Marginalised Voices: The Quest for a Recognised History

*Goodna Girls* is a firsthand history of the consequences of a policy that resulted in children being incarcerated in an adult psychiatric hospital. What follows is a collection of oral histories of four former child inmates (Jean/Erin, Judy, Rose and Tammy) and three staff (the priest, the psychiatrist and the nurse) from Wolston Park Hospital, Queensland’s oldest and largest mental health facility. Wolston Park was founded in 1865 as Woogaroo Lunatic Asylum. It changed its name to Goodna Asylum (later Hospital) for the Insane in 1880 and is now known as The Park Centre for Mental Health. As Mark Finnane and Joanna Besley note, each name change reflected an ‘aspiration to escape the stigma associated with an institution for “the insane”’.¹ Before Woogaroo was established, male and female ‘lunatics’ had been lodged at the Brisbane Gaol. The name ‘Woogaroo’, which means ‘to step over a person lying down’, was derived from an Aboriginal name for the land on which the asylum was built.² Between 1867 and 1915, five parliamentary inquiries and royal commissions were held into the asylum’s management and accommodation.³ Over 50,000 patients were admitted there between 1865 and the mid-1980s.⁴

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1 Besley and Finnane, ‘Remembering Goodna’, 117.
3 Finnane, ‘Wolston Park Hospital’, 43.
4 Finnane, ‘Wolston Park Hospital’, 52.
There is no certainty about the number of child patients admitted to Goodna. In March 2017, Queensland’s Minister for Health, Cameron Dick, stated that approximately 50–60 children had been sent to Goodna, but he did not provide any details about the years of their admission or the source of his figures. The women interviewed for this book have letters, written at the time of their admission, from Queensland’s departments of Health and Children’s Services. However, these departments claim that they ‘do not have any data’ for ‘children under the age of 18 admitted to the Park Centre for Mental Health’. The Department of Health did not begin to collect patient data for psychiatric hospitals until the 1995/96 financial year. Finnane and Besley claim that Wolston Park has an archive of medical records that ‘are not open to the public and access by researchers is strictly vetted’.

Child ‘Protection’

*Goodna Girls* is part of a wider history of institutionalised welfare policies and practices that emerged during the nineteenth century in the wake of the Industrial Revolution, which saw masses of people relocate to areas that grew into large cities. The growth of a pauper class prompted the formation of charitable organisations and new practices of state monitoring and attempts to control individuals and communities through social welfare agencies. For vulnerable children, one of the outcomes of this conflation of scrutiny and social work was their institutionalisation—a practice referred to as ‘penal welfarism’. Kerry Carrington defines penal welfarism as ‘the punishment of children for non-criminal conduct under status or welfare offences, such as being uncontrollable or exposed to moral danger’.

Penal welfarism in Australia dates back to the earliest times of European colonisation. Fifteen per cent of all convicts transported to Australia between 1788 and 1868 were aged 18 or younger. During the nineteenth

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5 This occurred on ABC Radio, Brisbane, 16 March 2017. The reporter was Steve Austin.
6 Child Safety After Hours, Brisbane Region, email to author, 3 May 2016.
7 Queensland Department of Health, email to author, 18 April 2016.
8 Besley and Finnane, ‘Remembering Goodna’, 120.
century, industrial schools and reformatories, which were often run like prisons, were established around the country. In 1871, in Queensland, abandoned or criminal boys were housed on the *Proserpine*, a hulk anchored in the Brisbane River, near Lytton, echoing the British prison hulks of the late eighteenth century. Penal welfarism continued into the twentieth century, with over 900 orphanages, homes and other residential facilities for children operating in Australia.

For decades, child protection policies have been conflated with institutionalised punishment and treatments of mental illness. For example, alcohol abuse was linked with delinquency in Queensland's *Inebriates Institutions Act 1896*, which permitted substance abusers, including young people, to be placed in psychiatric facilities. During the 1950s in Brisbane, girls from the industrial schools—Sisters of Mercy's Holy Cross Home; Mt Maria Re-Education Centre, Mitchelton, run by the Sisters of the Good Shepherd; and the Salvation Army’s Kalimna Vocational Centre—could be sent to psychiatric hospitals if they were deemed disruptive. Dedicated psychiatric facilities for children were established in Queensland in the 1960s. Karrala House, for girls, was opened in 1963 within the Ipswich Mental Hospital and was administered by Queensland’s State Children Department. Wilson Youth Hospital had been established for boys (up to the age of 14) in 1961, with a section for girls opening in 1971. What prompted this development?

