As such, the
older the participants were when they entered institutional care regimes, the more developed was their concept of self. This observation is critical when interpreting the experiences of each individual. That is, some had the experience of living in a non-institutional environment, which had the effect of influencing how they viewed themselves prior to their institutional experience. For example, when asked to talk about her contact with her siblings whilst they were in the institutions, Myra said:

I only had contact with one of my brothers and that was in a Salvation Army home, and that was terrible, it was a nightmare living in that home... And the thing was that we were trying to save each other. I have a lot of resentment starting from when I was six years old because of that. And I was very verbal about how I felt and would get into trouble... It actually has affected me in the long term. I feel that I was everybody's child, and I wanted to be who I was, and I feel that growing up with twenty-three to thirty girls, took my identity away from who I was. I fought all through care to say that I’m who I was, that I belong to my family, and I didn’t belong to anybody else (Myra 2012).

It appears from Myra’s transcript that her awareness and understanding of herself was clear prior to her admission into care at the age of five years and six months. Her pre-institutional self had been shaped predominately through the influence and interactions experienced within her family of origin. Upon entering a total institution, Myra experienced a sudden and significant change to her environment, influencing how she experienced and viewed herself. Her feelings of forced assimilation or of homogenisation within the institution only served to magnify her desire to continue the social development she had begun to establish outside of the institution prior to her admission. This suggests that Myra had developed an understanding of the difference in the interactive social messages she was receiving within the institutional
regime compared to what she experienced at home. At home she had an ongoing relationship with her brothers, whereas she experienced sibling separation once she was in the institution. For Myra, the attempts to homogenise her life were inconsistent with her previously established concept of self and she exercised agency in her rejection of institutional influences, which also affected her in the longer term.

Myra continued to experience resentment in relation to her childhood experiences. She had reflected on those childhood experiences as an adult and had been able to identify the ongoing negative feelings of bitterness - feelings that influenced how she viewed herself and the world around her. Myra was explicit that the institutional child care regime had had a negative impact on her sense of self as she aged. When asked if she thought her childhood experiences also affected her relationships with other people in later life, Myra said: ‘Ninety per cent I’d say. Yeah, they have affected me in all my relationships. I’d say with everybody, yeah, no doubt about that’.

This observation is consistent with many of the testimonies of residents of institutional child care during the course of the twentieth century (SCARC 2004). The accounts of Myra and other participants such as Mitta, Holly and Pink strongly suggest that the institutional experience had a noxious impact on the subsequent course of their lives, particularly in terms of how they came to regard themselves and their relationships with the wider world. Myra had no doubt that her adult relationships were directly influenced by her childhood ‘care’ experiences saying that after she exited the care regime ‘it took me a long time to get close to anyone.’
In contrast to Myra, Paul was approximately two years of age when he entered institutional child care. When asked how he thought his childhood experiences affected him in later life, he said:

When I was put into the home I didn’t know the difference between right or wrong. I am who I am, I’m me, and I basically believe I was born a gentle, good person. I don’t remember my parents, so I don’t know how damaged I was when I went into the home but I was pretty damaged when I came out, aye. I don’t believe I ever matured at all once I was in there. When I got older, they used me and made me do things I didn’t want to do because I was really big and strong for my age... When I left, it was like all the other bits and pieces were there: head, legs, arms and all that. But there was something missing from inside, I just wanted to be like everyone else, aye, but I was distinctly different. I could fight. I was just plain dangerous when they let me out, aye. When your self-esteem is that low you will basically do anything to prove that you’re okay to fit in. People will take advantage of that. And people around me were certainly aware of that level of my behaviour and my immaturity... After a while I learned to survive by myself. Yeah, I still do that today, just survive; I try to be different, aye. I do try to break out of it but it’s hard changing yourself (Paul 2012).

Paul talked about the concepts of right and wrong and how they influenced the ways in which he views himself. Mead explains that children can reflect on their behaviour as good and bad or right and wrong only in relation to their own agency and in response to the input of their parents (1913, p. 377), or for Paul, the carers responsible for his wellbeing in the institution. Paul’s statement in relation to right and wrong and his acknowledgment of being ‘pretty damaged’ when he was discharged from
institutional care reflects the internalising of many negative experiences. Although formidable in terms of bodily stature for his age, Paul’s sense of self and ability to engage socially was underdeveloped, thus limiting his ability to understand and exercise agency. By his account, this created vulnerability for his social self for some time after he exited care.

Paul said that at the time of his admission into the institutional regime, he had no recollection of his parents. Given that he was approximately twenty-four months of age at the time of his admission into the child care institution, and drawing on Cooley’s (1908) premise that a child begins to identify self at approximately thirty-six months of age, it is unsurprising that Paul struggled to develop a sense of self. The earliest influences on Paul’s development of a sense of self originated from his interactions within the institutional regime and, as with most of the participants, Paul spoke of learning to survive largely on his own. His interactions with other children in care were limited and undeveloped, while his encounters with authority figures were invariably based on the implementation of rules, regulations and discipline. Paul’s transition into post care saw him transfer his institutional responses to the society he entered.

According to Paul, his adaptation into the new world outside the child care institution took some time and the people he circulated with took advantage of his immaturity during his adjustment period. He said his new friends would:

...take me to the pub and get me drunk so I would fight for them. More of a game to them than anything else. But then there was my side of it. I would do it because I wanted to fit in, for them to think I was okay. I just wanted them to like me. I remember the first drink, the glow it gave me. It just went down. By the time I had
three schooners I went berko. I was as strong as a bull and fast. Real fast. Fear makes you fast. It was like my body acted on its own. My arms were doing their own thing; it was like I had no control over them. After that I felt low, but at least everyone liked me. I realised later, when I was doing my step four [located in the text for Alcoholics Anonymous] that they were scared of me after they saw what I could do (Paul 2012).

Identifying and separating the individual parts of his body from that which he understood to be his self was an indication that Paul conceptualised his body and his self as separate entities, affirming Mead’s (1913) idea that one can distinguish between one’s self and one’s body. Paul said he felt that something was ‘missing from inside’. Responding to an invitation to expand on his comment, Paul said:

Today I believe that I have reached a level of spirituality. Although I have always believed in God it was always about fear. The homes and the nuns put the fear into me. Fuck, I was so full of fear and guilt. When I got out of the homes I did things that were against my character or principles to be accepted. I just loathed who I was. Now my beliefs are different. I don’t need other people to accept me to think that I am okay. Today I can accept myself the way I am. I don’t always like me but I accept me. I still believe in God but it’s not full of fear anymore. It’s like before there was something missing, I was empty and now it’s okay. Spirituality was missing (Paul 2012).

Feelings of emptiness were identified and spoken of by many of the participants including Keith, Lee Being and Mitta. Tilly identified this emptiness as an absence of an understanding of who he was and of how he was ‘expected to act after leaving the homes’. For Paul his sense of self or ‘selfhood’ at the time of his interview was
different to some versions of ‘self’ he constructed at various times after his discharge from institutional care. While Paul was in care he accepted without challenge who and how he was. After leaving the institutions he felt a need to construct a self that would be acceptable to his peers or new friends. To be this alternative self, Paul further compromised his principles.

There was an understanding by Paul that his behaviour was different to that which was considered acceptable to society. Paul was aware that his behaviour and his interactions with other individuals and groups impacted on him negatively: ‘they were scared of me after they saw what I could do...’ His reflections suggest that some of his physical actions such as fighting during his time in the institutional regime continued to cause him emotional discomfort as he aged after exiting child care. In this context, it was his past physical actions (dominating others) that impacted on how Paul viewed himself later in life. Paul said he made an attempt to change the behavioural traits he learned as a child in an attempt to change the emptiness he felt and how he viewed himself in later life.

Leicester was thirty-six months of age at the time of admission to the child care institution and had clear recall of the circumstances which saw him placed into care, whereas Paul who was twenty-four months of age had little recollection of his entry into care and his sense of self developed within the institutions. There are also those who experienced explicit abuse during their care experiences. The next section will provide analysis and discussion on how abuse during institutional care influenced some participants in later life.
Abuse and a sense of self
Although there are numerous references to child abuse in the literature referring to the history of children, it is difficult to locate an historical definition of child abuse. Fogarty (2008, p. 54) says that historically, Western Europe – and by inference the new Colonies of New South Wales – ‘was a rather brutish society, with little attention paid to the infirmities or rights of children’. Although in Australia, the interpretation of child abuse varied across state and territory jurisdictions, historically the concerns of the abuse of children failed to draw public attention to issues such as the poor standards of institutional care. However, any form of child abuse can potentially affect how an individual comes to construct a sense of self (SCARC 2004, p. 8). The majority of participants in this study conveyed stories of systematic abuse of some kind. Pink was two years old when she entered the institutional child care regime. Reflecting on her sixteen years in care, Pink said:

I can’t say that the homes changed my life because I was so young when I went into them. I don’t remember the first year or so. I do think they gave me a different life to most people. ...when I got my files and read that at three years of age I was telling [my carer] what [the man] was doing to me, I remember that she used to wash, shove a full cake of soap in my mouth and wash my mouth out for the language I used. Now I wasn’t even going to school so where was that language coming from? And then I’ve just recently come to the realisation only about a year ago [prior to time of interview] that it was probably the words that he was saying to me when he was abusing me. So that’s why she washed my mouth out with soap because she knew what was going on and she did not want the world - you know, everybody else - to know... I am not conscious of it all the time, you know. But it is always there in the sub-conscious. It makes you different to other people. It really affects who you are, the way you see yourself and how you live your life. It’s not very easy to live your life when you’re really, really alone; when you see everybody
else around with loving and supportive family and relatives and that, and you aren’t, you know, you’re always different. And not only are you different but you’re really looked down upon being a ward of the state. Kids were told not to play with you because we were naughty. They didn’t know that, you know the majority of us, especially us little ones, we weren’t naughty, we were taken away through what they say was neglect... And it does, it changes how you see yourself for the rest of your life (Pink 2012).

Pink said that other children were instructed not to interact with her as a child. The actions of the others helped to consolidate her feelings of difference and establish feelings of separation and social disconnection, influencing how she viewed herself both at that time and in later life. As with Allan, Paul and Jon, each of whom were approximately twenty-four months of age or less when admitted to institutional child care, Pink said she had no memory of the events prior to or immediately following her admission. However, as she aged within the care system, she recalled abusive situations that occurred. Notably, the transgressions on her person continued to be recalled by Pink as she aged.

The physical as well as emotional and sexual abuse was not investigated by the authorities because according to Pink ‘... the aunty in charge did not believe me and so nothing was done about the sexual abuse’. The actions of her carers, in effect, conveyed negative messages to Pink, saying she was of little or no account. These early experiences remained with Pink, influencing how she came to perceive and understand herself as an adult. Pink’s account was similar to many of the narratives provided in this study and to the testimonies in the Forgotten Australians Inquiry (SCARC 2004).
Not being believed when reporting abuse is one of the ongoing issues for many ex-residents of the institutional child care regime (SCARC 2004). The experience of sexual abuse in her formative years affected how Pink viewed herself post care. She said:

I didn’t really have much of an idea of who I was really. I just remember growing up and the thing that I found, and quite often made me feel suicidal was the fact that it was me and the world; the ugly cruel world, that was it (Pink 2012).

In response to being asked when the abuse commenced Pink said:

The sexual abuse started at the first home so I wasn’t even three at the time and it continued for years. So like is said before, that was like in my formative years, so it’s a pretty lousy start... (Pink 2012).

By Pink’s account, she was being sexually abused before she had a chance to develop an understanding of self. In acknowledging the abuse she received while in care, Pink spoke of feelings of difference. The concept of difference was contained within each of the participants’ accounts including Shaggy Dog. As with each of the other participants, Pink directly linked her observation of being different throughout her life to her institutional childhood experiences. For example, after identifying this sense of difference in his interview, Tilly was invited to talk about how he thought those differences manifested in his everyday experience, Tilly said:

...you just feel or know you’re different because you’re not like other people. They didn’t have the same things happen to them. Like, how many people do you talk to who was locked in a twelve by twelve concrete cell for days on end as a young kid? I mean, I lived so much of my life in shame and not understanding who I really was
and I’m pretty sure most other people didn’t have to live like that. Because you’re different they look down at you, they don’t ask why, they just judge because you can’t be like them. It was not until I was in my forties that I began to understand I could look at myself and change who I was. That’s when I started to ask questions about what happened to me in the homes (Tilly 2012).

Like Pink, Tilly felt that he was different to other people after he left the institutional regime. He believed the feeling of being different to others was because he was a product of the institutions. When invited to elaborate on how he was different Tilly said, ‘different from normal people, you know, people who had normal childhoods’. Other participants such as Pink commented on those who had ‘loving and supportive families and relatives’ and supported his reference to ‘normal’. The observation highlights the assumption by some institutional care leavers that a childhood outside institutional care was always loving and supportive. Despite the fact that child abuse also occurs in families, most participants took an idealistic view of traditional family life. Such assumptions precipitated feelings of difference in how some including Pink, and Tilly viewed themselves.

As with many of the participants, including Val, Paul and Holly, Tilly said that it was only in later life that he began to realise that he had developed the capacity to reflect on his experiences of abuse during his time in child care institutions. Tilly’s observation is consistent with many of the testimonies contained in the Forgotten Australians Report (SCARC 2004); that ex-residents of care often realised that their past experiences affected the way they viewed themselves in later life. When asked to expand on his recollections of childhood experiences, Tilly said, ‘I don’t remember a lot of my past...it’s slowly coming back to me as I get older. The psych reckons it helps
protect me today’. Tilly’s comment that he had not been conscious of his childhood experiences until later in life is similar to remarks made by Tuck and Mitta. Heidegger (1962, p. 60) speaks of individuals placing long periods of time between some experiences and the actualisation or re-remembering of those experiences. For example, for a child who lived in an institution past events may, over time, become buried, blurred, obscured or suppressed, thus rendering a story incomplete until perhaps much later.

Through the process of questioning and re-remembering, Tilly was able to exercise some agency in how he constructed his social and private self, acknowledging that an individual has more than one ‘self’ (McConnell, Shoda & Skulborstad 2012). In general, each individual develops many social and private incarnations of a self during his or her life (Elliott 2013).

Others, such as Celtic, who was ten years of age at admission, were much older when they entered the institutional child care regime. When invited to speak about her experience of entering care, Celtic said:

They [the carers] hated me because I was Irish and I wouldn’t toe the line. It was wrong that I was in there. I had a sick mother, my father was going mental, and my brother had just died... The nuns in the home were sadists. We weren’t treated like humans... it was like the Magdalene style laundry. Oh, it really affects me still (Celtic 2012).

Celtic had developed a strong sense of who she was by the time she had entered the institution. The new routines and rituals of the orphanage removed much of her previously experienced liberty, hence her reference to the ‘Magdalene’ laundries.
Located in the notorious child care regimes of Ireland, these institutions became known for their cruelty and deprivation of young girls’ rights, and the laundries were the sites of brutal and exploitative oversight (Breen & O’Sullivan 2014).

Unlike Paul, Celtic spoke of having strong opinions on the rights and wrongs of her admission into institutional care. She considered that her admission and the consequences of her time in institutional care as cruel and unjust. Celtic said:

...the reason I was put in there with those nuns was because the police charged me with being exposed to moral danger and the other one... and another charge...

uncontrollable, yeah, that’s it moral danger and uncontrollable (Celtic 2012).

