

**"The Cycle Had to Be Broken":
Exploring the Intergenerational Impact of Institutional "Care" on Parenting.**

Submitted by

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Dedication

This thesis is dedicated to the “care” leavers I interviewed, and to all those children, who through no fault of their own, were subjected to the harsh conditions in institutions that no child should ever have to bear. I also dedicate this thesis to my parents, for their love and endless support of my education, and for their stories; those shared and those that remained hidden in their hearts - both shaped my life and sparked the flame of my interest in all that is intergenerational.

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Abstract

Up to 1974, 500,000 Australian-born non-Indigenous children experienced institutional “care” in Australia. The Royal Commission into Institutional Responses to Child Abuse and the 2004 Senate Inquiry into Children in Institutional Care, revealed devastating stories of abuse and a cascade of lifelong difficulties experienced by “care” leavers, including intergenerational trauma. Yet, their experiences, and the impact of institutional “care” on their parenting are yet to be explored in Australian psychological literature.

To begin to address this gap, this research represents a small-scale study consisting of in-depth interviews with nine adult “care” leavers and seven of their adult children, conducted using narrative inquiry and psychosocial methodologies. The stories told by “care” leavers and their children revealed that, despite accounts of profound trauma experienced, and the challenges to parenting, “care” leavers defied the expectation that they were at risk of transmitting their trauma to their children. Whilst the undercurrents of traumatic impacts from institutional “care” continued to linger, “care” leavers’ narratives highlighted a commitment to parent in markedly different ways to how they were cared for.

An analysis of the findings revealed a variety of factors that seem to both contribute to and moderate the impacts of institutional “care” on parenting. Contributing factors such as emotional and physical distance, expressions of aggression and violence, silence, over-disclosure, negative experiences of relationships and narratives of ongoing suffering, were moderated by doing the opposite through offering nurture, support and open communication, sharing the story, working through, acts of generativity, transformation and transcendence, and supportive relationships.

By drawing from both parent survivors’ and their children’s accounts, this study deepens the intergenerational lens in its exploration of the intergenerational impact of Australian institutional “care” on parenting. The findings may be helpful to agencies and clinicians in their work with institutional “care” leavers, their families, and other survivors of childhood trauma. This study has attempted to bring to light the burden of institutional “care” on survivors’ lives, their family relationships and parenting; at the same time, it has highlighted the reflective insights and practices brought to parenting which may break the cycle of trauma.

Statement of Authorship

Except where reference is made in the text of the thesis, this thesis contains no material published elsewhere or extracted in whole or in part from a thesis accepted for the award of any other degree or diploma. No other person's work has been used without due acknowledgment in the main text of the thesis. This thesis has not been submitted for the award of any degree or diploma in any other tertiary institution.

All research procedures reported in the thesis were approved by the La Trobe University Human Ethics Committee. This work was supported by an Australian Government Research Training Program Scholarship.

Signed: Mary Raftopoulos

Date: 18 March 2022

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My heartfelt gratitude to my key informants: Dr Joanna Penglase, Dr Gregory Smith and Dr Frank Golding. They inspired me from the very start; their stories, their passion and their accomplishments. I’m so very thankful for their insights, advice, wisdom, and encouragement. Just like my participants, their tenacious persistence to triumph over the hauntings of a terrifying childhood, feels nothing short of miraculous. I am especially grateful for Dr Penglase’s book, ‘Orphans of the living’. I purchased it following my visit to the Museum for the “Inside” exhibition; from the moment I read it, I knew what I had to research. In many ways, my topic chose me, and with that initiation, came heart-warming and moving conversations with Joanna that have held me in good stead during all these years.

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List of Abbreviations

ACE	Adverse Childhood Events
APA	American Psychiatric Association
CASA	Centre Against Sexual Assault
CEO	Chief Executive Officer
CLAN	Care Leavers Australasia Network
FANI	Free Association Narrative Interview
HREOC	Human Rights and Equal Opportunity Commission
HREC	Human Research Ethics Committee
SCARC	Senate Community Affairs Reference Committee
PTSD	Post-Traumatic Stress Disorder

SECTION I: The Beginnings and Shapings

CHAPTER 1: Introduction

*"It is now apparent that across many decades, many of society's institutions failed our children."*¹