**Fear of ‘Delinquents’**

The emergence of youth cultures after World War II (WWII) provoked moral panic around a perceived epidemic of juvenile delinquency. The Australian ‘bodgies and widgies’ of the 1950s were one of the targets of this dread, exemplified by A. E. Manning’s book *The Bodgie: A Study in Psychological Abnormality* (1959), which cast this cohort as juvenile delinquents in need of psychiatric treatment. The Queensland police formed a ‘Bodgie Squad’ in the Brisbane Police District. At the same time, the medical response to young people from the working and poverty classes was formalised in government policy.

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16 Bessant, ‘Described, Measured and Labelled’, 8; Moore, ‘Bodgies, Widgies and Moral Panic’.
In 1957, Queensland Premier (Sir) Frank Nicklin constituted a Committee on Youth Problems, chaired by Police Minister Alexander Tattenhall Dewar. Tasked with addressing youth problems, such as neglected children and criminal delinquents, the committee recommended the establishment of Child Guidance Clinics led by a psychiatrist. Referrals could be made by order of a judge or magistrate in a specific Juvenile Court Clinic that would be instituted for the purpose.\(^\text{19}\) The committee also recommended that police be ‘authorised to request the parents of children found to be committing anti-social acts to direct such children to the Children’s Court Clinic’\(^\text{20}\).

In 1961, a Committee on Child Welfare Legislation was appointed by the Minister for Health and Home Affairs. Chaired by Minister Dewar, the committee, which comprised members of the departments of Justice, Health and Home Affairs and the director of the State Children Department, observed the lack of research linking delinquency and mental illness. Yet, although there were ‘no accurate figures available for the incidence of delinquency and its relationship to psychiatric abnormality’, the committee reported that ‘the Senior Medical Director of the Welfare and Guidance Service has formed the opinion that the incidence of personality disorder and psychiatric abnormality amongst delinquent youth in this State is high’.\(^\text{21}\)

This opinion informed the establishment of the Wilson Youth Hospital in 1961 for the ‘assessment, remand and treatment’ of teenage boys and also Karrala House in 1963 for ‘the older and more recalcitrant type of girl’.\(^\text{22}\) The Committee on Child Welfare Legislation’s report discussed different categories of ‘care’ in accordance with Queensland’s \textit{State Children Act 1911} and \textit{Children’s Court Act 1907}, and recommended that ‘voluntary admission to care’, then limited to the age of 14, be raised to 18.\(^\text{23}\) However, according to the State Children Act, girls could legally be in the protective care of the state, even if not institutionalised, until they were 21.

That this form of institutionalisation endured beyond the ‘bodgie and widgie’ era may be explained by the broader notion of the ‘deviant’:

Those particularly susceptible to being labelled ‘deviant’ are those whose deviance is public and visible. This means that particular groups of people with high levels of public visibility, such as Indigenous people, young people in rural communities, homeless youth, visible ethnic minorities, young people who hang out in public spaces or shopping malls tend to become the locus of adverse public and police attention and labelled as deviant.\(^{24}\)

The decisions of the Committee on Child Welfare Legislation in the 1960s were also set against a wider, international backdrop of social engineering informed by eugenics and euthenics. Prior to WWII, when it became associated with Nazi Germany, eugenics had been a popular movement in most Western countries, including Australia.\(^{25}\) The theory of eugenics was first developed in England, during the Victorian era, by Francis Galton, a cousin of Charles Darwin. Galton believed that heredity had more influence on individual characteristics than environment. He advocated for the collection and publication of eugenics data and the discouragement of procreation among those considered unfit. In eugenic terms, he favoured the wealthy.\(^{26}\) English eugenicist Caleb Saleeby supported positive and negative eugenics:

Negative eugenics relates to the problem of preventing the mental and physical defectives of society from perpetuating their defects through propagation. Positive eugenics relates to the problem of improving the mass of mankind by the selection of the superior in the process of reproduction.\(^{27}\)

Even though discredited, eugenic philosophy informed discourses on the most vulnerable in society, including adolescents.\(^{28}\)

\(^{24}\) Carrington, Offending Youth, 46.
\(^{25}\) Wilson, Prevention is Better than Cure, 1.
\(^{27}\) Ward, ‘Eugenics, Euthenics, and Eudemics’, 738.
\(^{28}\) Wilson, Prevention is Better than Cure, 174.
By contrast, euthenics is the theory that environmental factors can temper hereditary predispositions. Historian Stephen Garton maintains that, in Australia, social problems were perceived to be the result of both hereditary and environmental factors, which influenced the ‘mental hygiene’ movement. This interplay, Garton reasons, can be understood via the Foucauldian concept of ‘bio-politics’, which:

United a broad cross section of professional middle-class opinion … [and] eventually had a significant impact on those subjected to the new mental hygiene gaze, through the psychologists, teachers, social workers and psychiatrists who have come to be employed in many government departments and private welfare organisations since the 1930s.