Legal charges of moral danger and of being uncontrollable were used by the state and territorial authorities to place many young girls into institutional child care (Carrington 2011). There was often no illegal behaviour although prevailing moral structures of the time viewed actual or perceived promiscuous behaviour on the part of young women as aberrant and unacceptable. A girl could be considered in ‘moral danger’ if she was between the ages of eight and fifteen years and did not have adequate and appropriate adult supervision (Carrington 2011; SCARC 2004, p. 45). For Celtic, the disruption to her family caused by the death of her brother, her father’s poor mental health, and the consequent deprivation of her liberty conflicted with the understanding of the self she had already established through her experiences within her family of origin.

Like Myra, Celtic had a sense of difference to others, reinforced by her rejection of conformity and attempts at institutional homogenisation. According to Goffman
(1963), this involves, among other things, processes and practices that de-humanise and strip the subject of a coherent sense of individuality – approaches that have been traditionally aided by punishment and control in the management of resident populations (Goffman 1963).

Celtic stated that she considered her institutional experiences of emotional abuse continued to affect how she viewed herself in later life. For example, when asked how she thought of herself when she left the institutions, Celtic said:

> for years after I really believed I was an idiot or some kind of misfit. I believe they did a lot of damage to me. They [the nuns] were always telling me I was an idiot and how useless I was. The others too, we were all useless, no good in their eyes (Celtic 2012).

As a result of these emotionally abusive experiences, Celtic had internalised derogatory comments made about her by institutional carers such as ‘... you’re stupid and will never amount to anything’ and ‘You are all the same. Lazy’. Despite having a well-developed sense of self at the time of admission, these derogatory messages by carers influenced how she viewed herself in the years immediately following her discharge from care, and led to what Goffman (1959) describes as ‘modification of self’ in later years. Another example of such modification is Celtic’s claim to be a ‘... committed socialist because of the treatment I received...’ As argued by Cooley (1908) the construction of a healthy sense of self is contingent on the input of positive, life affirming social interactions which enable individuals to consider themselves as worthy and respected members of the community. However, as highlighted in the Forgotten Australians Report (SCARC 2004), many children in institutional child care
were subjected to negative and degrading input from their carers, which resulted in detrimental interpretations of how care leavers viewed themselves.

The accounts of participants in this study revealed that many of the messages received by them during their time in care were far from healthy and indeed, resulted in negative self-perceptions and hostile feelings towards themselves and others. Quite simply, these former residents were denied the love, nurturing and respect required to gain a positive sense of self-regard. Not surprisingly, many participants found it difficult to adapt to the norms and expectations of the broader social environment after exiting care. Some felt that their childhood experiences established a profound sense of ‘difference’ in how they interacted with others. Challenges in later life prompted some ex-residents to explore those early childhood experiences and to try and make sense of them within the context of their adult lives. Many identified as being broken when they were faced with the challenge of transitioning into society, attributing that brokenness to the various forms of child abuse they experienced during their time in care. The next section will discuss how some participants narrated their feelings of being broken.

**Being broken**

Several participants identified themselves as being ‘broken’. For some, the feeling of being broken significantly influenced how they viewed themselves in relation to others. When asked how he saw himself as an adult, Greg said:

> As a broken man. Nah, cut that [laughs]. I’m only kidding...Yeah, a broken man. I think, you know, I’ve achieved well but I think I could’ve done more. Whether that’s because of who I am or where I’ve come from or what’s happened to me, you know, that still really needs a lot of thought, a lot of, reflection. There wasn’t any
affection, empathy or understanding in those places. I have spent a lot of time with psychologists, and we discussed exactly that point, trying to understand who I am. About nine years ago I developed a desire to understand the past because it’s linked to who I am, and it means more to me because I’m the eldest of the eldest of the eldest sort of thing, you know. What brought it to a head after many years was the Inquiry [the SCARC 2004 Inquiry]. I was listening and watching. I wasn’t taking part in it, and I thought yeah, it would be interesting to write my life story down, and that’s what I did…. (Greg 2012).

Prior to his interview and in an attempt to reconcile his sense of self from the damage inflicted whilst in care, Greg had spent approximately nine years trying to piece together and come to terms with his institutional child care experiences. His felt sense of being ‘broken’ – that is, seemingly bereft of a sense of self-worth and feeling profoundly different to and disconnected from others – had left him bitter and angry. This was a process that gave rise to both feelings of hostility as well as being broken – feelings that are reflected in many of the testimonies contained within the Forgotten Australians Report (SCARC 2004).

Morgan (2000) argues that the process of writing one’s story can assist in healing past issues, such as feelings of being broken or not able to present a holistic view of one’s self in public. As evidenced by Karen and Greg, written exploration of past childhood experiences does not necessarily address all the issues relating to a sense of self in later life for ex-residents of institutional care. At approximately fifty years of age, Greg was prompted through social events and family to explore his past experiences through a process of reflective writing. Narrative therapy is considered to be an effective way of enabling an individual to reflect on his or her views of past and current events (Morgan 2000). For Greg, placing his thoughts in a written form assisted directly
in his understanding of what happened to him while in care institutions, though there appeared to be only partial reconciliation with his childhood experiences. He felt that there remained much reflection to be done before he could gain a clear understanding of what happened to him in earlier years. Greg stated that he continues to, ‘...have deep problems’ in life. For example when in social settings he said he could become very uncomfortable and ‘just wet my pants’.

Like Greg, the concept of being ‘broken’ was used by several of the participants to describe how they viewed themselves. Boudicca said:

When I left the homes I was broken and unwanted, I felt like an outsider. I was shit (crying), like refuse, like society’s refuse. I felt like I had to pretend to be someone or something else, and if people really found out who I was they would have nothing to do with me. So, yeah, I entered a relationship pretending to be something other than what I was... I felt Inferior. I felt like if I didn’t do certain things, if I didn’t have sex... if I wasn’t pretty or interesting or whatever, they would dump me and, so I started compromising myself at a very young age to be accepted. It was the ticket to be accepted, to have membership into society, but it never quite worked because I always felt like my life was a house of cards and it would tumble down at any instant. I was always in this state of anxiety and depression. Always (Boudicca 2012).

For both Greg and Boudicca, the word ‘broken’ was uttered with significant emotion. Similarly – although not explicitly using the word ‘broken’ - when Keith was asked about how he viewed himself once he left institutional care, he said: ‘I was a mess, completely shattered. I had no idea of what I was meant to do’. In this context, there
were similarities between the transcribed content of several participants. Each described themselves as ‘fragmented’ in some way when relating to the social world.

Boudicca was confused about how to respond in social situations, asserting that institutional care providers had not adequately prepared her for entry into the social world. In this way Boudicca felt that those responsible for her care and development damaged her ability to develop close and meaningful relationships in later life. Relationship building presented serious issues for many Forgotten Australians (Mendes 2005). Because many children had not learned adequate social skills within the institutional regime, their ability to form and maintain healthy, respectful and lasting relationships in later life was significantly impaired. Fear, insecurity and lack of trust destabilised potentially close and even intimate relationships, leading often to a sense of isolation and loneliness. Because the social signals being emitted by many ex-residents of institutions were from a position of compromise, the refracted messages could also be distorted, confusing the individual and creating a sense of self which is also compromised.

Further, adding to the perceived misrepresentation of the social self being presented, Boudicca believed that if others discovered who she ‘really’ was, they would reject her. To compensate for these felt inadequacies and to avoid being rejected, Boudicca compromised her sense of self in a bid to be accepted. The actions Boudicca felt she was required to perform and the appeasements she made further compromised how she viewed herself. Fear of rejection was not uncommon for ex-residents of institutional child care (SCARC 2004, p. 152). For Boudicca such fear exacerbated her capacity to develop relationally and to be comfortable with the image of herself as she moved through various stages of her life.
In contrast, when invited to talk about how she viewed herself at her current stage of life, Boudicca said:

I think that I’m someone that was hugely damaged, and someone that has tried to overcome the obstacles and barriers that were there after I left [the institution], and I wasn’t responsible for them at that time. Since my son was born I have worked hard on who I am and today I have enough love and respect for myself to accept myself with all my failings and my strengths. The biggest thing I can give to myself and my son now is to be authentic. To me it’s above all else because I’ve spent all my life feeling like I had to be something else. To actually think now, I can be myself in all its ugliness and all its beauty, and still feel like I’ll be loved is huge, it’s really huge. And I don’t always feel like that. Sometimes, I get sheer terror that I’ve compromised myself and, that I’ve exposed myself and I will be rejected. I don’t think—I don’t know if that will ever go away, it’s so embedded in me (Boudicca 2012).

Boudicca said she was more able to accept herself in later life than when she was discharged from institutional care. One of the main challenges for her was identifying the obstacles and barriers she felt undermined having a comfortable view of herself. For Boudicca, there were rewards resulting from the development of a positive sense of self. She said:

...one of the things I’ve learned is that I needed to love myself; that was what was lacking self-love. I know that love makes a big difference in how I see myself today (Boudicca 2012).
Boudicca said the birth of her child was crucial to the more positive way she began to view herself. She was either not able or unwilling to continue presenting the self she had been in conflict with for so many years after the birth of her son. In reflection Boudicca said:

When my son was born, I didn’t realise it at the time but I was already clinically, suicidally depressed. Then I realised that I was solely responsible for this little human being, and the magnitude of it really hit me, and I worked really hard to step up to that responsibility. I failed many times but I know without doubt I would have laid down my life for him. But, you know, I had no parenting skills; I had no role models in that way, so you know, we grew up together. Um, thankfully he’s got a loving forgiving heart and he thinks I’m the best thing since sliced bread. Now I just try and be honest. I don’t know if it’s enough. I just try and say ‘this is my love for you, and this is who I am, and this is what I can offer,’ and it’s enough. He’s okay with that (Boudicca 2012).

The catalyst for change was twofold. Firstly, Boudicca felt compelled – perhaps for the first time in her life – to acknowledge that she had a problem in terms of how she viewed herself. In so doing, she began slowly to acknowledge that she had been damaged by her institutional experience. Secondly, she felt the need for self-honesty or as Boudicca termed it, ‘to be authentic’. Goffman (1963, pp. 126-127) argued that without exotic difference, who we are becomes an ordinary assumption, which is easily satisfied, in social situations. Without being ordinary, Boudicca was able to change her understanding of self by nuanced shifts in the way she communicated in social life.

In recognising her own shortcomings, Boudicca also acknowledged that although she attempted to overcome many of the challenges around her identity, there were some
aspects of her past self that proved persistent. Like many other Forgotten Australians, fear of rejection in social settings has been a frequent challenge for Boudicca and others with similar experiences of institutional care (SCARC 2004, p. 149). Both Greg and Boudicca described themselves and their sense of self as being broken after exiting the care regime. The methods sought to heal their broken selves varied across the participants. The next section will explore two of these methods.

Seeking self

Although there are testimonies of well-nurtured and healthy support for the development of children in institutional child care pre-1974, these stories are not considered to be in the majority (SCARC 2004, p. 7). It has become common to hear or read of institutional childhood experiences that have impacted negatively on how an individual viewed him/herself post-care (SCARC 2004). The manipulation, suppression or hindrance of the development of a nurtured and healthy self was common for many children during their time in care. As already noted, many ex-residents of institutional care, found it necessary in later life to explore their childhood experiences in an attempt to come to terms with them. The objective for them was to re-construct and develop a clear and comfortable understanding of their self. These explorations included pilgrimages into religion and/or spirituality, psychotherapy, self-help programs and autobiographies.

For example, Karen authored a book in an attempt to develop a clearer notion of herself. When invited to talk about how she thought her childhood experiences affected how she viewed herself in later life, Karen said:
I would say that my whole system had been crushed, because the nuns had complete control of my body and my mind. When I was in the orphanages, I had no rights at all. There was nobody there to give me any sympathy and it was like being in hell. And actually in my book I’ve called a chapter ‘To hell and back’ because it was like going to hell. When I left the orphanages I saw myself as not good enough, as not having any confidence and no trust in my instincts, and I just had very low self-esteem... I did not associate or participate well in society in general. With all the psychotherapy I’ve had over the past ten years, I feel more comfortable and accepting of the things I can do and the things that I can’t do... Since I wrote my book I’m in a much better situation but I still feel vulnerable... but I am more optimistic today (Karen 2012).

Karen referred to herself holistically, unifying her mind and body with the inclusion of her rights as a human being. She emphasised how her mind and body were abused and not respected during her experiences in institutional child care. In a similar way to most of the other participants, with the exception of Shaggy Dog, Karen spoke of the child care institutional experience as having an adverse effect on how she viewed herself. Importantly Karen, like the majority of participants, exited the child care regime with an institutionally constructed sense of self. For the participants of this study, social settings and routines they experienced as children were within the confines of the institutions. Mead (1913) posited that children assume attitudes and develop their understanding of self from the social settings in which they participate.

This being so, the institutional milieu experienced by the participants was inadequate in terms of its contribution to the development and construction of self. As a participant aged, s/he exited care and entered the broader society with their under-developed sense of self, which created social disadvantage for many. As was common
in institutions, and as highlighted by Karen, control of an individual’s body and mind served to ensure conformity and discipline, thereby limiting the development of a social self (Goffman 1963).

Several participants including BJ, Lee Being, Tilly and Paul sought assistance in understanding themselves through self-help programs. For example, when asked how he thought institutional child care influenced his life, Paul said:

I look at it sometimes, like it’s still in my mind. It’s consciously seared into my brain; there is no way I’m ever going to forget what happened to me or what I was, who I was, or where I come from. But back then I couldn’t understand what was going through me. That created the torment, you know. You’re torn, you’re tormented, you’re acting, you’re faking it, like you are angry but you’re not going to say anything, you might get into trouble, you might get locked up, in the boob, yeah. Keep your hands to yourself, there’s a whole lot of crap there, you know, and then fitting in, yeah, that was hard. I found it hard aye, I found it really hard... I had no identity, no idea of who I was. The past, it just creates its own self and it accelerates its self too... then I started drinking to try to hide and I just kept drinking until I ended up in AA [Alcoholics Anonymous] (Paul 2012).

Paul described his understanding of his past self as a fake, a sentiment expressed by many of the participants. For example Mitta said, ‘I felt like a fake, I put on this face but I always thought if they found out the truth or who I really was, what I’m really like or where I really come from nobody would like me...’ and Boudicca ‘...I still feel like a fraud sometimes’. Upon exiting the institutions, Paul continued to send similar social messages to the people around him as the messages he learned in care. The information he received in return from his new social environment appeared to
confuse and perpetuate the negative sense of self that had been constructed in the child care institution. Given the frequency of self-derogatory comments contained within the reflections of the participants, it would seem that feelings of being a fake or fraud, or of being inadequate, originate from the negative messages received by residents of the child care regime.

The comments by Paul to being ‘locked up’ and ‘in the boob’ are similar to those Tilly made previously. It was not uncommon for a child to be forcibly isolated in confined spaces such as rooms, the ‘boob’ or detention cells (SCARC 2004). These methods of detention were often used as a form of persuasion or deterrent for ‘unacceptable’ behaviour or non-conformity by the child care regime. Paul also made reference to the perils of speaking of his anger or other concerns. Several participants including Tilly, Mitta, Holly, Pink and Tuck voiced recollections of similar experiences. Although the prevailing attitude of adults at that time was that children should be seen and not heard, it became an added burden when there was a threat of draconian reprisals for voicing one’s concerns or feelings.