*"They stole our childhood, they stole our lives. My children are scarred through me."*²

*"But when you think about it dad was brought up in a home and terrible things must of [sic] happened to him for the things that he did to us".*³

It is estimated that during the 20th century, up to 500,000 children spent some part of their childhood in Australian institutional "care" or other form of out-of-home "care" up to 1974 (Senate Community Affairs Reference Committee Inquiry Report, 2004).^{4 5 6} The treatment and experiences of children has been described as "devastating" (Murray & Rock, 2005, p. 1) and a "national tragedy" by the Australian Royal Commission into Institutional Responses to Child Sexual Abuse (Australian Government, 2017, p. 5).⁷ Testimonies of those who spent time in institutional "care" revealed a litany of allegations of abuse and neglect so extreme, that at times they reflected "human depravity" (Murray & Rock, 2005, p.7). According to Wilson and Golding (2015), the recurrent themes from "care" leavers' collective narrative, of "brutality and neglect, shattered innocence, betrayal of trust and loss of faith - represent a fundamental challenge to the rose-coloured official narratives that formerly privileged the powerful, the gatekeepers and the literate" (p. 38). The long-term impacts of growing up in institutional "care" are most often described as negative, destructive, and complex, frequently leading to entrenched disadvantage for many survivors (Australian Government, 2017; Care Leavers Australiasia Network [CLAN], 2011; S. Murray, 2015; Penglase, 2005; Senate Community Affairs Reference Committee [SCARC], 2004). Of most significance to my research is that, according to

¹ Australian Government, 2017, p. 3.

² Senate Community Affairs References Committee [SCARC], 2004, p. 153.

³ Senate Community Affairs References Committee [SCARC], 2004, p. 152.

⁴ Like others (Musgrove, 2013, p. vii; Penglase, 2005), I place the word "care" in inverted commas to acknowledge that the experience of growing up in institutions frequently fell short of what the community may acknowledge as appropriate caregiving. The inverted commas recognise the harsh conditions for children and the abuse of power by authorities in residential institutions (Australian Government, 2017).

⁵ Hereafter the Senate Community Affairs References Committee is referred to as 'SCARC'; and its inquiry into institutional or out-of-home care is referred to as the '2004 Senate Inquiry'. The report of this Inquiry, "Forgotten Australians: A report on Australians who experienced institutional or out-of-home care as children", is referenced as the '2004 Senate Inquiry Report'. This first report focused on children who were in institutional and out-of-home care, mainly from the 1920s until the 1970s when deinstitutionalisation began to see large institutions replaced by smaller residential homes, foster care or other options such as placements with families for accommodating children in need of out of-home care (SCARC, 2004, p. 7).

⁶ Please see the 2004 Senate Inquiry Report Appendix 5 for a breakdown of statistics on children in institutional "care". The institutional "care" with which this thesis is concerned was phased out by the mid - 70s.

⁷ Hereafter referred to as the 'Royal Commission'.

the 2004 Senate Inquiry, “One of the most disturbing aspects of this inquiry is the impact on the ability of care leavers to successfully parent and raise families. ... Each new generation, lacking a sense of security and parental role models, is unable to provide these vitally necessary foundations for the next generation” (SCARC, 2004, p. 149 -151). Despite, this tragic legacy, it was not until evidence was given to the 2001 Senate Community Affairs Reference Committee Inquiry into Child Migration,⁸ that many Australians became aware that non-Indigenous, Australian born children had also spent childhoods in institutional “care” (Penglase, 2005). It is the non-Indigenous, Australian born children who experienced institutional “care” pre-1974, who became the focus of my research. I describe the genesis of my interest below, in Part One.

When I began my research in 2015, there was a dearth of literature, from a psychological perspective, pertaining to the impact of Australian institutional “care” on parenting. Smith (2015) had further observed “a gap in the literature concerning how children of care leavers are impacted by their parents’ experience” (p. 227). S. Murray (2015) noted that work in the area of social policy for those who grew up in “care” was an “emerging area of practice” (p. 4). Publications resulting from official government inquiries have provided most of the information about institutional “care” in Australia and played a “watershed role” in raising public awareness (S. Murray, 2015, p.10; Smith, 2015). The impact on parenting was often highlighted as a key area of difficulty for “care” leavers, and government inquiry recommendations suggested increased support for “care” leavers regarding parenting, and further research into the impacts of institutional “care” (SCARC, 2004).⁹ My research project aims to address a gap in the research regarding the inter-generational impact pertaining to parenting for people who spent their childhoods in institutional “care” pre-1974.