The preoccupation with ‘mental hygiene’ and social problems is reflected in a statement in 1956 by Robert Heffron, New South Wales Deputy Premier and Minister for Education, who surmised that neglected children were virulent: ‘Deprived children, whether in their own homes or out of them, are a source of social infection as real and serious as are carriers of diphtheria and typhoid. American social theorist Erving Goffman coined the term ‘total institution’ to describe places of residence where people were isolated from wider society, such as orphanages, mental asylums and detention centres. These total institutions were designed, at least in part, to protect ‘the wider population from contamination’. If neglected children were deemed contagious, then their institutionalisation was used as a form of social protection for the masses.

Lack of Education

The narratives within Goodna Girls demonstrate how the talents of marginalised children may be overlooked. Jean/Erin recalls how she was bored at school because she learned content very quickly. Tammy was diagnosed with savant syndrome, but neither girl’s talent was nurtured by formal education. This observation remains relevant for current education policy. A recent Victorian Government inquiry into the

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32 Penglase, Orphans of the Living, 103–04.
education of gifted and talented students notes that gifted children come from all backgrounds and that some students are at risk of not having their gifts identified:

Students at particular risk of having their abilities overlooked are those from backgrounds of educational disadvantage such as low socioeconomic, Indigenous or culturally and linguistically diverse backgrounds, as well as students who live in rural and regional areas and students with disabilities.  

Tammy, who was also diagnosed as autistic, recounts the physical abuse she encountered in primary school. Reports of the abuse of children with disabilities in schools continue to be heard today, including the use of unsupervised restraints for children diagnosed with autism. In June 2017, One Nation senator Pauline Hanson suggested in parliament that children with autism should be educated in a ‘special classroom’. Although Hanson’s comments were not based on research, they still provoked debate, including responses from journalists such as Guy Rundle who argued that the range of behaviours of children in a post-industrial society need to be considered, and that a more modular process of teaching, beyond the ‘one-size-fits-all classroom’, is called for. Tammy’s testimony contributes to such debates. In terms of democratic decision-making, it highlights the implications of excluding the voices of those to whom the benefits or disadvantages of government policies may flow.

Archival Records

The narratives in this book demonstrate the effects on survivors of the personal records that were kept by the state and by institutions. According to Jean/Erin, her incarceration at Boggo Road Gaol as an adult was enabled by a prosecuting lawyer who erroneously concluded that her

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institutional files were evidence of a juvenile criminal record. Similarly, Tammy recounts how her personal files render her vulnerable to being misunderstood when accessed by health professionals today.

The records of those who were institutionalised as children have the ‘capacity to revive past suffering’ and ‘disrupt an individual’s sense of self’. Not only did many institutionalised children endure violent abuse, but also their lives were the subject of relentless and excessive scrutiny by those in positions of power. Record keeping was, and remains, a central mechanism in this constant and invasive monitoring of children in out-of-home care. The potential for the content of these files to be deemed ‘objective’ by those who access them disavows the personal and moral judgements that inform their creation. Sometimes, survivors try to access these records to piece together their histories and provide evidence of their time in ‘care’. Jacqueline Z. Wilson and Frank Golding advocate for the reform of file-keeping methods to enable survivors to actively participate in the creation of their own files.

Livia Iacovino notes the way in which record keeping has enabled the surveillance of Indigenous communities. Human rights may be compromised when the records of Aboriginal and Torres Strait Islander peoples are held by non-Indigenous organisations. Iacovino proposes a ‘participant model’ of archival reform, which may include Indigenous communities having full ownership rights and formal acknowledgement of ‘multiple record creators’. As former Aboriginal and Torres Strait Islander Social Justice Commissioner Mick Gooda noted:

> It is the role of government and others, including archivists and recordkeepers, to position themselves to enable Aboriginal and Torres Strait Islanders to move from passive and powerless subjects to active participatory agents. I hope my insights assist in pushing towards an archive and recordkeeping system that facilitates the active participation of Aboriginal and Torres Strait Island peoples.