Paul said, he had ‘no idea of who he was’ after exiting the child care regime. For Paul, the uncertainty of not having a clear view of self caused him to present an exterior to others that was fake prompting him to ask questions of himself. Paul revealed that he sought the answer to these questions in ‘AA’ or Alcoholics Anonymous. After revealing his participation in the twelve-step program, Paul was asked if he thought the program had made any difference to how he saw himself. He said:

It’s [AA] the only real chance I had. I’ll say that to any person on the planet. Cause there’s something in that room, and I’ve had it from the deepest level of psychiatry
that those scars I got in those places are irremovable, but I don’t believe them because I belong to that fellowship and when it gets down to what I’ve actually got, that’s all I’ve got, because I actually believe that. When I came in one of my wishes was to be a normal person, that’s all I wanted to be. I just wanted to be ok with me. AA is absolutely, it’s the only chance I had; it deals with the deep emotional mental disorders... I was pretty damaged; I don’t believe I ever matured at all in those places... like I said before, I survived, that’s how I lived, I just survived. I still do that today and I’m trying really hard to break out of it. It’s hard, it’s just bloody hard but today I’m ok with who I am. I’ve got to know myself (Paul 2012).

Including Paul, eight participants took part in some form of a twelve-step program. As with Paul, each of them considered the self-help program to be significant in their development of a healthy self. Negative childhood experiences had developed into what they described as obsessive-compulsive behaviours. These obsessions included, however were not limited to, excessive consumption of alcohol and/or drugs. Those who had used drugs either illicit or prescription, spoke of the drugs becoming problematic over a period of time. For example Keith said, ‘...I didn’t realise I was addicted...it was over so many years’. When Paul was asked how he thought the program dealt with his ‘deep emotional mental disorders’, he said, ‘it [the program] takes you through the twelve steps... I think the ones that really sort out the emotional problems are the fourth and fifth steps’.

The fourth step of Alcoholics Anonymous asks the individual to take a personal inventory of self and the fifth step requires that they share those findings with another human being (Anonymous 2001, p. 72-88). The other person provides feedback on the shortcomings that are identified and makes some suggestions on how that individual may need to address the findings. In this way, the actor intent upon the self-
examination identifies key areas requiring cognitive adjustment. For some individuals, including each of the contributors to this study who participated in twelve-step programs, professional counselling was recommended and sought. The benefits of participating in the twelve-step program for Paul included the ability to incrementally change the way he communicated socially and ultimately permitted the reception of new information. This created a nuanced effect in how he constructed a new understanding of self and established a positive experience of being-in the world in later life.

Each of the participants who took part in twelve-step programs had done so for ten years or more. The opening response in Paul’s reflection, ‘It’s the only real chance I had’ reflects other participants’ comments relating to feelings of desperation prior to entering the programs. In responding to the query of why participants decided on a twelve-step program, both Tilly and BJ, used the same wording and said, ‘it was the last card in the deck’. Tilly added ‘it turned out to be an Ace’. Lee Being said, ‘AA saved my life literally. It gave me a sense of who I really am. Without the program I would have died totally fucked up emotionally and spiritually’.

Participants such as Jon provided alternative perspectives of self. Jon continued to struggle with his concept of how he viewed himself at his current stage of life. Jon said:

I’ve had this thing for years when they’ve had me see psychologists and that and they’ve all said to me, ‘You don’t know who you are. You’ve got an identity crisis; you don’t know who you are.’ And I never understood them. For years I thought, what the hell are they on about, and they’re right, I do, I get confused about who I am. And it’s like, well who am I? Am I just this kid who they threw in a kids’ home
and that’s what I am, I’m just a ratbag, am I just to be a criminal — who am I? Every
time I get out of prison, you know, I’ve got nowhere to go, nowhere to live. No
people I can rely on. I don’t know where I belong; I don’t know what to do... it’s
hard to survive out here (laugh) (Jon 2012).

As previously discussed, the construction and identification of how an individual views
their self is limited by the social setting and social interactions in which they participate
(Mead 1913). For Jon, both as a child and as an adult, the greater majority of his lived
experience had been in institutions. Jon was forty-five years of age which was around
the approximate age of other participants such as Lee Being, Holly, Tilly and Tuck began
to question the child care they received. The ‘they’ to which Jon referred are the New
South Wales, Queensland and Victorian Correctional Service agencies. Jon had been
sent for pre-sentence psychological assessment on several occasions where issues
relating to his understanding of self had been identified.

Jon experienced the institutional regimes over a period of forty-three years, thirty-
seven of which involved intermittent incarceration in state correctional institutions.
Commenting on his time in gaol, Jon remarked, ‘Oh, I’ve had a hectic life, real hectic.
I’ve done about twenty years all up (half-laugh), yeah, only about six or seven years of
not being in gaol since I left the homes’. Jon’s experiences outside of the institutional
regime had been limited. Each time Jon was released into society, he became confused
and felt he did not have any place to go and no support. In this way, it appears that Jon
re-entered survival mode each time he was released from gaol as he had on exiting the
child care regime.
Jon had not followed up any counselling offered to him prior to sentencing. Three months after his interview, Jon contacted me and requested assistance in moving forward with psychological counselling. He also established contact with the national support service Find and Connect for assistance with accessing his child care records in the hope of connecting with his family. This service partially addresses Recommendations 14 to 18 of the Forgotten Australians Report (SCARC 2004), which recommend the establishment and offering of counselling and assistance to out-of-home care leavers from the institutional pre-1974 cohort in accessing their government and/or non-government child care records. Swain (2014) argues for the importance of having access to child care records for institutional care leavers and the relevance of the information contained within those records. Historical information can assist an individual to have a clearer understanding of their past thus assisting in the reconstruction of a sense of self.

Changing how one represented one’s self was not uncommon amongst the participants. For example, Mitta said ‘…sometimes I just be who they want me to be and hope I am not rejected’. Another perspective was provided by Tilly who said, ‘I used to feel like a chameleon, you know, just blend into the surroundings and hope no one noticed me… and I would pretend I was something or someone I wasn’t just to be accepted’. Comments such as these were made by many ex-residents of child care institutions and are to be found throughout the various reports and inquiry publications (for example see Mullighan 2008; Forde 1999). Thus, it can be seen from this discussion that as some participants aged they reported a desire to understand why they hold a negative view of self and sought to change that view, exercising agency in areas such as autobiographies, having children and self-help programs. Although
some have a more positive view of their self, they indicate that they continue to have life challenges as they age.

Chapter summary
This chapter has provided an interpretation of the participants’ reflections on a sense of self. For some participants, the foundation of a sense of self began within their family of origin, whilst others entered the institutional regime at an age too young to have any understanding of a sense of self. Their accounts revealed how the trauma experienced by the death of a parent or sibling was exacerbated by the sometimes brutal and distressing intervention of the authorities, influencing how they experienced a sense of self during and after their institutional experience. The stories of this group also tell of fear, confusion and conflict upon admission into the child care institutional regime that also had a bearing on their agency and sense of self. For others, too young to have an understanding of self prior to being admitted into the child care regime, the genesis of an understanding of self began and developed within the confines of the total institutional regime. These reflections also spoke of suppressed and/or unhealthy social information received from their carers. This information was the main ingredient they received and used to establish the foundations for a sense of self. For child care institutions, conformity and homogenisation were a component of the control mechanisms used to manage children. These methods were considered to be damaging and limiting in the longer term by the majority of contributors.

Irrespective of which cohort, the childhood experiences had pernicious effects on how each participant viewed and presented their self after exiting the child care institutional regime. Whilst some questioned their past experiences and made
conscious decisions to change the way they viewed themselves, others continued to struggle with how their construct of self influenced how they interacted within their social worlds. For each individual represented in this chapter, these influences extended into all their relationships and their being-in-the-world as they aged. Many participants associated their view of a sense of self with a sense of belonging or of a sense of connection. The next chapter will explore how participants viewed issues of connection to family, work place or community and how those connections affected their feelings of belongingness.
Chapter Seven: Where do I belong?

...but it was more the insecurity of having nowhere to live and not trusting people,

I see that still happening now. I just don’t feel like I belong anyplace... (Shanka 2012)

Introduction
This chapter explores participants’ views of the three concepts of a sense of community, sense of security and sense of belonging or ‘belongingness’. It provides analysis and discussion of participants’ experiences relative to family, community and/or society in general. As discussed in Chapter Three, belongingness, in relation to this thesis, is understood as the inclusion or acceptance and recognition of an individual by a group or another person and as having established bonds of connection. To assist in the analysis and discussion there are four sections and a summary to this chapter. The chapter begins by investigating how the concept of community is positioned within the context of this discussion. The following section explores how the participants viewed the idea of community in relation to connection or belonging within their family or society in general. The chapter then provides some insight into participants’ views of relationships and the establishment of lived security. The final section will explore and analyse the idea of a sense of belonging in relation to some participants’ perceptions of their ability to connect with others including family and community.

The premise of belonging is that human beings require some measure of emotional connectivity to other human beings if they are to function at a level which provides them with feelings of attachment or connections to others (Baumeister & Leary 1995). As discussed in Chapter Three, there are two ways in which the concept of attachment
is used within this chapter. The first relates to Bowlby’s (1969) theories on human attachment. The second refers to the bonds people develop with communities which are often framed through the language of belonging (Benson 2014; Low & Altman 1992). It is to this latter framework that the term attachment is used when referring to a sense of community.

**A sense of community**

A generalised understanding of community is taken to mean the ability to feel connected to or attached to other human beings or to have a symbolic connection or attachment to others and apportion meaning to that connection (Gieryn 2000, p. 474). Fields (2010, p.1) speaks of the connections between individuals and community that are dependent on familiarity and developed through past and present experiences. If these connections are not positive, such as in the case of people who experienced institutional child care, the results can be harmful. The definition provided by Fields (2010) assists in the examination of past and present experiences used to establish a sense of connection or disconnection to community by participants of this study.

Several participants including Celtic, Holly, BJ, Pink and Lee Being spoke of having stable places to live; however they also spoke of feeling uncomfortable with and disconnected from the communities in which they resided. For example, during Lee Being’s interview she began to talk about how she felt within the community. She said:

> I own my house but I feel like I’m still fighting for a place in the world and I’m still doing the top of the pile or bottom of the pile thing. I feel I’m on the fringes, you know, hanging around the fringes and trying to get my needs realised in any way I can because I don’t feel like I can get ‘em satisfied in the way that other people seem to find natural. It’s like getting this vicarious socialising need fulfilled
(laughs). Mm, yeah, and you know, I tend to do that by helping others. I know that that’s not the same as being part of the community, but that’s the closest that I can come (Lee Being 2012).

Lee Being was explicit in conveying her understanding of her relationship within the local community. In this component of her reflection, she positioned herself within the community and established permanency by declaring that she owned her house. She also indicated her willingness to participate and contribute to the community by helping others in that community. Ryan and Deci adopt self-determination theory to argue that individuals internalise their social integration and socialisation, which becomes ‘continually relevant for the regulation of behavior [sic] across the life span’ (2000, p. 71). However, although Lee Being lived in and contributed to the local community, she did not feel she had developed any real sense of how to belong to society or a community as a child. The language used by Lee Being provided insight into her feelings of connection and/or disconnection to community. Lee Being said she resided in ‘the’ community rather than living in ‘my’ or ‘our’ community.

When asked to expand on her meaning of ‘vicarious socialising’ Lee Being said that she met her need for socialising by ‘helping others’ in the community. ‘It’s the socialising I do because I find it too difficult to get involved and socialise any other way’. This comment highlights her experience of being on the ‘fringe’ of society. Speaking about her house, Lee Being said, ‘I have worked very hard converting this house into a home for me and the kids’. Given Lee Being had experienced homelessness during her past, turning a place into a home where she and her children felt a sense of connection and rootedness became important to her being-in-the-world, after attaining some semblance of security within the community. It also provided her the opportunity of
developing strong attachments, as described by theorists such as Bowlby (1969), to her children.

The challenges in socialising referred to by Lee Being suggest that her experience of the community was not as she would have liked. Her use of the term ‘fighting’ is also important in this context. It signifies her struggle to establish a place within the community and the ongoing challenge to integrate or feel a part of that community. For many the idea of connecting to community is a ‘constituent element of social life’ (Gieryn 2000, p. 463), and to not have an established consistent connection with a community can potentially generate experiences of conflict as conveyed by Lee Being. Her method of coming to terms with her experiences of disconnection and feeling like a fringe dweller within the community was to help others.

There are possible ill effects if an individual cannot establish attachments or permanency within a community (Avery 2010, pp. 402-403). Avery argues the consequences of not forming attachments or achieving permanency for out-of-home care leavers can produce destructive results such as ‘homelessness, incarcerations, victimisations, and poverty’ (Avery 2010, p. 402). Tilly provided an example of this type of social instability. Whilst narrating his experiences of homelessness, Tilly said:

I could never find a place where I was okay. From the time I left the homes up until I was in my forties I was homeless because regardless of where I was I always wanted to be someplace else. I never knew where that place was exactly, but it wasn’t where I was and I just kept on looking for it and I lived on the fringes because I felt I didn’t fit in with society. It’s like when you’re in the homes; all you wanna do is get out. So your whole life revolves around not wanting to be where you are. Then when they let you out, you don’t know where ya wanna be or where to go.
and you spend the best part of your life looking for somewhere to fit in but you
don’t know where or how because all ya know is how to not wanna be where you
are. I think I never learned how to be a part of something or somewhere and that’s
why I kept looking. I had this deep desire to be a part of something but didn’t know
how to make it happen (Tilly 2012).

Tilly left institutional care aged eighteen years. From that time until he was in his
forties, Tilly said he was transient and homeless. A 2008 survey by CLAN found that
30% of all men in their sample and 17% of women experienced homelessness after
exiting care (CLAN 2008, p.10). As highlighted by the CLAN survey (2008), experiencing
homelessness is not uncommon for ex-residents of institutional care. In fact more than
half of the twenty one participants in this study said that they had experienced
homelessness after leaving institutional care. It would have been difficult for
individuals such as Tilly to establish a connection to a community, or cultivate a sense
of permanency whilst being homeless and transient. Tilly’s observation was that he
never ‘learned’ to establish a sense of belonging or to be a part of a community when
he was in the institutional regime and that, for some time after care, until his mid-
forties, he continued to seek an elusive place where he could feel comfortable being-
in-the-world.

Tilly experienced not wanting to be where he was, both during his time in care and for
many years after exiting the institutional regime. For Tilly, a large amount of time after
leaving care seemed to be about looking for a comfortable, but elusive place to exist,
or just be. Being able to be a part of something or of somewhere, Tilly said, was a
lesson to be learned, something which did not eventuate for him as a child. However,
he said he did learn how to establish permanence and be comfortable with his place
in the world in his forties.
Others such as Paul were surprised when they realised some of the perceptions of belonging they had at various times during their lives were not as they originally perceived them to be. For example, when asked if he had ever experienced homelessness, Paul said:

When you asked me that, the first thing that came into my head was no, I don’t think so eh. I’ve always had a place, a roof over my head, always had somewhere to go and sleep. But then I thought; somewhere to sleep, yeah, but really I was homeless lots of times. A roof over my head but homeless. I’ve been in many a place like that. Tidy it up, polish it up all you like but... it’s not home, its survival, existing. Once I went back to the boys’ home one Christmas, cause I just wanted to go fuckin’ home, and it was Christmas. ...when I went to the boys’ home eh, this little nun came out, she must have been about ninety in the shade I suppose, she could have been one hundred, only really little, and I was walking around inside the place. She came up to me and she stroked me and she goes, ‘Oh, look at him, he came home.’ Yes, that’s exactly what I’m fuckin’ looking for, a home eh? I don’t know what it is, and when I left this place, I didn’t know where the fuck I was; where am I, where’s home? Nothing becomes home, it don’t matter where you are. Complete removal of emotion...mind and body split they call it (Paul 2012).