A participatory methodology has implications for historical archives as well as current and future record keeping. A recent Australian Research Council–funded project by researchers from Monash and Federation

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40 Iacovino, ‘Rethinking’, 367.
41 McKemmish et al., ‘Decolonizing Recordkeeping’.
universities, ‘Rights in Records by Design’, emphasises the views of those who have experienced out-of-home care. Another project, ‘Indigenous Archiving and Cultural Safety’, has been undertaken by Indigenous researcher Kirsten Thorpe and uses community-based participation approaches, including ‘yarning’, to deconstruct colonial power relationships and associated structural barriers.\textsuperscript{42} Iacovino stresses the need to acknowledge ‘oral memory’ as an important source of Indigenous knowledge.\textsuperscript{43} The memories shared in \textit{Goodna Girls} exemplify the grievous consequences of colonising surveillance facilitated by discriminatory archival practices. Given that Aboriginal and Torres Strait Islander children comprised 36.9 per cent of children in out-of-home care on 30 June 2017,\textsuperscript{44} an ethical, participatory record-keeping policy and practice is a current imperative.

\section*{Staff Witnesses}

This book includes the narratives of three former staff members at Goodna. These provide insight into the systemic barriers staff faced in attempting to support their patients. The priest, a former chaplain at Wilson Youth Hospital, told his story at a time when public criticism of the Catholic Church was rife.\textsuperscript{45} Alive to such criticism, he describes the struggle to realise a democratic church. He refers to the importance of Vatican II, established in 1959, which aimed to realise the direction of Pope John XXIII to ‘usher the church into modernity’. Among other changes, this resulted in the introduction of folk music and guitars in the Catholic mass.\textsuperscript{46} However, it would be naive to assume that the abuse of children within the church was perpetrated solely by autocratic clergy members with a pre-Vatican II sensibility: ‘guitar-playing’ priests have also been accused of sexual abuse.\textsuperscript{47}

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\textsuperscript{42} McKemmish et al., ‘Decolonizing Recordkeeping’.
\textsuperscript{43} Iacovino, ‘Rethinking’, 356.
\textsuperscript{44} Australian Government, Australian Institute of Family Studies, ‘Children in Care’, September 2018, accessed 1 October 2019, aifs.gov.au/cfca/publications/children-care#targetText=The%20remaining%206.7%20of%20children,for%20between%201%20%E2%80%93%20years.
\textsuperscript{45} Royal Commission into Institutional Responses to Child Sexual Abuse, \textit{Final Report}.
\textsuperscript{46} Oppenheimer, ‘Folk Music in the Catholic Mass’, 103–04.
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The priest’s account draws attention to a significant international movement in the Catholic Church—the paradigm of liberation theology, attributed to the Peruvian Dominican priest Gustavo Gutiérrez. Liberation theology has been simplistically labelled as a mixture of Christianity and Marxism. It is perhaps more apt to describe it as a way of positioning Christianity from the perspective of the poor.48 The priest explains how his work with homeless youth was influenced by his study of liberation theology. This description illustrates the lack of targeted and relevant social services for youth at risk at a time when state government responses tended to be characterised by punitive welfarism. The priest, in his role at Wilson Youth Hospital, witnessed the transition of some child inmates to Wolston Park Hospital, prompting him to visit them after their relocation.

In addition to the priest’s account, Goodna Girls includes oral histories of a psychiatrist and a student nurse who worked at Wolston Park Hospital. Both witnessed violence against patients at the hands of other staff and encountered obstacles in seeking justice for these crimes. The psychiatrist reported witnessing a nurse using force to administer medicine to a teenage patient and later gave evidence in court. However, the nurse was not convicted. When the student nurse reported seeing a nurse raping a patient, the tyres on her car were slashed. In the interests of her safety, she was transferred from the ward. But was the perpetrator brought to justice? Transferring witnesses and offenders does not ensure the safety of vulnerable people.

In his narrative, the psychiatrist notes that mental health facilities may be used inappropriately to detain those who are deemed difficult to control. However, he states that ‘self-harm and aggression don’t always correlate with the person having a mental illness’. The psychiatrist also speaks to what he understands as his former, middle-class, judgemental approach to child protection. Such personal insight may be explained with reference to the theory of cultural relativism, in ‘that rights (and other social practices, values, and moral rules) are culturally determined’.49 This understanding or position is not unique to the psychiatrist. As Clark observes:

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48 Berryman, Liberation Theology, 4.
49 Donnelly, ‘Cultural Relativism’, 401.
Social workers are intensely sensitive to charges of being middle class and judgemental, and vigorously pursue approaches which are regarded as non-directive and non-judgmental, and avoid imposing any set of values—and particularly one's own set—on the client.\textsuperscript{50}

Beyond middle-class judgementalism, critical insights might come from querying the efficacy of child protection services.

\textbf{‘Care-Criminalisation’}\textsuperscript{51}

A unifying discursive thread runs through the oral histories in \textit{Goodna Girls}: the children who were deemed to be ‘at risk’ in domestic settings, or in other settings such as school, were not better served in government-sanctioned, out-of-home ‘care’ settings. This observation is still relevant today, yet it seems that the lessons have not been learned.

In 2016, the Victorian Government Department of Health and Human Services engaged global finance company KPMG and the Australian Childhood Foundation (ACF) to address the problem of children suffering from trauma in out-of-home care. The subsequent report recommended the development of a set of options for a ‘contained therapeutic and treatment care service’ (CTTCS) for vulnerable children in Victoria. Children as young as eight years old who had experienced trauma and had previously been subject to secure welfare services would be eligible for CTTCS via a court order. The KPMG and ACF report also proposed that the staffing of CTTCS’s should include mental health specialists.\textsuperscript{52} While the Victorian Government rejected the recommendations within the report, it is alarming that recognisable parallels with the historical proposals of the Queensland Government’s committees on Child Welfare Legislation (1963) and Youth Problems (1959) could be conceived by policymakers today.\textsuperscript{53} Rather than place vulnerable children who suffer from trauma in psychiatric lock-up facilities, Lesley McAra and Susan McVie conclude that ‘justice for children and young people cannot

\begin{thebibliography}{9}
\bibitem{50} Clark, ‘Child Protection’, 20.
\bibitem{51} A term coined by Kath McFarlane in her article, ‘Care-Criminalisation’.
\bibitem{52} KPMG and Australian Childhood Foundation, ‘A Proposed Contained Therapeutic Treatment’, 6.
\end{thebibliography}
be delivered unless their broader needs are addressed in ways that are not stigmatising and criminalising’.\(^54\) They note the importance of ‘understanding the cumulative impact of agency intervention over many years (which is deleterious in some cases)’.\(^55\) Had KPMG and the ACF consulted adults who had experienced out-of-home care as children, would their recommendations have differed?

The narratives in *Goodna Girls* demonstrate a clear link between the child protection system and homelessness. A recent Australian survey found that 63 per cent of homeless youth respondents had been placed in some form of out-of-home care by their eighteenth birthday.\(^56\) This book also illustrates a connection between out-of-home care and the criminal justice system. Jean/Erin was placed in Boggo Road Gaol as an adult. Judy relates her sister Beverley’s pathway from abuse at Parramatta Girls’ Home to prostitution to incarceration in Long Bay Gaol.

A study of New South Wales prison populations found that 30 per cent of respondents had lived in out-of-home care before the age of 16.\(^57\) Other studies, conducted in 2009 and 2014, found that the proportion of children from out-of-home care ranged from 19 to 34 per cent, respectively.\(^58\) The Australian Institute of Criminology has noted the over-representation of individuals in the criminal justice system who, as children, were subject to child protection, finding that they are ‘at least nine times more likely than other young people to offend and come under the supervision of youth justice services’.\(^59\) These findings are echoed internationally. The Howard League for Prison Reform in the United Kingdom found that ‘children aged 16 and 17 living in children’s homes are at least 15 times more likely to be criminalised than other children of the same age’.\(^60\) Research conducted in Canada in 2009 found that children in out-of-home care were ‘eight times more likely to appear before a criminal court than children in the general population’.\(^61\)

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56 MacKenzie et al., ‘The Cost of Youth Homelessness’.
58 McFarlane, ‘Care-Criminalisation’, 413.
59 Cited in Baidawi and Sheehan, ‘Crossover Kids’.
60 Howard League for Penal Reform, *Ending the Criminalisation*.
61 McFarlane, ‘Care-Criminalisation’, 413–14.
A 2019 report by the Queensland Productivity Commission identified risk factors for contact with the criminal justice system. In early childhood, these include ‘parental absence’, ‘lack of a stable home environment’, ‘abuse or trauma’ and ‘removal from home’. The report cited the findings of the Griffith University Criminology Institute, which found that ‘offenders are more likely to have contact with child protection or mental health services’: 52 per cent of people who had a recorded history of childhood maltreatment and 52 per cent of people with a mental illness hospitalisation had offended. Australian criminal justice scholar Kath McFarlane terms this ‘care-criminalisation’ and notes that the institutions charged with the care of children facilitate this pathway to prison through punitive responses to children’s behavioural concerns, which are often trauma related. This punitive approach is evident in the narratives in Goodna Girls. These oral histories, together with current research concerning child protection, build a strong case for non-punitive, trauma-informed responses to vulnerable children.