In a similar way to Tilly, Paul said he realised he had, in fact, been searching for a connection to community, or a feeling of belonging somewhere that he could identify as his home and establish a comfortable and familiar experience. A desire to return to roots - a childhood home - can be strong (Hiruy 2009, p. 45), especially if there has been little established connection to family or communities in later life. Paul with his longing to return to the ‘boys’ home’ expressed this idea. That home for Paul was the
orphanage in which he had experienced familiar surroundings for many childhood years.

Others also spoke of the compulsion and/or desire to return to the institutions as well as reunite with the familiar faces they shared their experiences with as children. Some, including Leicester, had annual reunions with other ex-residents of the various institutions they shared as children. Leicester said, ‘I go to Sydney for the reunions every year ... they are really important to me’. His use of the plural acknowledged the several homes in which he lived as a child. Also Tilly said that he returned to see one of the orphanages he had lived in as a child. The experience evoked very strong emotions within Tilly and he said, ‘...when I went back I realised how much I hate the places. They should all be destroyed. I should never have gone back’. Several participants including Celtic who said, ‘I hate those places and I’m glad most of them don’t exist anymore’, shared these sentiments of intense dislike. When asked to expand on her meaning of ‘most’ Celtic said; ‘... the government still has detention centres they torture children in’. In this context, Celtic referred to the issue of Australia keeping refugee children in detention centres. Her point was that the living arrangements refugee children were expected to live in ‘is the same as torture’ and similar to the conditions experienced by many care levers pre-1974.

There were also some participants who were very dissatisfied with their living arrangements at the time of their interview. For example, when invited to share his thoughts on his current living situation, Tuck said:

I hate this place! I don’t know where I wanna be but I don’t wanna be here. I hate the place. I don’t even know how I ended up here. It’s like I have always just ended
up somewhere. Like, it’s not as if I have decided ‘Oh well, I think I will go and live in some remote shit hole or something’. You know, I’ve never been in any place I could call home (Tuck 2012).

In a similar way to Tilly and Paul, Tuck spoke of being in places he did not wish to be and of the passionate dislike he had for many of the places in which he found himself. One of these was his place of residence at the time of the interview. It appeared that Tuck had not ever been able to find living arrangements that he liked. In fact there is a suggestion of semi-transience emanating from the dialogue, ‘I always just seem to end up somewhere’. These observations are not uncommon with ex-residents of institutional care (for examples see SCARC 2004, p. 16; Forde 1999, p. 114).

Unlike Tilly and Paul, Tuck remained dissatisfied with his living arrangements as he aged. When invited to elaborate on what led him to his location, Tuck said:

All my life since I left those places, I’ve been trying to find some place to fit in, to call home. It ain’t happened yet and like I said, somehow I just ended up here (Tuck 2012).

As articulated by several participants, including Tilly and Paul, it is likely that the child care institutions did not give Tuck the opportunity to learn, or develop the skills and connections that would enable him to establish some permanency or stability in his later life. Tuck’s experience was in contrast to Shaggy Dog who said he thought he exited the institutions with ‘the skills I needed to get me a good job and I was able to find good accommodation’, thus highlighting a different perspective of some institutional outcomes.
However, for the majority of participants in this study, the idea of pleasant childhood memories associated with a family or community did not exist. The long term effect of not developing social skills required in later life was evident in the narratives of the majority of participants including Lee Being, Tilly, Paul and Tuck. For example Crumbs said she had ‘... no connection with the community at all really’, and Holly said she had not been able to ‘develop any connections to the community...’ until later in her life and even then they were ‘...very limited’. Tilly said that he had never been able to establish ongoing relationships with people in general, including his siblings: ‘... like I said before, I have tried but me and people, including my sisters, are not really connected’.

For some, these experiences continued to affect their sense of community as they aged, regardless of whether or not they owned their own homes. Some participants created a comfortable environment within their place of residence, establishing a home environment with their family some decades after they left the care regime. Others continued to struggle to come to terms with their place of living and with being-in-the-world at the time of their interview. Regardless of the circumstance, no participant in this study, apart from Shaggy Dog, said that they felt they had established a secure sense of community for many decades after leaving care. Shaggy Dog said:

So you could say [name of institution] picked a bloke who finally did okay, anyway so by the time I joined [name of work organisation post care] I was well prepared and I think I fitted in well. I was never propped up once I left the home. So from what I did from that point on, I did myself (Shaggy Dog 2012).
Shaggy Dog acknowledges in the above that he developed a sense of connection in his working life and was able to lead an independent and self-sufficient life after his institutional care experience in Western Australia. The following section will explore the idea of a sense of insecurity from the perspective of relationships within family and community for some individuals contributing to the study.

A sense of insecurity
A sense of security and of personal safety has been described as a fundamental human motivator. Using Leary and Baumeister’s (2000) sociometer theory Murray (2005, p.74), argues that an individual’s felt security is ‘bound up in the quality of their relationships with others’. Relational security is considered to be important as it provides an individual with a source of emotional and social support (Cashmore & Paxman 2006, p. 232). This can be especially significant for young people transitioning into early adulthood. However, not all young people have access to resources that can provide a sense of security. For many of the participants, there are strong suggestions within the narratives that their experiences were more likened to a sense of insecurity.

As discussed in Chapter Five, trust is an essential component of emotional and relational security. For many institutional care leavers, a lack of trust continued to be an ongoing issue affecting their lived experience for decades after exiting the care regime (SCARC 2004, p. 145). The absence of trust can result in insecurity, thus affecting many facets of one’s life. For example whilst talking about his relationships, Keith said:

I had a lot of insecurity around people, and I still have. It is something that just stays with me. When you get bashed, and kicked around and called scum, and you’ve
got to defend yourself, you’ve always got that attitude, you’re not real sure around people, you just don’t trust them. You know how it is; you just don’t seem to associate with too many people. I spend more time on my own than with other people. That way I can’t be abused, I can’t be—not that I get abused now, but I’ve still got that inferiority complex. Insecurity and trust still affect all my relationships today (Keith 2012).

This reflection highlights the emotional and physical abuse Keith said he experienced while in the institutional regime. Keith appeared to attribute the origin of his insecurity and distrust of people to these acts of abuse. Keith also suggested that he has used social isolation as a protective barrier to shield himself from further perceived abuse.

He said this form of social isolation provided him with some vestige of security as he aged. Notably, his recollections are consistent with the majority of stories by the respondents contributing to this study including Celtic: ‘I don’t feel safe around people...’ and Mitta: ‘...generally people frighten me and I don’t feel safe around them’. Shaggy Dog said he ‘...became very mistrustful... there was no doubt about it... so I tend to be very independent and do my own thing’. Each of these participants described a lack of emotional attachment, resulting in some extent, to relational insecurity within their social environment. The narrative by Keith was in effect supporting the argument by Erikson et al (1985) that the effects of insecure-anxious attachment include disconnection from society resulting social isolation.

Another example of relational insecurity was provided by Myra who spoke explicitly about her need to feel safe. She said:
One of the main problems for me was, is, safety. I need to know that I’m in a safe place. I’ve had to feel safe wherever I went, and that would include relationships too. Yeah, safety is a part of that. And the only reason why I feel like that is because when I was nine years old I was put in [name of institution]. It was more like you could say a group home with my brother and another boy that was a ward of the state and we were actually um, we were threatened with our lives. And I was taken down to a factory in Tasmania and I was actually threatened that this man would burn me alive, um, and then I witnessed the same thing happening to my brother and the other boy. So in that sense I think that changed that whole aspect of my life. Where safety became a very—a priority all through my life. And all I could think about at that time was if I burn as a child, I’ll never get back home again (Myra 2012).

Myra was very solemn and emotional during this account. In her remembrance, she highlighted the vulnerabilities and fears she experienced as a nine year old child. She added significant emphasis to the discussion on security from the perspective of a child in care by not only stating she feared for her own life but also her witnessing the experiences of two other children being threatened with a similar fate. Myra directly attributed her insecurity to an event that occurred in care: ‘we were threatened with our lives’. However, she was unclear and did not volunteer any further information as to why the man threatened to burn her, her brother and the other unrelated boy. This childhood experience was directly associated with her need to feel safe in later life, inclusive of her relationships and environment, be that at home, work, the community or society in general.

That Myra thought she may never get back home during her time in care demonstrates that, as a child and regardless of her placement, she continued to
harbour hope that she would one day be reunited with her family. Several participants signalled that they continued to have hope for the reunification of their family both during and post care. Some continued to harbour ambitions of family reunification at the time of their interview. For example, Leicester said during his interview that one of his primary goals was to ‘... do whatever it takes next year to find and be reunited with my family’. For Leicester, the desire to connect with family remained with him as he aged.

A continued absence of relational security has also been evidenced in the narratives of adults divulging their childhood experience as testimonies for the Forgotten Australians Report (SCARC 2004). In relation to the participants of this study Keith and Myra, among others, indicated that they did not have a sense of security and did not easily trust others. For example, Keith said that he continued to ‘... doubt people’s motives regardless of who they are.’ In a similar way to Keith’s reminiscence, there are suggestions that these feelings remained with some respondents throughout their life, even though they felt they were no longer being directly threatened or abused or had any tangible reason to feel insecure. As highlighted in Chapter Five and supported in the reminiscences of Myra, Keith and others insecurity had an impact on all their relationships.

Keith said that he had been married for three years in his thirties and was in a three-year relationship at the time of his interview. Apart from these two relationships, he lived alone for the majority of his life. Keith said:
I just can’t settle and I like to get away on my own because I feel safer. I think it’s because of the homes and I don’t like many people and I don’t like society. I have a fear of society, a social phobia (Keith 2012).

This statement by Keith was corroborated by his living arrangements in a remote Queensland location. Isolation and/or remote locations were not uncommon amongst the participants of this study with several participants choosing to live a life of semi-isolation at the time of their interview. Regardless of their physical location, most participants spoke of some form of social insecurity and isolation. For some such as Keith, Celtic, Mitta and Boudicca, they believed that spatial isolation tended to make them feel self-empowered.

For some participants their sense of insecurity was a major contributor in the difficulties they had assimilating into society immediately after exiting the care regime. For example, Tilly said that he ‘lived outside of mainstream society for years because I didn’t know how to be a part of it’. The early difficulties of integration manifested in various ways, including challenges in obtaining employment and a secure place to live. Several respondents including Paul said that they ‘...left the orphanage without the skills to get a job or anywhere to live’. Some participants’ recollections supported accounts contained in the Forgotten Australians Report saying they considered their current life circumstances had been impacted by a lack of interpersonal and/or living skills (SCARC 2004, p. 145). This lack of skills began to influence many ex-residents’ lives as soon as they left the institution. For example, when Mitta was reminiscing about her experiences immediately after exiting the care regime, she said:
...when I left the homes that was it! I was on my own! I felt very isolated. I didn’t even know how to get a job and support myself and there was no one to help. I mean, I had my sister but she was in the same situation as me... we were living hand to mouth the best we could and both of us got involved in relationships so we had somewhere to live (Mitta 2012).

Like others, Mitta described a definitive moment of transformation when she exited the care regime and realised that there was no ongoing support for her or her sister. She said that they felt isolated and alone. This is in keeping with Cashmore and Paxman’s (2006) assertion that there was little post care support either socially, financially or emotionally for ex-residents of child care within Australia during the institutional out-of-home child care era. The experience of ‘living hand to mouth’ after leaving signifies an insecure existence for Mitta and her sibling. That they formed relationships in order to secure a place to live could perhaps be construed as a moral compromise in the face of limited options.

Secure living arrangements was a particularly difficult issue for several of the participants contributing to this study. Many had experienced homelessness or precarious living arrangements as described earlier by Paul and Tilly. Some participants such as Shanka, Boudicca, Mitta and Tuck continued to have no certainty or security in their living arrangements at the time of their interview. Others such as Jon continued to live a transient and precarious life. Shortly after his release from prison and a few months prior to his interview, Jon formed a relationship in order to secure a safe place to live. His behaviour was similar to Mitta and her sister directly after they exited care. When invited to share his thoughts on what might happen as he aged, Jon said:
Yeah, I think about that a lot now. I've always flown by the seat of my arse. I need to do something 'cause the years are running out and that's why I've given up the crime, 'cause there's something I want to do and that is get it right. I don't care if it kills me, I'm going to die trying. Just, just for once you know, I've got a good woman. She doesn't want me to go and do earns, she doesn't want me stealing. She doesn't want me using drugs. Yeah, smoke a little pot, big deal, but no needles, no pills, nothing. It's great. But I know, I need to do something or I got nothing. If [name] kicks me out I got nowhere to live, I'll be on the street again (Jon 2012).

As previously highlighted, Jon’s relationship and living arrangements after being released from prison were tenuous. At the time of his interview, he was acutely aware of his fragile situation and alluded to his overall experiences of insecurity. He depended significantly on his new relationship and accompanying living arrangements to provide him with a semblance of life stability. A few months before his interview, Jon had begun to live an unfamiliar lifestyle, one of being ‘straight’ and of not doing ‘earns’. Jon explained ‘earns’ as selling himself for ‘sexual favours to whoever, men or women… when you’re desperate it don’t matter in the end’. This was a survival strategy employed by several participants including Lee Being and was not uncommon amongst ex-residents of the institutional care regime (SCARC 2004, p. 162).

For many ex-residents of care, survival became a strategy that encompassed many skills, including not recognising or acknowledging uncomfortable or inappropriate living arrangements (SCARC 2004, p.160). Explicit recollections of survival were articulated by each of the participants except for Shaggy Dog. Each referred to how they adapted to life after care without adequate living skills. For example Jon said, ‘I did lots of earns and crime just to survive’ and Karen said she ‘… had to form a relationship if I was going to survive’. For some, including Lee Being, Tilly and others,
survival involved severely compromising their personal safety and wellbeing. Some of these compromises manifested as living on the streets and asking strangers for charity during adolescence and early adulthood.

Jon was also aware that he was ageing and as such his abilities and options were becoming limited. ‘I often think ‘what happens if me and [name] call it quits? Where am I? Back on the street, doing it all again. Look at me, I’m getting too old to be doing the crime stuff.’ Jon had invested significantly in his expectations of his relationship and indicated his willingness to adhere to her wishes of not using drugs, pills or needles. Jon’s partner asked him to contribute to their relationship as a relatively drug free person and to not participate in any criminal activity. In this way his relational security, as well as the security of a place to live became contingent on his personal activities. Should Jon indulge in activities or substances that were not approved by his partner he was likely to jeopardise, not only their relationship, but also his living arrangements, possibly resulting in him being homeless and living on the streets again.

Although not being without a place to live, Shanka described herself as homeless at the time of her interview. She also spoke of having both relational and personal insecurity issues. Parts of her dialogue related to feelings of being homeless and alone whilst living in a house in which she did not feel comfortable. She said her situation, in many ways, reminded her of when she left the institutions at eighteen years of age. Responding to an invitation to talk about her life in general after the institutions, Shanka said:

The main damage from the homes was not sort of physical, but it was more the insecurity of having nowhere to live and not trusting people. There was no real
support when I left the homes. I was left to my own devices and I see now they were not very well developed. I see that still happening now in foster care. For me, the end result is I just don’t feel like I belong any place... I live in this big house but it’s not a home and I hate it (Shanka 2012).