**Escape from Goodna**

At different times, Jean/Erin, Rosie and Judy all broke out of Wolston Park Hospital only to be arrested and returned to the site of their abuse and neglect. Jean/Erin and Rosie escaped a second time and lived the rest of their teenage years on the run to avoid further remand. Judy remained at Wolston Park following her return until she was legally eligible to be discharged. Tammy escaped with the assistance of an empathetic nurse and Lady Phyllis Cilento, a medical practitioner and prominent medical journalist who has been the subject of strong criticism in recent years. Tammy casts Cilento as a hero. Yet, in 2018, the Queensland Government was criticised for naming one of its Brisbane hospitals after her. Approximately 900 hospital staff signed a petition in protest against the use of Cilento’s name due to her racist and homophobic views, evident in the columns she wrote in newspapers and magazines. Cilento was well known for supporting the administering of high vitamin dosages to children, and Tammy recalls that she gave her vitamins after her escape from Wolston Park.

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63 Queensland Productivity Commission, *Inquiry into Imprisonment*.
GOODNA GIRLS

Cilento helped Tammy escape, but what did she do for other child inmates at Wolston Park? Tammy’s narrative sheds light on the role of accidental heroes in testimonies of trauma—random elements of hope in an otherwise unyielding system. Her narrative evokes the invisible accounts of children in the wards who were left behind. What was their fate? Further research is required to examine the number of children who were admitted to Wolston Park, whether or not they were discharged, and what happened to them.

The Quest for Justice

On 29 September 1996, Brisbane newspaper the Sunday Mail published an article entitled ‘Goodna’s Secret Wards’ based on journalist Ken Blanch’s interviews with former child inmates who were sent to Ward 8 of Wolston Park Hospital.65 Blanch mentioned that Judith Veness (since deceased), a former child inmate of Wolston Park, was inviting others to contact her in the hope of forming a support group to seek compensation from the Queensland Government. Jean/Erin describes how she met Judith and others to collectively lobby for justice. She recalls how this group of Goodna survivors sought legal support, and that her case was put forward in the Supreme Court of Brisbane as a test case. However, the State of Queensland claimed, successfully, that the case was barred by the Limitation of Actions Act 1974, which stated that legal actions for personal injury must be commenced within three years from the date of the injury.

In September 2015, the Royal Commission into Institutional Responses to Child Sexual Abuse recommended the removal of any limitation period ‘as soon as possible’.66 In May 2016, the Queensland Government announced that it would conduct community consultations as part of statutory reforms. In November that year, the Queensland Government passed the Limitation of Actions (Institutional Child Sexual Abuse) and Other Legislation Amendment Bill 2016, which removed the limitation periods for civil litigation for survivors of child sexual abuse.67 Even more recently, in October 2019, the Queensland Government passed the Civil Liability and Other Legislation Amendment Act 2019, which expanded the definition of abuse to include physical and psychological abuse.

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66 Royal Commission into Institutional Responses to Child Sexual Abuse, Redress, 52.
Government Inquiries into Institutionalised Child Abuse

The Forde Inquiry

From 1852 to 2013 there have been 83 inquiries into the institutionalisation of children in Australia. Since the 1990s, nine countries have initiated inquiries into institutionalised child abuse following extensive and enduring campaigning from those who have experienced institutionalised ‘care’ as children. In 1998, as a result of over 10 years of activism from survivor groups, Queensland’s Minister for Families, Youth and Community Care Anna Bligh established a Commission of Inquiry into Abuse of Children in Queensland Institutions, known as the ‘Forde Inquiry’. One of the outcomes of the Forde Inquiry was the establishment of a redress scheme. The government’s acknowledgement of its responsibility for systemic harm led to the provision of financial redress in the form of ex gratia payments. Redress aims to protect survivors from the confronting process of cross-examination in court. However, redress also protects the government that implemented neglectful child protective systems from being cast in court as the defendant (of such abuse) in the face of survivors. The terms of reference of the Forde Inquiry were limited to those institutions that pertained to the State Children Act 1911, the Children’s Services Act 1965 or the Juvenile Justice Act 1992. Wolston Park Hospital operated under the Mental Health Act 1962. Therefore, those state wards who were transferred there as children were prevented from testifying at the Forde Inquiry about their experiences of being institutionalised in an adult mental health facility and, in turn, were ineligible for ex gratia payments as part of the redress scheme that operated from 2007 to 2010.

68 Swain, History of Australian.
72 Finnane, ‘Wolston Park Hospital’, 41.
73 These survivors, however, were eligible for a redress payment for abuse suffered in children’s institutions prior to being sent to Wolston Park. Nevertheless, it cannot be assumed that such payments recompensed those specific physical, emotional and social consequences of internment at Wolston Park.
The Forde Inquiry and the Not-For-Profit Sector

Project Esther began in Brisbane in 1994 to address violence in Christian communities. Renamed the ‘Esther Centre’ in 1998, it helped victims of institutionalised child abuse prepare submissions to the Forde Inquiry. The centre was renamed ‘Lotus Place’ in 2006. It continues to provide support for those who have experienced institutionalised abuse. Staff at Lotus Place helped Jean/Erin discover her Aboriginal identity. Judy, in her narrative, mentions that Lotus Place staff were present during a public meeting about the Forde Inquiry. Lotus Place also hosts the Historical Abuse Network (HAN), an advocacy group of survivors of institutionalised abuse, formed in 2000. Despite, or perhaps because of, episodic interactions between the women in this book and Lotus Place staff, most of the women’s campaigning has been conducted without assistance from Lotus Place or HAN. For over 20 years, the women whose stories are featured here have been in contact with journalists, bureaucrats and politicians, seeking public recognition and financial redress. Yet, this independent action has been discounted by some members of parliament who have referred the women to Lotus Place.

This pattern of referral suggests an assumption by those in power that the women need an institution to advocate on their behalf. Political scientist Sabine Lang notes the increasing number of not-for-profit and non-government organisations (NGOs) that have a humanitarian function or lobby for certain collective interest groups. This global change is termed ‘NGOization’ to indicate a shift in society from a series of self-organised, broad, collective actions to a series of professionalised, managerial, marketable, ‘policy-outcome-driven’ services. Such institutionalisation has the potential to depoliticise social change and undermine democracy. Lang’s analysis illuminates the structural power dynamics that can result when advocacy becomes an industry and politicians and bureaucrats refuse to engage directly with unrepresented groups or individuals.

76 Wendy Emond MP, letter to ‘Erin’, 18 December 2002; M. Weaver (Director, Executive Correspondence, Office of the Premier), letter to ‘Erin’, 29 November 2011; Tracy Davis MP, letter to ‘Erin’, 23 November 2012; Claudia Whitton (Principal Advisor, Minister for Community Services and Housing and Minister for Women), letter to ‘Margaret’ (Rose’s sister), 12 August 2011; Tracy Davis MP, letter to ‘Margaret’, 10 December 2012.
77 Lang, NGOs, 1.
The experiences recounted here highlight the need for independent research on how the needs of survivors of institutionalised child abuse throughout Australia are being organised, funded and heard.

**Federal Responses**

In addition to state-based inquiries into out-of-home ‘care’, the Australian Government initiated a number of investigations, resulting in three crucial reports: *Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families* (1997), *Lost Innocents: Righting the Record—Report on Child Migration* (2001), and *Forgotten Australians: A Report on Australians Who Experienced Institutional or Out-of-Home Care as Children* (2004). The last drew attention to the plight of non-Indigenous Australian children. These inquiries were preceded by decades of survivor-led struggle and advocacy.

It is estimated that over 500,000 children experienced life in out-of-home ‘care’ in the twentieth century in Australia. The *Bringing Them Home* report noted that, ‘nationally we can conclude with confidence that between one in three and one in ten Indigenous children were forcibly removed from their families and communities in the period from approximately 1910 until 1970’. Most historians agree that at least 50,000 Aboriginal children were stolen from their families during this time. The estimate on Child Migrants from Britain or Malta is 7,000. The remaining 440,000+ children were non-Indigenous Australians.

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80 Senate Community Affairs References Committee, *Lost Innocents*.
82 Senate Community Affairs References Committee, *Forgotten Australians*, 29.
85 Senate Community Affairs References Committee, *Lost Innocents*, 62.
A Royal Commission

In November 2012 Prime Minister Julia Gillard recommended that a royal commission be appointed to inquire into institutional responses to child sexual abuse. Out of 57 case studies considered by the Royal Commission into Institutional Responses to Child Sexual Abuse, 13 were concerned with organisations, individuals, dioceses or official processes within the Catholic Church.\(^\text{86}\) In his narrative, the priest recounts his disappointment at the lack of subsequent and necessary organisational change within the Catholic Church, despite the recommendations of the Royal Commission. He notes that the living history of former child inmates at Wolston Park Hospital requires greater understanding of the systemic abuse perpetuated not only by churches but also by state-run organisations.

Some of the women survivors, as well as the nurse, discuss in these pages their frustration at the lack of public recognition flowing from the Royal Commission, because their testimonies were confined to private hearings. The *Royal Commissions Act 1902* was amended to enable private hearings as part of the Royal Commission into Institutional Responses to Child Sexual Abuse. Public testimonies were confined to a series of selected case studies. The women survivors featured in this book lobbied for a dedicated case study for Wolston Park Hospital as a means of gaining public recognition of their plight and their bid for financial redress. They knew that, as royal commissions in Australia have coercive power to summon witnesses, source documents and authorise search warrants,\(^\text{87}\) a public case study had the potential to fulfil a wider investigation. However, this was not granted.