These comments were similar to those of Boudicca, Celtic, Myra and others in relation to not having a secure place to live and a lack of support directly after their discharge from the institutional care regime.

Like Shanka, many participants were of the belief that their opportunity of gaining secure employment when exiting institutional care was not good. These recollections add to the many testimonies contained within the Forgotten Australians Report (SCARC 2004) relating to poor post-care employment prospects. The pathways into mainstream society provided by many institutions could be described as extremely tenuous as articulated within Shanka’s dialogue. Ex-residents of care often describe themselves as being apprehensive and distrustful of society and its institutions in later life (Cashmore & Paxman 2006; SCARC 2004). Like Celtic, Shanka made the observation that, in her opinion, similar issues to those she experienced whilst in care continue to occur in contemporary arrangements such as foster care. When invited to expand on her meaning of ‘nowhere to live’ Shanka said:

...it always feels like forever when you are going through these things, but yeah, there have been times when I have been homeless or between houses and when I was sleeping under the stars (Shanka 2012).

Shanka referred to sleeping rough, or being homeless on several occasions throughout her life. The first time she recalled not having a bed to sleep in was at the age of
eighteen years. This was the age Shanka exited the institutional regime. In much the same way as others, when reflecting on her experiences of that time Shanka emphasised the lack of support available to assist with her integration into a community. Currently, Shanka was living alone in a large three-bedroom house provided to her by the NSW Government. She deeply resented her housing arrangements and the circumstances surrounding them. Originally the house had been allocated to her and her partner. However, her partner left the relationship a short time after they had moved into the house and after Shanka had been diagnosed with breast cancer. Shanka was invited to expand on her comment that she hated the house. She said:

...when we came here on top of my cancer diagnosis, it was my worst nightmare. Just like no support from my partner really. It’s hard when you have no family or friends and it’s no wonder that I experienced emotional turmoil, ‘cause I was not happy here, never have been, you know, ‘cause when we first got here there was um, large groups, getting onto the corner and creating police drama, you know, right outside the door. I was freaked. I was totally freaked when they first put us here. I wouldn’t answer the door then and nothing’s changed. It is still the same today (Shanka 2012).

Shanka suggested that she continued to experience personal and relational insecurity some forty-one years after she left care. Shanka’s health was a catalyst for her to be mindful of her own wellbeing during a precarious and challenging relationship and whilst living in a residence in which she did not feel comfortable or safe. This seemed especially poignant for Shanka, as she had experienced several periods of homelessness in her past. Shanka said that when her partner left her, she had no family or friends to support her, emphasising her lack of connection to others.
Her lack of desire to be living in the house she and her partner had been allocated by the government was a sentiment expressed by several participants including Tilly and Tuck. When invited to expand on the meaning of ‘police drama’ on her doorstep, Shanka said,

They use drugs and alcohol and get into punch-ups, throw glass bottles and things.
And if you look out the window they target you. It’s really disconcerting and fearful
(Shanka 2012).

It is clear from this comment, that Shanka included fear in the gamut of emotions she was attempting to come to terms with at the time. Emotional security, or its absence, can also influence how an individual experiences a sense of relational and social belonging (Cashmore & Paxman 2006), thus affecting their ability to integrate socially. The next section will expand on the idea of a sense of belonging in relation to the participants of this study.

**A sense of belonging**
Belongingness has been identified as essential to the relationships established amongst individuals and their communities (Baumeister & Leary 1995, p. 497). A sense of belonging may contribute to the health of an individual as well as a community (Berkman 1995, p. 245). Although several participants spoke of their immediate family as being the most important part of their social world, many spoke of not feeling a part of or belonging to their community or society. In fact, some participants aired their contempt for society in general. For example, Jon shared his thoughts on how he thought he fitted into society on the times that he was not in gaol. He said:
I hate society. Sorry (laugh). I do, I hate society. I hate what it stands for. Out here, if you don’t got a dollar no one wants to know you. No one wants to help you, and then when you do get a bit of help, they’re too busy telling you how to do your own life and everything and you just get the shits with them, you know, ‘they don’t know me.’ (Laugh) But yeah, I have hassles with society. I never learned to be a part of it you know... So I don’t know where I belong. You know, it comes in—it just keeps coming back to you, you know, like, do I belong out here? I don’t wanna be in gaol no more but where do I belong, you know. Yeah, I never learned how to be a part of it out here, you know (Jon 2012).

For Jon, being a part of society appeared to be conditional on how much money he had or did not have. In the above dialogue, Jon was explicit in his feelings of society in general. However, these sentiments do not necessarily extend to all individuals as expressed by Jon: ‘...mostly I don’t like people but [name] is different.’ Jon began a relationship four months prior to his interview which was held at his new partner’s home, where Jon resided. In this way Jon established a basic connection with another individual satisfying ‘at least a minimum quantity of interpersonal relationships’ (Baumeister & Leary 1995, p. 499). For Jon however, that relationship was conditional as discussed in the previous section.

The ‘out here’ Jon refers to is the world outside of the gaol system. There is a suggestion that some of the skills Jon did not develop as a child or young adult were to do with how to socially integrate or how to develop social connections outside of institutions as described by Doumen et al. (2012). These are attributes that could have assisted and enabled Jon to have stronger feelings of connection with communities outside gaol. As a result of the underdevelopment of these skills, Jon felt he was in opposition to society. Jon positioned himself as being detached from mainstream
society – ‘they don’t know me’ – establishing a basis for a struggle for survival and recognition. His attitude resulted in him engaging in criminal activity and being incarcerated several times. Ex-residents of institutional care such as Jon are over represented in incarceration rates (SCARC 2004, p. 16). Jon has experienced so much time in the punitive institutional system that when he is not incarcerated and is free to participate in society, he feels that he does not belong. Sharing his thoughts on wanting to be a part of society, Jon said:

I’d like to be a part of it [society] eh. I’d like to fit in like the average Joe Blow. The average Joe Blow finds a game of cricket and a beer an exciting thing. I find what they find exciting boring—I would probably like playing cricket but who would let me play (Jon 2012)?

Jon’s commentary is reminiscent of Lee Being’s in Chapter Five, when she commented that she did not like the other children but would like them to like her. These two examples highlight some of the conflicting desires expressed by many of the participants. For some individuals, such as Jon, living life around the edges of society and challenging and breaking the laws of that society in his view could conceivably produce a life of ‘excitement’. Conversely, he saw participating in mainstream social events, such as a cricket game as boring. Jon was not certain that playing the common games of society would have satisfied his perceived ‘needs’. However, by stating his desire to participate, Jon articulated his feelings of not belonging in relation to mainstream society.

The feelings of not belonging as experienced by Myra began with her forced separation from her father and siblings. Myra’s mother died when she was young, leaving her
father with four children to care for. When invited to talk about how she entered institutional care, Myra said:

We were taken off our father by the police... and we had a court case and we were all made wards of the state. I still feel that we were a family and I feel that—I believe the circumstances we were taken off our father were unjust... I feel that he wasn’t given a chance to try and get a place and get it together for us. The choices were just taken right out of his hands and we were just sort of stolen away—I believe we were stolen away from him... it wasn’t like we’d just lost our grandmother and grandfather, our father and mother, we also lost each other as well. So we were all isolated from each other. It was like there was nothing left. It took me a long time to get close to anyone after that. It took me a long time to even have a relationship with anyone later. It took me a long time to bond with anyone, even though that within my heart I loved my brothers and sisters, but I got to the point growing up in care that I felt that I was in a total different world to everybody else (Myra 2012).

Myra’s separation from her siblings had such an impact on her emotionally that she felt she was in a different world. The first criterion of the belongingness hypothesis argues that an individual requires frequent and pleasant relations with others, including siblings as a prerequisite to the establishment of feelings of connection and belongingness (Baumeister & Leary 1995, p. 497). For most participants, including Myra, the development of familial relations with any anticipation of future support was not possible. Myra used the present tense in her reminiscence on family, indicating that she continued to consider that she, her father and three siblings were a functioning family unit at the time of separation. For Myra, these events had the effect of severing her family attachments, bonds and connections as identified by
researchers such as Stein (2004), who found that emotional detachment was not uncommon in care leavers. Another effect of these disconnections was a deprivation of a family as a place of refuge for many years to come establishing feelings of not belonging. When Myra was asked to talk about how she thought her childhood experiences affected her in later life, she said:

All those early childhood experiences affected me after I left the homes. When I was younger it affected me in every way. I wouldn’t leave the house because the outside world was so scary. I couldn’t do anything. Sometimes I wouldn’t leave the house for days and days, and so I came out of being a ward of the state and went into a different world where I hadn’t been before and it was really lonely and scary... I felt really disconnected from the outside world. I still do some times (Myra 2012).

As with Shanka, Myra’s exit from care exacerbated her experience of not connecting to or developing a sense of belonging within that neighbourhood/community. Having feelings of being alone in a group of people one knows is not uncommon (SCARC 2004). However, having feelings of being alone in a place one feels one does not belong can, as Shanka said, be ‘scary’.

For Myra, being a part of a community after care was challenging. Being part of a community provides an individual with many benefits including feelings of belonging and security. It is not uncommon for an individual to be a part of many communities at one time. As previously discussed, these may include one’s work community, one’s professional associations, one’s family and extended family, close friendship circles as well as a loose network of friends (Mackay 2014, p. 48). However, some participants said they managed to function in their world without having any continuous close
connections to others including communities, friends and family. For example, when asked to share how he thought he connected and participated within his community, Leicester said:

I’ve got no strong connection to my community and never have... I know lots of people, but the best way to explain it is, my second youngest son recently said to me, ‘Dad why do you never smile? Dad why do you never joke?’ You know, it’s because of all the trauma and drama I’ve been through. Look, I don’t even remember a lot of it—I lived in one area for 25 years. I could tell you the street I lived in and how to get there, but I couldn’t tell you any more than that. I mean I just needed to keep to myself... I know lots of people but the closest people I have is my family and even they feel that I’m disconnected sometimes, disassociated from them and my wife often says that I’m not really good at connecting and dealing with my children, so I just do the best I can (Leicester 2012).

For several participants, including Jon, Keith, Tuck and Val, the challenges of connecting and developing a sense of belonging within their social realms were limited to their experiences within their immediate family environment. As stated by Leicester, his partner and children said they experienced a ‘disconnect’ with him at times. This ‘family disconnect’, although not exclusively experienced by ex-residents of institutional care, was a common thread within the narratives of the participants contributing to this study suggesting issues with attachment. Leicester spoke of being in one location for twenty-five years, and not developing any close relationships within that community, referring to the community as an ‘area’ highlighting attachment issues. For many care leavers, there was a disconnection between themselves and the community from the time they left the institutional regime (Avery 2010, p. 399; SCARC 2004). As articulated by Leicester and others, this remained so throughout their lives.
Tilly provided another example of disconnection within immediate family and relationships. When Tilly was invited to share his thoughts on how he experienced intimate or social connections with other people, he said:

Mostly I don’t like people and I wouldn’t give them a second thought. I lived by myself for most of my life because I couldn’t mix with other people. Didn’t talk to anyone unless I really needed to which wasn’t very often. I tried to be normal and stuff but I always felt really uncomfortable to the point of being embarrassed or ashamed. So I just didn’t associate with many people. I think as a result of that I have had some mental health issues over the years. I’ve tried to have relationships, got a daughter. Up until I was about forty-five the longest one [relationship] was about a year. The common complaint was and still is; they reckon they couldn’t connect with me... One said she had never been so lonely as when she was in a relationship with me... My daughter says she has trouble connecting with me too, reckons I don’t talk or display much emotion (Tilly 2012).

These observations within Tilly’s recollection contrasts Baumeister and Leary’s belonging hypothesis ‘that individuals have a pervasive drive to form and maintain... significant interpersonal relationships’ (Baumeister & Leary 1995 pp. 497, 499). Engagement with family and community is seen as crucial to building social connections and feelings of wellbeing. Being able to linger and ‘waste time’ by ‘hanging out’ with others, including family, is how social capital is constructed.

The idea of ‘normal’ in the context used by Tilly suggests that his intent was to be comparable to other people, blend in and be a part of relationships within communities and/or society. In this short dialogue, Tilly provided considerable insight into the outcomes of his familial associations including his relationship with his
daughter. He viewed his lack of skills as directly affecting his relationships with others, including his daughter.

Tilly also spoke of his relationship with his siblings during his interview. When invited to share his thoughts on how he saw his relationship with his sisters, Tilly said:

Like I said before, me and my sisters don’t have a close relationship. My sisters went to the girls’ section of the place, I went to the boys and that was the end of that. From that time on, I have never really got to know them or talk to them much. I never spoke to two of them for forty years. I have acquaintances that I know more about than my sisters and that’s really sad. The older I get, the more I think about it and the more... You know, just to have five sisters and not have a connection or relationship with them, it hurts knowing they are there and not being close. Being the oldest, I made the effort to contact them but the sibling closeness is just not there (Tilly 2012).

As highlighted by Tilly, and in a similar way to Myra, the experiences of institutional child care and the separation of siblings had profound long-term negative effects on their relationships. Tilly said his childhood separation and his consequent disconnection from sibling relationships impacted on him more significantly as he aged.

Another participant to identify a distinct sense of not belonging to a community was Paul. During his interview, Paul suggested that he continued to struggle with how he viewed himself:
In the end, the time in the homes actually removes the emotion of connectedness. It’s, you know, immature, it’s hanging on. It’s wishful thinking. It’s a lot of things. So when I got out, it’s almost like I was actually living a lie because the connectedness had been removed. Like, I just didn’t feel that I belonged anywhere! So who was I? What was I doing? Where did I connect? I had to face the facts, and of course I didn’t face the facts but it was the reality of how I actually felt. I just couldn’t live out there. I ended up in AA (Alcoholics Anonymous) and that’s where I found out who I really was. Now I can at least function in the community even if I don’t always feel like I am a part of it (Paul 2012).

Paul was explicit in nominating his experiences as a child within the institutional regime as the factor that stunted his ability to develop communal connections or a sense of belonging within a community. Paul connected his past lived experience, his lack of belonging and how he viewed his sense of self. He was in institutional care at an age when the development of communicative and relational skills and learned patterns were established. These skills foster feelings of belonging in family, communities and the broader society. For Paul, the result of not having the opportunity to learn these things removed ‘the emotion of connectedness’ or of not having a sense of belonging. For Paul, it was not just about the opportunity to learn skills – the connectedness to his past life was ‘immature’ and ‘wishful thinking’ – in effect, he was taught to avoid emotional attachment.

A product of ‘not facing the facts’ by Paul appeared to be conflicting impulses and desires. These artificial creations in effect can potentially create the illusion of living a lie. In feeling that he was almost living a lie, Paul questioned who he was and what he was doing. When asked to expand on what he meant by the latter, he said, ‘using drugs and alcohol and not being able to function because I was drowning my emotions and
just killing the pain’. Paul suggested that, for him, AA provided the opportunity to find himself, dissolve the need to drown his emotions and allow him to participate within his community, albeit at a seemingly superficial level and without an ongoing sense of belonging.

Some participants separated their private life world and society into two distinct spatial locations. The first was ‘out there’ as described by Paul. It must be assumed that if there is an ‘out there’ another place must exist, for example, in here or my life world (Jenkins 2014; Heidegger 1962). Some participants found it necessary to protect their private life worlds. For example Tilly said he generated, ‘a force field to project and keep everyone out of my space...’ and, ‘that’s where I felt comfortable, with no one else around’.

Allan provided another perspective when he was invited to share his thoughts on how he related to his community. Allan’s initial response was immediate: ‘I don’t give a rat’s... That’s an honest answer’. His retort was quite abrupt and when invited to expand on this comment, he said:

I’ve been on my own for so damn long I’m comfortable. See my wife has passed away and we were very close. Now I’m back on my own again, have been for ten years now, and, it’s only my closest, and I do mean my closest friends are ever allowed to get inside my safety shield. The rest of the public, nah got no time for ‘em. Outside of a very few, never felt like I was part of their world and don’t wanna be. Nah, never felt like I belonged out there. Never! (Allan 2012).

After initially being almost contemptuous of society Allan moderated his tone significantly. There were several similarities between Allan’s dialogue and the
comments made by Tilly, namely an initial flippant or dismissive rejection of society in general. Outside of his marital relationship, Allan suggested he did not establish strong social or communal connections with many people. As such, when his wife died, Allan found himself in a situation similar to his earlier lived experience namely, being on his own.

He is explicit in his declaration of not having feelings of belonging ‘out there’. Allan began his reminiscence by saying he did not care for community but he had some very close friends who are allowed to enter his ‘safety shield’. The use of the term ‘safety shield’ highlights the designation of an ‘out there’ and the safety of an alternative space specifically constructed for escaping the outside world, a place where he felt he belonged. The idea of a safety shield was not unique to Allan. As highlighted above, Tilly spoke of a ‘force field’, which he used until later in his life to protect him from the ‘outside world’. Unlike Allan however, Tilly said that ‘…no one was allowed to come through it [force field]…’ When asked what he meant by ‘no one’, Tilly responded by saying that there were ‘lots of animals allowed in but no people’. The use of the word ‘allowed’ suggested he felt he was in control within that space.

As previously stated having a connection with a community or social group does not necessarily mean that an individual has formed attachments and developed a sense of integration or a sense of belonging. Tilly illustrated this in his earlier recollection. He commented that his female partner had told him she felt alone within their relationship. Conversely, Allan was explicit in stating that although he felt he had never belonged ‘out there’ in the broader community he had developed a network of ‘close’ relationships with other people including his wife prior to her death. Another participant who said she did not feel she belonged either in her relationship or the
broader community was Shanka. When Shanka was invited to share her thoughts on how she viewed herself at the time of her interview, she said:

> Because of the dysfunction of feeling I don’t belong anywhere, I’m constantly searching, and I’m constantly moving around. I mean I get the tag of ‘gypsy’ because you know, I couldn’t stay in one place, but I kept—you know, I’m searching all the time. It’s like what the hell am I searching for though? What’s going on? Where do I belong? Who am I? (Shanka 2012).

In this dialogue, Shanka asked several questions of herself and as with others in this study, connected the concept of belonging to that of her sense of self. It became evident in her dialogue that there were people who knew Shanka well enough and for a sufficient period of time to label her with the tag of ‘gypsy’. In this brief dialogue, Shanka’s transcript revealed many similarities between her experiences and those of Tilly’s and many other participants in that she identified transience and a sense of not belonging in her life. However, unlike Tilly, dissatisfaction with her lived experience and living arrangements continued to generate feelings for Shanka of not belonging to a community at the time of her interview.

Unlike Shanka, several participants spoke of gaining a sense of belonging in later life through the process of education. As discussed in Chapter Five, Crumbs was a highly educated woman. She had a PhD and at the time of her interview worked in a metropolitan university as a researcher. Several other participants spoke of the value they placed on their education in providing them with feelings of connection and belonging. Tilly said, ‘... a tertiary education provided me with an understanding of worlds and perceptions I previously did not understand’. Others including Mitta and
Boudicca, both of whom said they had the opportunity of gaining an education in later life, also attributed education to the beginning of a process of becoming more connected and aware of a broader social world and their participation within it generating some feelings of belonging. For example Boudicca said, ‘although sometimes I still feel disconnected, there are times I feel I’m a part of a community now… I think going to university played a big part in that… ’ Mackay (2014, p. 144) argues that gaining an education is one way of fostering a sense of belonging in society. Interestingly, there were seven individuals with a Bachelor Degree or higher participating in this study. Each spoke of feelings of dis-engagement with family and community.

**Chapter summary**
This chapter presented a discussion and analysis of community, security and belonging for some individuals participating in this study from a hermeneutic phenomenological perspective. The chapter identified care leavers who, although owning their own home and having developed some attachment to family, continued to feel disconnected from their community and society. For many the incapacity to establish a sense of belonging and community stemmed from under developed skills, including the ability to develop attachments, and to construct or maintain personal security. Importantly, although there was acknowledgement that education can contribute to feeling of a sense of belonging, no participant stated that they were able to establish a satisfactory or comfortable sense of belonging within their community or the broader society as they aged, suggesting issues of attachment.

A lack of appropriate support services was identified as a contributing factor to integration challenges for some ex-residents. Many felt they were left to fend for
themselves, after exiting the child care regime. This lack of support contributed to their sense of insecurity with some care leavers abusing and/or compromising their wellbeing to escape or assuage those insecurities. While some participants felt their insecurity and belonging challenges emanated from the physical and emotional abuse they received in the child care institutions, others felt that they had not learned the basic life skills required to construct and establish familial or communal relationships as children.

The following chapter will provide a discussion that integrates the themes in the context of the research question and its aims and objectives. It will also contain the conclusion to the research study.
Chapter Eight: Discussion and Conclusion

Introduction
This chapter will begin with a discussion drawing the main themes and key findings of the thesis together. In so doing, it will be shown that the aim of the study has been achieved and that the methodology chosen for the research was appropriate. The limitations and the significance of the study will be acknowledged before some key recommendations and suggestions for future research relevant to the population of Forgotten Australians are outlined. The chapter will then provide the concluding comments.

Discussion
This study has been concerned with how individuals who lived in institutional out-of-home care in Australia prior to 1974 went on as adults to experience relationships with others and develop a sense of belonging in relation to family and community. Emerging from the analysis of transcripts was the notion that early life experiences are important in the development of emotional security and life affirming relationships (Baumeister & Leary 1995). Of importance to the study is the concept of belonging: a word that escapes easy definition but which nonetheless is at the core of fulfilled human experience (Baumeister & Leary 1995). Belonging provides not only affirmation of an enduring connection with people and communities but also affords feelings of safety, security, a sense of self and meaningful presence in a world otherwise characterised by fleeting relationships (Baumeister & Leary 1995). In exploring these notions of belonging in relation to a small sample of Forgotten Australians, this research project has met its overarching aim.
One of the key findings of the study was that many participants considered themselves to be metaphorically ‘broken’ and attributed those feelings to their institutional experiences. These feelings coalesced in an inability to participate comfortably in adult relationships and hindered their developing a sense of being as a worthwhile individual. Exacerbating these challenges was a lack of knowledge and experience in relation to some basic life skills such as communication and how to empathise with others. For many participants, these abilities were neither developed nor consolidated during their time as children in institutional care. Quite simply, they had little or no guidance on how to develop them or indeed to recognise their importance to the formation of healthy relationships. Nor were many of them prepared for the more practical challenges associated with transition to independent living. Without these skills, many participants reported that upon entering the broader community, they were unable to live independently or to participate fully in social life, particularly in terms of building positive relationships with others.

The sense of being ‘broken’ reflected what many saw as an enduring inability to become fully attuned participants in their local communities and families. The bridges of communication and other aspects of relational affinity were either destroyed or seriously hampered as a result of institutional care. The possibility also remains that their skills were not developed when they entered institutional care, dependent upon their age. This issue will be explored in-depth later. For most participants, the process of reflection was found to be painful and traumatic. There were many stories of emotional, physical, and sexual abuse. This research focussed on the consequences of living in a total institution and the traumatising experiences of physical and emotional
abuse were shown to be pivotal to the subsequent course of some participants’ lives, often resulting in deep and ongoing distress and troubled relationships.

Each participant recounted their story knowing they would be reliving past traumas. It was with this in mind that this study made available psychological counselling for all participants. As highlighted in Chapter Four and discussed throughout the findings chapters, psychological counselling was critically important to many of those participating in this study. Ten participants requested psychological counselling as a direct result of their participation in this study, with one, Jon, acknowledging that in all probability, he would not have sought counselling, or attempted to locate his family, had he not participated in the study. Some participants, including Jon, Boudicca, Keith, Shanka, Celtic, Holly, Myra, Leicester and Mitta were explicit in asserting that they considered participating in this study to be of therapeutic benefit. All but one of the twenty one participants had received some form of counselling at some time after they left the child care regime. ‘Shaggy Dog’ was alone in considering he did not require this sort of help after his child care experience.

Another finding of the study was that, as well as the psychological counselling highlighted in Chapter Six, eight participants continued with other forms of social support identified as self-help groups or twelve-step programs. Each person considered participation in such initiatives as a long-term arrangement, with one individual engaging in a program for more than twenty years. The high level of participant involvement in twelve-step programs, which primarily addressed issues of drug and alcohol addiction, suggested that participants in this study have a higher than
average susceptibility to addictive behaviours. This supports the findings of the SCARC report revealing that many care leavers resort to drugs and alcohol to ‘obliterate the past and present pain and suffering’ (2004, p. 155). As discussed in Chapter Six many of the participants self-medicated with various forms of prescription and illegal drugs, as well as the use of alcohol. Some used a combination of all three. Still others used distractive strategies such as work, sex or crime to assist in the abatement of the emotional pain of having lived in institutional care.

Of the twenty-one participants, twenty had emotional issues that affected how they viewed themselves during their life course. An interesting finding was that there were two distinct and separate orientations to participants’ post-institution experiences and one outlier. The first orientation comprised those participants, namely Celtic, Boudicca, Mitta, Shanka, Jon, Keith, Greg and Val who continued to have ongoing challenges in relation to how they viewed themselves and their ability to develop relationships with others and interact within social situations. Their life challenges included low self-esteem and feelings of disconnection from family and community. The majority of participants in this group held the view that their ongoing negative representations of self could largely be attributed to their institutional experiences during childhood. Importantly, it was this group of participants that predominantly spoke of anger in the present tense.

As highlighted in Chapter Five, the study found anger played a significant role in the construction of a sense of self and belonging for some participants. Several spoke of ongoing anger issues, with one individual, Greg, stating that he continued to
experience unpredictable and uncontrollable anger as he aged. Each participant who referred to anger said they considered the emotion influenced how they viewed themselves, their relationships and their being-in-the-world. They also said that anger impacted on their sense of belonging. For example, Celtic believed the origin of her anger lay in the segregation and abuse she experienced during her time in the institution. She said the experience continued to affect her as she aged and I experienced an exhibition of her anger during her interview. Anger also derived from the perceived stigma and shame that was associated with having experienced institutional care. For some, the expression of anger – often unpredictable and explosive (sometimes resulting in physical aggression) – had a direct bearing on how they viewed themselves and ultimately, the extent to which they were able to build meaningful and lasting relationships. For example, Val said she experienced anger often and at times without noticeable or obvious cause. Anger for Val manifested itself in violence toward other residents during her time in care and continued throughout her life affecting her relationships as she aged. For others, such as those represented in the second group of participants, self-awareness and time had abated the effects of their negative experiences of anger, with the residual emotion being resentment, accompanied by scepticism and, as with all participants in the study, distrust.

In the second group of participants the range of post-care experiences reflected a more accepting and optimistic view of themselves, their community and society in general. These respondents, namely BJ, Karen, Lee Being, Crumbs, Myra, Holly, Leicester, Tilly, Paul, Pink, Tuck and Allan, reflected on the increasingly positive nature of their lived experiences as they aged. Although these individuals had similar life challenges as the other participants, they nonetheless asserted that over time, they
had become increasingly aware of the negative impact their childhood experience had on their sense of self and their ability to instigate and develop relationships. However, prior to this generalised self-awareness, some spoke of experiencing devastating shame, fear and social phobias, and as discussed earlier, several told of the debilitating effects of addiction. Tilly for example, spoke of his alcohol addiction in terms of ‘killing the pain’ of ‘not learning’ the skills required to form attachments and bonds with others as a child in the institutions. Still others, such as Crumbs and Myra spoke of becoming immersed in their occupations as a means of enabling them to better cope with their social disconnection and as a way of escaping the pain of their past experiences. As highlighted by theorists such as van den Dries et al. (2009), adversity from attachment disorders such as social and family disconnection can be overcome. However, there are limits to the depth and quality of repair. This proposition is evidenced within the stories of this second grouping of participants. For example, Leicester said that although he knew lots of people he had ‘no strong connection’ to community. Another example was provided by Tilly who said that one of the common complaints from those who had attempted to develop relationships with him was they had difficulty connecting with him, even his family.

Yet to some degree, these feelings were mitigated through decisions made by individuals in their early to mid-forties which enabled them to begin to come to terms with events of the past. For some, those decisions included attending a self-help program. For others it was writing self-reflexive accounts of their experiences, either for publication or for personal insight. As with the majority of participants, the individuals in this group expressed negative feelings. ‘Self-hate’ and ‘self-loathing’ were terms commonly used to describe how they viewed themselves for many years.
after leaving care. Many spoke of an acute and enduring sense of anger, as well as facing loneliness as the hallmarks of their lives prior to making conscious decisions to change how they viewed themselves. For many such as Lee Being, Tilly, BJ, Paul and Karen the trigger for this change came in the form of intense emotional pain and self-loathing.

Many participants in this second grouping continued to have ongoing challenges integrating into society. For example, Lee Being said she constructed a ‘home’ for her family after experiencing years of homelessness and disconnection from society and despite the fact that in her later years, she owned that home, she continued to feel marginalised in the community. Others, including Karen, Myra, Holly and Crumbs spoke of continuing challenges in terms of integrating into their workplace. They asserted that regardless of their achievements, they felt that their work was never good enough and many continued to have feelings of social inadequacy in their work environments. For each participant in this grouping, although they were more accepting of their lives as they aged, the issues of stigma and shame remained. These residual effects of being in institutional care, continued to impact how they viewed themselves – and these perceptions had stayed with them over the course of their lives.

An unexpected finding in this thesis was evidence of an outlier. According to the analysis of the transcripts and contrary to other participants, there was one participant whose experiences did not relate to either of the two identified groups. Shaggy Dog’s reflections on his institutional experiences were markedly different to
the accounts of others. He spoke unequivocally of what he considered to be the best care that he could have received given the circumstances of his childhood. For him, the experience of institutional child care in Western Australia was largely positive and, in his view, prepared him well for his future integration into the community. Shaggy Dog believed that when he left care, he was adequately prepared to participate in society and was ready to enter the work force having been introduced to an apprenticeship in engineering. Shaggy Dog believed he had a strong sense of who he was and was able to accept himself as he was. Nonetheless he held this commonality with other participants - considerable distrust of authority and of those around him. Shaggy Dog’s account indicates that not all experiences within care institutions were negative and traumatic, as noted in the literature (see SCARC 2004, p. 63). However, his lack of trust may be understood as a legacy of institutional care. Shaggy Dog said his main regret was not obtaining a tertiary education in later life.