Towards a Public History

Some of the submissions to the 2003 Senate Inquiry into Children in Institutional Care, which preceded the Forgotten Australians report, spoke of the need for public acknowledgement of the history of childhood institutionalisation. This led to Recommendation 35 of the 2004 Senate Report:

That the National Museum of Australia be urged to consider establishing an exhibition, preferably permanent, related to the history and experiences of children in institutional care, and that such an exhibition have the capacity to tour as a travelling exhibition.

The result was the National Museum of Australia’s temporary touring exhibition ‘Inside: Life in Children’s Homes and Institutions’, which opened in Canberra on 16 November 2009, the second anniversary of the National Apology to the Forgotten Australians and Former Child Migrants.

Through a range of media, including objects, Inside represented the experiences of the Stolen Generations, Former Child Migrants and the Forgotten Australians. Preparation for the exhibition coincided with the implementation of the Queensland redress scheme. Former child survivors of Wolston Park Hospital contacted the curatorial team as part of their push for recognition and redress. The exhibition included a module that represented their narratives and also published their stories online. This was not the first time that narratives of former patients at Wolston Park Hospital were featured in a museum. ‘Remembering Goodna: Stories from a Queensland Mental Hospital’ was displayed at the Museum of Brisbane from November 2007 to March 2008, and included stories from those who lived and worked there, including former

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88 Senate Community Affairs References Committee, Forgotten Australians, 326.
89 Senate Community Affairs References Committee, Forgotten Australians, xxvii.
In 2010, the Queensland Government apologised to former children under state care who were placed in adult mental health facilities, but it did not commence reconciliation talks until 2017.

Goodna Girls provides spoken evidence of systematised prejudice throughout the health, education, legal and social services sectors within Australia—a bureaucratised injustice affecting those who endure poverty and hardship. The legacy of systemic abuse is written on the bodies of survivors. Some ‘Goodna Girls’ bear scars on their arms from self-harm during their teenage years or from cigarette burns inflicted by staff at Wolston Park Hospital when they were too sedated to fight back. Facial lines have been formed in brows that furrowed at each act of betrayal, and deepened by dehydration from physical neglect in childhood, spent tears, rough sleeping as adults and attempted relief through substance abuse. These corporeal markers are underlined by sceptical temperaments that are often slow to exhibit warmth to those in authority. These women’s lack of trust of those in power is demonstrated in their refusal of superficial politeness and may, at times, be punctuated by anger. Limited formal education, unemployment, poverty and a lack of social capital are reflected in the conversational style of some of the women—speech that rarely resembles that of the middle class. One could choose to understand these signs as a means of forming a necessary armour. Instead, these physical and behavioural signs are often (mis)used to assess levels of social and economic worth, credibility, intelligence, sanity and virtue. There needs to be greater understanding of the reality that, for adult survivors of institutional child abuse, the level of distress displayed in the presence of professionals who work within the justice or health sectors is not symptomatic of criminal intent or mental illness, but is a normal reaction to the fear of further confinement.

Following on from the recommendations of various inquiries into institutional child abuse, centres have been established throughout Australia to provide services to survivors. But there is another imperative: a public history that acknowledges the breadth and depth of policies that enabled the confinement of children in the first place. A fear of social contamination and a preoccupation with mental hygiene paved the way for the incarceration of teenage girls in an adult psychiatric facility. But there is another form of cleanliness that may emerge from non-interventionist...
and open dialogue. Cultural scholars Jane Goodall and Christopher Lee advocate for greater understanding of ‘the impact of traumatic memory … beyond the frame of personalised treatment’.\textsuperscript{94} Public access to the narratives of the ‘Goodna Girls’ provides a means to challenge the power structures that supported this brutal history. The alternative, silencing their stories, can be likened to a form of privatisation: “The privatisation of the public sphere like the privatisation of trauma itself threatens to constrain a liberal exchange amongst the people, which is itself understood as an imperative of personal, social, civic and political hygiene.”\textsuperscript{95}

It has taken courage for the women in this book to disclose their personal narratives, because, too often, the disclosure of their childhood experiences has been used against them. \textit{Goodna Girls} is thus an entreaty for a meaningful public history as part of a nation’s response to the care of children—a history that should be multifarious, far-reaching, led by social justice and scaffolded by further research. In the meantime, the following pages comprise my attempt to extend the narratives that were encountered in two exhibitions (at the Museum of Brisbane and the National Museum of Australia) to inform a just resolution to a living history that, for too long, had been cast behind closed doors.

\textsuperscript{94} Goodall and Lee, ‘Introduction’, 4.
\textsuperscript{95} Goodall and Lee, ‘Introduction’, 5.