Of the twenty one participants contributing to this project, seven had attained a Bachelor degree or higher. It was observed that within this finding, those with a tertiary education could be separated into two groups. The first had obtained their degree early in life. For example, Karen, Crumbs, Myra, and Val each received their degree before they were thirty years of age. The second group consisted of Boudicca, Mitta and Tilly who received their Bachelor degrees as mature aged students. Of the remaining fourteen participants, only Shaggy Dog completed year twelve or its equivalent. The number of university graduates in this study was unusual because, as highlighted in the two surveys conducted by CLAN (CLAN 2008, p. 9; CLAN 2011, p. 21), ex-residents of care were reported to have an extremely low representation in Bachelor degrees.
A possible explanation for this anomaly is the sample recruitment processes that were employed. Previously in Australia, researchers such as Branigan et al. (2008) and CLAN (2011) when exploring the population of institutional care leavers predominantly drew their samples through advocacy groups and service providers. In contrast, the recruitment processes for this study accessed participants through mainstream media outlets such as ABC radio and the Internet. As such, it is possible that a different demographic was accessed resulting in a larger than average representation of participants with higher educational outcomes.

A profound sense of social distrust was found to be commonplace among all participants in this study including Shaggy Dog. They spoke often and movingly of broken promises, being misled and lied to by institutional staff and various other authority figures. This led to a deep sense of social mistrust, which in some cases resulted in open resistance to authority, as in Leicester’s case. Leicester adamantly refused to allow any authority, such as a University Ethics Committee, to tell him who he was or was not, or indeed how he could or could not represent himself. For most participants, the main sources of distrust were government institutions and those who worked in them. One of the biggest grievances was that they exited institutional care under-prepared for the ‘outside world’. In this regard the transition from institutional care to independent or interdependent living consisted of fear and uncertainty which generated even more distrust. This finding adds support to other studies on children exiting contemporary care regimes internationally (Hook & Courtney 2011) as well as domestic surveys of historical care leavers (CLAN 2011).
Issues of parenting were raised by several participants including Crumbs, Mitta, Holly, Celtic and Tilly. The common point of contention was that they had not been parented in the traditional sense and as such they had not experienced the basic skills required to parent their children. Two participants, Crumbs and Pink surrendered their first born child to the authorities saying that they could not cope with not knowing how to be a mother. Both spoke of guilt and regret in later life. Pink however, had been reunited with her surrendered son when he was in his late teens. Others such as Leicester and Karen simply indicated that because they had not been parented, and although they loved and cared for their children, they found parenting difficult and continued to have challenges establishing attachments and connections with their offspring. There has been some research on care leavers from Catholic institutions in regard to parenting. Findings in a study by Branigan et al. (2008, p. 33) found that although no participants in that study had surrendered their children to the authorities, many of them had difficulties with parenting.

Another finding of the research was that the age of admission into care institutions appeared to be a factor in how residents experienced institutional care. For example, seven participants Jon, Paul, Pink, Allan, Tilly, Mitta, and Leicester were admitted into institutional care aged three years or younger. Each of these participants appeared initially, to be more accepting and compliant of their new surroundings and routines upon entry into the institutions than the participants who entered the care regimes later in life. Of these participants five, Mitta, Tilly, Jon, Paul and Pink remained in care until they were eighteen years of age. The remaining two, Allan and Leicester remained in care until aged seventeen and twelve years of age, respectively. Thus, those who entered institutional care three years of age or less and left the institutions
aged eighteen years of age experienced the bulk of their childhood learning experiences within total institutions. As argued by Cooley (1907), the interactions experienced during these formative years establish the basis of one’s sense of self. It seemed the younger the individual at the time of admission, the less resistance there appeared to institutional rules and regulations, leading to, at times, an unquestioning compliance with authority.

On the other hand, those who were older at the time of admission, tended to be more resistant to instructional authority and inquisitive in relation to their new circumstance. Myra who entered care at five years and six months of age said she had ‘a lot of resentment’ about being separated from her siblings and would be punished for her concerns. Some, including Boudicca, Allan, Lee Being, Shanka and Keith were routinely disciplined. For example, whilst minimising her experience, Shanka said she was disciplined ‘a few times’ by having her knickers removed and copping ‘a hiding over the chair’. This ceremony was performed in view of other children. Regardless of the age of a participant at the time of their admission into care, the punitive measures implemented by some institutions were draconian. For example, being locked in a room or concrete cell for days at a time, or not being allowed to eat with the other children and/or not receiving the same food portions as other children, as described by Tilly. Pink believed she received further abuse by having soap forced into her mouth because she reported being sexually abused by one of her carers. Importantly, each of these childhood occurrences continues to influence the lived experience of participants as they aged.
Another finding was that a number of participants spoke of being estranged from their siblings at the time of admission into care. Some, including Myra believed that their inability to develop healthy sibling relations resulted from being separated from their family at an early age. Others spoke of the disruptive and traumatic manner in which they were separated from family. For example, on the death of Leicester’s father the authorities arrived at the farm, ‘kicked the front door down and shot the dog.’ Leicester was then placed in institutional care and separated from his mother and older brothers. It was not uncommon for siblings to be separated prior to, or upon admission, into care (SCARC 2004, p.107). Some siblings were sent to locations great distances from each other. Others were segregated according to age and/or gender on arrival at an institution. Tilly said that upon admission to the institution he and his sisters were separated according to gender and although he was able to see them, he was not allowed to communicate with them. Although there were institutions that attempted to keep siblings together, as noted in the Forgotten Australians Report (SCARC 2004), such practices did not occur in respect of any of the institutions that participants in this study attended. As we saw, this separation had a profound and lasting effect on individuals at a number of different levels, not least in terms of a sense of disruption and disconnection and the loss of a sense of closeness and family belonging that they had experienced formally.

For many participants such as Tilly and Leicester, this splitting from immediate relatives was among the worst experiences of all, invariably compounding feelings of loss and dislocation as a result of removal from the family home (however bad that environment may have been). The severed connection between siblings was certainly not replaced with warm and loving relationships from institutional carers – often it
was the very opposite. The required adherence to a rigid code of conduct, the not infrequent episodes of abuse, and the failure to prepare residents for a life outside the institution only compounded the resentment that many former residents still felt in respect of their institutional experiences. In fact, rather than developing full and enriching relationships, participants alluded to a stifling environment in which compliance rather than any sense of belonging or community took hold. Indeed for many, the places they occupied were the polar opposite of the caring and nurturing places they might reasonably have expected. These institutional childhood experiences continue to impact negatively on many of their lives as they age.

In detailing the implications of institutional care on the lived experiences of the twenty one participants contributing to this study, this research has met its first objective; to contribute to the growing knowledge concerning adults who experienced institutional care pre 1974. In terms of the second objective; to generate, from a Social Science perspective, information which can be disseminated in a detailed research thesis, scholarly articles and public presentations, this thesis is the first written documentation and scholarly papers will be produced along with conference presentations after the thesis has been examined. After the examination process has been completed, scholarly articles will be generated containing information with the potential to assist service providers develop a better understanding of the sensitive issues involved with Forgotten Australians. In this way the third objective will be addressed. The fourth objective will be achieved using data from this study to write a report to inform decision makers on the development of contemporary out-of-home care policy.
Limitations and significance of the study
As highlighted in Chapter Four, vicarious trauma was experienced by the researcher and a consideration to be managed. The process of management included regular debriefings with supervisors and professional psychological counselling. As previously noted, it was necessary to abstain from the research process on at least two occasions. These interruptions were a direct result of vicarious trauma and the reactivation of trauma experienced by me as a child.

With the interpretive analysis used in this thesis there was a possibility of making assumptions (Creswell & Miller 2000). As such, it was important to analyse the accounts of each individual’s lifeworld experiences as accurately as possible. Hermeneutic phenomenology is an interpretive methodology and it is easy to read too much or too little into the transcribed data. Hence, a balance of both emotional and intellectual sensibilities was required throughout the analysis process (Thiis-Evensen 1987). This was achieved through the supervision process with my supervisors who provided critical feedback on the interpretation and analysis processes.

Importantly, conclusions drawn from this research are not intended to represent the broader population of Forgotten Australians. The study has attempted to reconstruct the individual experiences of the participants and to identify the main themes as expressed in the transcribed narratives. The knowledge gathered and presented in this thesis involves a reconstruction and interpretation of the participants’ experiences and cannot be deemed as statements of what is ultimately real. It was as a result of these recollections that each participant progressed their understanding of themselves, thus creating a new truth.
This work is significant and has contributed to knowledge through both its ontological exploration of this small sample of Forgotten Australians, and in its hermeneutic phenomenological methodology. It has established that, for the majority of those whose stories informed this research, and who also identified as Forgotten Australians, their experiences of a sense of self, a sense of community and a sense of relational belonging continued to be significantly influenced by their institutional childhood experiences as they aged. Contained within the narratives are revelations of some of the complexities of their lives, relationships, and social environments. As such, a richer and more nuanced understanding of the challenges experienced by ex-residents of institutional out-of-home care pre 1974 has been built through the analysis. It is by developing such an understanding of the experiences of this population that better services can be provided to them as they age. As such, a number of recommendations have been made which were informed by these stories and experiences.

**Recommendations and further research**

Prior to, during and after the interview process, ten participants requested access to psychological counselling thus highlighting the significance of mental health issues for this population. Of the participants, all but one had, at some time, been receiving or had received counselling which was directly related to their institutional care experiences. Hence, a recommendation is proposed for the provision of easy access to ongoing psychological counselling for Forgotten Australians as they age. This counselling should be in addition to the ATAPS (Access to Allied Psychological Services) available to the general public (Department of Health 2015). This access could be achieved through direct funding to the already established state agencies such as Wattle Place in NSW, Tuart Place in Western Australia, Open Place in Victoria, Lotus
Place in Queensland, Brolga Place in the Northern Territory and Elm Place in South Australia.

As the population of Forgotten Australians age, there are increased challenges on how service providers such as aged care, dental and medical services will identify and address the needs of this vulnerable cohort. One of the immediate challenges is to be able to identify when a Forgotten Australian is requiring service access. It would be helpful to have an optional acknowledgment space, for example a ‘check box’, on government forms and documents, such as Centrelink, similar to that which is provided for Aboriginal and Torres Strait Islander peoples. This option would provide the prospective service provider with information relating to the requirements of this special needs group (Rudd 2009). It would also be helpful in establishing the contemporary population of Forgotten Australians.

As with other vulnerable populations, such as the Stolen Generations, how Forgotten Australians are received when approaching service providers is important. It is a recommendation of this study that educational programs, inclusive of a documentary and topic guides, be developed for students of welfare, counselling and psychology that they become familiar with the issues concerning Forgotten Australians. Having such information would arm students and/or agents of service providers with knowledge to engage respectfully with any ex-resident of institutional care.

Many Forgotten Australians have not been able to establish adequate finance or assets in preparation for their senior years. This economic lack has the potential to
disadvantage them as they age. One of the common reasons can be attributed to challenges experienced during their working life. Care leavers in general have been included in the Aged Care Act 1997 as a special needs group (Department of Social Services 2015a). However, the Forgotten Australians and child migrants were identified as a special needs group as they age by the Prime Minister in 2009 (Rudd 2009) acknowledging institutional care leavers will have pressing and urgent needs as seniors. It is strongly recommended that the distinction between the Stolen Generations, ex-recipients of contemporary care and institutional care leavers be observed by governments and care providers.

As of July 1, 2015, the Department of Social Services had not developed any information to raise awareness of the needs of Forgotten Australians as a special needs group for aged care service providers (Department of Social Services 2015b). Given the current reform of the national aged care policy (Department of Social Services 2015a), the opportunity exists for the expansion and clarification of considerations for the Forgotten Australians as cohort with special requirements as they age. Given the population of Forgotten Australians are an ageing cohort, it is recommended that information designed to assist aged care providers be researched and developed as soon as possible.

To assist in understanding of the needs of the Forgotten Australians more research is essential. Further research focusing upon the intergenerational issues of institutional care leavers is strongly suggested. The legacy of poor life skills being passed onto the next generation by this population cannot be ignored. This current study found that
the skills required to parent were not realised by many of those who were exposed to long periods in the child care establishments. This observation exposed a gap in the literature concerning how children of care leavers are impacted by their parents’ experience. It is therefore recommended that more funding be made available by state and federal agencies to investigate these intergenerational issues.

A final recommendation is that state and federal agencies provide more funding to enable ongoing research concerning institutional care leavers and their social challenges in general. It was identified in Chapter Three that there is little rigorous research contributing to the knowledge on Forgotten Australians in general. Hopefully this study contributes, albeit in a small way, to understanding their ability to construct and develop relational belonging within family, communities and broader society.

Conclusion
The aim of this research was to explore what a sense of belonging, with a focus on family and community, means for an adult who experienced institutional care as a child pre 1974. The findings of the study have shown that twenty of the twenty one participants experienced difficulties integrating into the community after exiting the historical out-of-home institutional care regimes across Australia. For many however, challenges of social and familial integration have continued as they aged. Some spoke of not been able to establish close relationships with their siblings whilst others told of challenges within their personal and familial relations. Social distrust, distrust of institutions and of authority, feelings of stigma and shame were dominant themes in the transcripts of the participants.
The overarching finding of this study was that for the majority of participants, these feelings appeared to contribute to an unhealthy sense of self which in turn generated insecurity. Experiences and memories, both positive and negative, are connected to a sense of belonging. For many individuals the construction and establishment of their sense of self is influenced by how they experience a sense of belonging. The negative views ultimately affected how many participants experienced a sense of belonging with family and community. There was one outlier, who indicated that for him, there were no issues of concern establishing himself within community because he considered that the institution adequately prepared him for his life post care. Notably however, he also disclosed that he had major issues of social distrust with authority and other people in general.

If we are the authors of each other’s stories, as Cooley’s (1907) theory argues, then much of the literature on Forgotten Australians in conjunction with the evidence presented in this study, suggests that these constructions of a sense of self have been articulated through often fraught and abusive relationships. Exacerbating the trauma of separation from one’s family are the experiences of being assimilated into an institution with many other children and entering a regime of discipline and control which sometimes involved rituals of mortification or degradation. The outcomes for many residents were lifelong feelings of stigmatisation, shame and adversity. These feelings have influenced how most participants constructed a sense of self, sense of community and a sense of relational belonging. Indeed, a sense of not belonging has been identified as having impacted on the lives of many participants during and after their care experience. Some reflections contained in this thesis highlighted the
concept of how relational belonging is an ingredient informing how one constructs a view of self, thus supporting the ideas of Cooley (1907) and Goffman (1959).

The privation experienced by children living in the child care regime pre-1974 was not publicly acknowledged until the late twentieth century. The hardships experienced by this population need to be publicly recorded so that similar ‘care’ experiences never occur again.

Forgotten Australians continue to be significantly lacking in many aspects of their daily life as a result of their time in institutional care. As has been demonstrated in this study, many of these disadvantages are intensified by their inability to develop lasting healthy relationships with others including family and the broader community. Although some have overcome many of the issues related to their institutional childhood experience, we have also seen that many continue to struggle with their concept of a sense of self and have ongoing challenges with a sense of not belonging. Importantly, this study has confirmed the acknowledgement by the Australian Federal Government in 2009 that issues concerning Forgotten Australians continue to be of significant concern as they age.
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Appendix One

Media Release

Special requirements of Forgotten Australians investigated - 02/05/2012

A Southern Cross University PhD candidate would like Forgotten Australians to participate in his research so that future government policies can be developed to meet the special requirements of this population as they age.

A Forgotten Australian is described as an Australian-born, non-Indigenous person, who as a child lived at some time in institutional out-of-home care within Australia before 1974. It is estimated there were as many as 500,000 Forgotten Australians.

In 2009 the then Prime Minister of Australia, Kevin Rudd, apologised to the Forgotten Australians for abuses they suffered in institutions at the hands of government and non-profit organisations. As part of the apology, Mr Rudd identified this group of Australians as a special needs group, or people who may require special services as they age.

To better understand what some of these needs might be PhD candidate Gregory Smith, himself a Forgotten Australian, is researching how a Forgotten Australian may experience feelings of belonging or of not belonging in relation to communities, families, relationships and work places.

“I spent time in institutional out-of-home care intermittently from 1965 until 1974, and the childhood experience has influenced my life greatly,” he said.

“I am researching how people who lived in institutional care as children now experience feelings of belonging or of not belonging in terms of relationships, communities and other situations. I am interested in the ways these feelings affect how they experience a sense of belongingness, a sense of self and identity as adults. Specifically, I am exploring how institutional life has impacted on their lives as adults. In doing this, I will begin with the assumption that each person interprets their own experiences in a different way.”

Mr Smith is calling on Forgotten Australians Australia-wide to participate in his research.

“If you were a resident of any form of out-of-home institutional care in Australia pre-1974, are an Australian-born non-Indigenous person, you are eligible to participate in this research,” he said.

“The participants will be interviewed at a time and place convenient to them and I will be the person conducting the interviews. The interviews will last for approximately one hour and will be audio recorded with the permission of the participant.”

“It is important to note that there will be no right or wrong answers in the interview. I am interested in how the participant has, in the past or now, experienced feelings of belonging or of not belonging over the years since leaving an institution.”

The information will be then be analysed by Mr Smith to identify specific themes and
participants can be kept informed of any findings. The research is completely confidential and has been approved by the human research ethics committee of the University.

To participate in the study or to find out further information Gregory Smith can be contacted on 02 66593151 during office hours or mobile: 0401 083 462 and via email on gregory.smith@scu.edu.au

Media contact: Steve Spinks, media officer, Southern Cross University Gold Coast and Tweed Heads, 07 5589 3024 or 0417 288 794.

For further information, please contact:
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Appendix Two  Letter of introduction

Southern Cross University

Tuesday, January 22, 2012

Dear xxxxx,

Thank you for your phone call indicating your interest to be a participant in this very important research project. I have included several documents containing information which will assist you in making an informed decision in regard to your participation in the project entitled ‘Nobody’s Children’. If you choose to participate in this project, please forward me a signed consent form (enclosed) and I will arrange to communicate with you. The consent form can be posted to:

Coffs Harbour Education Campus
Hogbin Drive Coffs Harbour NSW 2450
MG.22
Tel  02 66593151

If you have any further enquiries, please contact me on any of the numbers provided.

Kind regards

Gregory P. Smith
PhD Candidate
Appendix Three  Invitation to participate

If you lived in any form of out-of-home institutional care before 1974 and are an Australian born non-Indigenous person, and have time to spare between January 2012 to September 2012 I would like to invite you to participate in a research project. Your participation will consist of approximately a one hour recorded interview in a quiet place of your choosing. Also there will be some follow up phone calls or Skype interviews for content checking of the information provided. To ensure your anonymity is protected, a pseudonym of your choosing will be used in the study.

In 2009, the then Prime Minister of Australia apologised to a group of Australians known as the Forgotten Australians. A Forgotten Australian is described as an Australian born, non-Indigenous person, who as a child lived at some time in institutional out-of-home care within Australia before 1974. In making this apology, the Prime Minister, Kevin Rudd identified this group of Australians as a special needs group, or people who may require special services as they age. To better understand what some of these needs might be, I am researching how a Forgotten Australian may experience feelings of belonging or of not belonging. This could be in a family, work place, community or any number of other ‘places’.

My name is Gregory Smith. I spent time in institutional out-of-home care intermittently from 1965 until 1974. I am researching how people who, as children, lived in institutional care experience feelings of belonging or of not belonging in relationships, communities and other situations and what their feelings of a sense of belonging and a sense of self are as adults.

If you are interested in or would like to participate in this research, or discuss any aspect of the research project I can be contacted on 0401083462 or (02) 66593151 alternatively by email at gregory.smith@scu.edu.au

Gregory P. Smith
PhD candidate
School of Arts and Social Science
Southern Cross University
Appendix Four  Information Sheet for Participants

Title of Project: Nobody's Children

The purpose of this research is to find out how people who lived in orphanages and other institutional care feel that they belong or not in their family, community and/or society. I am interested in how time in institutional child care affects people’s experience later in life. I will use the information you provide to assist in the understanding of these experiences. I will begin with the assumption that each person interprets their own experiences in a different way.

Who is the researcher?
My name is Gregory Smith and I am the researcher in this project. I am a PhD candidate in the School of Arts and Social Sciences at Southern Cross University. I am also a tutor of sociology and politics. I was a resident of a New South Wales orphanage from 1965 to 1966 and then a series of other institutions until 1974.

Who is eligible to participate in this research?
If you were a resident of any form of out-of-home institutional care in Australian pre-1974, are an Australian born non-indigenous person, you are eligible to participate in this research.

If I participate, what can I expect to happen?
If you agree to be a participant you will be asked to participate in an interview at a time and place convenient to you. I will be conducting the interviews. The interviews will last for approximately 1 hour and will be audio recorded (with your permission). There will be no right or wrong answers in the interview. I am interested in how you have, in the past or now, experienced feelings of belonging or of not belonging over the years since you left the orphanage. You will also have the opportunity to see and comment on the transcript of your interview prior to completion if you would like to do so.

How will the information I give be used?
The information you share will be analysed and themes identified such as how your experience may have impacted your sense of belonging and sense of who you are. The information will be used to construct my PhD thesis for the School of Arts and Social Sciences at Southern Cross University. The research project will take the form of a written thesis that will be kept in the University library. I will also write reports and professional papers about the research as an ongoing project contributing information and insights about the Forgotten Australians to the general public.

Who will support me during the research?
Although the questions I will be asking are not intended to cause any distress, sometimes an interview may bring back an experience that you want to talk about later. If this happens and you would like to speak to someone, professional counselling services will be provided.

What about confidentiality?
Any information that is obtained in connection with this study and that can be identifies with you will remain confidential and will be disclosed only with your permission. Throughout this research project I will seek to maintain the confidentiality of participants by using pseudonyms. Once your interview is transcribed, all identifying information will be removed from it and the processed information will be stored without any identifying components. It will be stored securely on a password-protected computer at the School of Arts and Social Sciences at Southern Cross University for 7 years according to national standards of ethical research. All information collected in this research will be either returned to you or disposed of with your permission 7 years after the research is completed. You will not be identified in my PhD thesis or any report or paper published from this research. Any reference to you will be made using a pseudonym.
How can I find out the results of the research?
After my PhD thesis is submitted, I will write a report on the research for all participants. Please let me know if you would like to receive a copy of this report.

What if I don’t want to be involved in the research?
Your participation is entirely voluntary and there is no expectation for you to take part in this research. Also, if you do agree to participate, you may withdraw yourself or any information you have already given from the research at any time without any negative consequences.

Should I talk this over with someone else?
You are entirely free to discuss your participation with another person and have that person ask questions about the research on your behalf. This person could also be with you during the interview if you wish them to be there.

What if I have concerns or questions about the research?
I am happy to discuss any aspect of this research with you in more detail. My contact details are listed on the front page. This study has been cleared by the human ethics committee of Southern Cross University in accordance with the National Health and Medical Research project staff. My research supervisors are, Associate Professor Mark Hughes, Dr. Sandy Darab, and Dr. Yvonne Hartman. Each of these individuals contact details are listed on the next page.

This research has been approved by the Human Research Ethics Committee at Southern Cross University. The approval number is ECN-12-051

If you have concerns about the ethical conduct of this research or the researchers, the following procedure should occur.

Write to the following:

The Ethics Complaints Officer
Southern Cross University
PO Box 157
Lismore NSW 2480
Email: ethics.lismore@scu.edu.au

All information is confidential and will be handled as soon as possible.

The contact details for the researchers are:

Researcher: Gregory P. Smith
Phone: 0401083462
Email: gregory.smith@scu.edu.au

Principal Supervisor: Associate Professor Mark Hughes
Phone: (07) 55069322
Email: mark.hughes@scu.edu.au

Supervisor: Dr. Sandy Darab
Phone: (02) 66203028
Email: sandy.darab@scu.edu.au

Supervisor: Dr. Yvonne Hartman
Phone: (02) 66203043
Email: yvonne.hartman@scu.edu.au

Thank you for considering being part of the research

Gregory P. Smith
PhD candidate
School of Arts and Social Sciences
Southern Cross University
Title of research project: **Nobody’s Children**

Name of researcher: Gregory P. Smith

**Tick the box that applies, sign and date and give to the researcher**

I agree to take part in the Southern Cross University research project specified above. Yes ☐ No ☐

I understand the information about my participation in the research project, which has been provided to me by the researchers. Yes ☐ No ☐

I agree to be interviewed by the researcher. Yes ☐ No ☐

I agree to allow the interview to be audio-taped. Yes ☐ No ☐

I agree to make myself available for further interviews if required. Yes ☐ No ☐

I understand that my participation is voluntary and I understand that I can cease my participation at any time. Yes ☐ No ☐

I understand that my participation in this research will be treated with confidentiality. Yes ☐ No ☐

I understand that any information that may identify me will be de-identified at the time of analysis of any information. Yes ☐ No ☐

I understand that no identifying information will be disclosed or published. Yes ☐ No ☐

I understand that all information gathered in this research will be kept confidentially for 7 years at the University. Yes ☐ No ☐

I am aware that I can contact the researcher at any time with any queries. Their contact details are provided to me. Yes ☐ No ☐

I understand that this research project has been approved by the SCU Human Research Ethics Committee. Yes ☐ No ☐

Participant’s name: ______________________________________________________

Participant’s signature: ____________________________________________________

Date: ______________________

☐ Please tick this box and provide your email or mail address below if you wish to receive a summary of the results:

Email: ________________________________________________________________
Appendix Six  Interview Schedule

Social characteristics:

Age now        [    ]

Age when placed in care     [    ]

Age when discharged from care    [    ]

Gender.       [    ]

State in which care was provided  .................

1. Please talk to me about your experiences regarding:

a) Belonging or of fitting in with others whilst in care.

b) How you fit in (belong) now in relation to your community.

c) How you fit in (belong) now in relation to your workplace (or neighborhood).

2. How do you believe these experiences affect you today in terms of other relationships?

3. Please talk to me about how comfortable (sense of belonging) you are in your relationships today:

a) With your immediate family (siblings)

b) With your friends (including friends from school)

Tell be about how you feel your relationship with your siblings has been affected as a result of being in care

d) Please talk to me about how your relationship with them is today
4. Please tell me about your housing history since you left care.

5. Have you ever experienced not having a place to live, or feel that where you lived was not safe? If so:
   a) Please tell me about your feelings at that time.
   b) Please tell me how this event came about.
   c) Please talk to me about how this affects you now.
   d) Please talk to me about any fears (if any) you may have of this happening as you get older.

6. What are your thoughts on being in an institution (such as an aged care home) when you are older?

7. How do you think these experiences have influenced who you are today in relation to:
   a) How you see yourself?
   b) How comfortable you are with who you are?
   c) How you think others see you?
Appendix Seven  Support Services

The ARC support service:
Free call 1800 656 884
The Aftercare Resource Centre (ARC) is a service of Relationships Australia (NSW). The ARC Support Service is a specialist service funded to support people who, as children, were in out-of-home care in NSW. This psychological counselling service is free of charge to ex-residents of institutional care.

Care Leavers Australia Network (CLAN)
Free call: 1800 008 774
Email support@clan.org.au
CLAN is a support group for people who were state wards, foster children or ex-residents of institutions.

Note:
On receiving a request for counselling by a participant, an option was provided for them to personally contact the support service provider or have the researcher approach the provider on their behalf. All participants opted for the latter. As such, the researcher contacted the ARC support service and provided the participants contact details (with the permission of the participant) to the service. The service provided then sourced an appropriate psychologist in the local area of the participant and contacted the participant with the psychologist’s details. The onus was then on the participant to contact the psychologist and make an appointment. Free telephone counselling was also provided as an ongoing service by CLAN.
## Appendix Eight

### Participant Demographics

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<th>Pseudonym Or Name</th>
<th>Gender</th>
<th>Admission Age</th>
<th>Discharge Age</th>
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*Pseudonym not used

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Appendix Nine  Change of Protocol

MONITORING APPROVED RESEARCH
Refer to National Statement on Ethical Conduct in Human Research  
Section 5.5

Name of Project: Nobody’s Children: An exploration into a sense of belonging of 
adults who experienced institutional out-of-home care as 
children

Ethics Approval No and Date of approval: ECN – 12- 051 dated March 7, 2012

Name of Person Responsible/Supervisor and School/Centre: Gregory P. Smith
SASS

Email Address and Telephone contact: gregory.smith@scu.edu.au

Name of Principal Researcher: Associate Professor Mark Hughes
SASS

Email Address and Telephone contact: mark.hughes@scu.edu.au Phone: 07 55 069 322

CHANGES/ADDITIONS FROM PREVIOUSLY APPROVED PROTOCOLS

1. Summary of changes/additions
Provide a summary of changes and/or additions, highlighting the key changes and 
how these differ from the original protocols approved for the research.

The original protocol stipulated that pseudonyms would be used for each participant 
of the research study. A number of respondents have insisted that they be identified 
with their correct name within the study as they have a right to have their identity
revealed in the thesis. As such the variation requests that the participants be given a choice as to whether or not they use a pseudonym.

Provide any relevant documentation that is required to be changed to the HREC. Such as, changed Information Sheets, Consent Forms, other documents that will be provided to participants in the research.

2. Justification of changes
Provide justification (if this is necessary) as to why the protocols are being changed and why they are necessary to meet the aims of the project.

This protocol change is being requested in response to the ‘strong’ views of the participants. It is important for this study that the views of participants about the research process are considered carefully and respectfully. The research is studying a group of people who have been marginalised and ignored in public policy and thus some people feel very strongly that their identity should not be concealed in research on this topic. Thus, in this instance it was acknowledged that individuals should have the opportunity to have their identity revealed in the thesis.

3. Risk
Is there any change to “risk” for participants involved in this research? Yes
If yes, please explain

Participants’ decision to reveal their identity in the thesis does carry some risk in that they may express strong views about their prior care and that those who read the thesis may contact them about these views. However, all participants will be adults able to provide informed consent and they will be in a position to monitor what information they provide to the researcher knowing that their identity will be disclosed.

The Supervisor and the Principal Researcher should sign the form.

Signature of Person Responsible/Supervisor:.................................................................

Date: 6.6.12

Signature of Principal Researcher:.................................................................

Date: 6.6.12

WHERE TO SEND
Changes of protocol to approved ethics projects can be approved by the Chair/Deputy Chair of the HREC or the Chair of the HRESC or another delegated officer.

Please send one copy electronically to the appropriate ethics office.
ethics.lismore@scu.edu.au
ethics.coffs@scu.edu.au
ethics.tweed@scu.edu.au