My introductory chapter is in five parts. In Part One I introduce my research topic, its relevance to my professional life and my motivations for a deeper inquiry into the transmission of intergenerational impacts when a parent has a childhood history of trauma. The origins and significance of the Care Leavers Australiasia Network [CLAN]¹⁰ is discussed. In Part Two, I provide brief descriptions of the trilogy of Senate Inquiries that examined institutional “care” leavers’ experiences with a particular focus on the 2004 Senate Inquiry and the Royal Commission into Institutional Responses to Child Abuse (the Royal Commission). I include the inquiries because much of the “care” leaver literature and research has its origins in these government inquiries

⁸ The 2001 Senate Community Affairs Reference Committee [SCARC] Inquiry was established in 2000 to conduct an inquiry into child migration schemes and child migrants’ experiences from Britain and Malta who were sent to Australia as children and were subsequently cared for by government and non-government institutions. The report from this inquiry is titled *Lost Innocents: Righting the record (2001)*, hereafter referred to as the 2001 Senate Inquiry Report.

⁹ SCARC (2004), Chapter 6, p.149-153; Chapter 11, p. 332; SCARC (2001), Chapter 4, p.100 and Chapter 8, p.204; Chapter 10, p.242.

¹⁰ Hereafter the Care Leavers Australiasia Network will be referred to as ‘CLAN’.

and their subsequent reports. These inquiries provide the necessary background from which to understand the impact of institutional “care” on survivors’ lives and they help situate my research within the contemporary socio-political context. In Part Three, I contextualise my participants’ stories and the level of trauma experienced through describing the treatment and experiences of children in institutional “care” and providing a brief overview of its lifelong impact. In Part Four, I provide justifications for this research, with broad reference to what I hoped my research would explore. The chapter concludes with Part Five where I provide a description of each chapter that forms the structure of this thesis.

Part One: Journey to the Research Project

My Motivation

My work as a psychologist who provides therapy to children and families impacted by child sexual abuse, family violence and other forms of abuse, has brought me into contact with people who survive and continue to live, to parent and to love, sometimes against all odds. My clients’ stories of their childhood experiences have offered me insights into lonely, frightening, emotionally cold worlds, where fear and uncertainty were pervasive. Some clients speak incessantly, moving rapidly from one terrible experience to another. Others do not recall their childhoods, displaying narrative poverty when I ask them to describe their early lives. Their vagueness or monosyllabic responses belie a personal story that is far reaching, perhaps below their level of awareness. Their eyes avoid my gaze, or they become tearful; they halt, falter, caught between the tension of needing and wanting to share their story but not knowing how to tell it. Perhaps they do not trust me yet. In those times, I have wondered what terrible things happened to evoke this tension and depth of feeling.

Through my clinical work, I became interested in the intergenerational transmission of trauma and how a person with an abusive past can parent. When Carl Jung said that “the greatest burden a child must bear is the unlived life of the parents”, he spoke to the idea that the place where the caretaker’s development was hampered, will become an internal paradigm in which their child also becomes stuck (Johnson & Ruhl, 2009, p. 23). Indeed, in my practice, the child is the ‘presenting patient’ but whether physically present or not, in my mind, their family is always in the consulting room.

The significance of early attachments on healthy psychological development has been well documented. Garbarino (2008) quoted his mentor when stating that “the key to good child development is the child having at least one adult who is crazy about that child, someone who believes the sun rises and sets in the eyes of that child” (p. 5). But what happens when there is nobody? A significant aspect of my work involves providing therapy to children who are in residential care settings. These children are in residential care because their parents have been

deemed to lack the capacity to keep them safe and alternate caregivers have not been found to look after them in a protective way. I began to think about what could make a positive difference to these children's experiences whilst they are in residential care. I wondered whether the trauma that led to their admission in residential care would be repeated with their own children.

In 2014, I visited the National Museum of Australia's poignant exhibition '*Inside: Life in Children's Homes and Institutions*' and was profoundly moved by the testimonies shared by those raised in institutional "care". I was shocked to learn that around half a million children grew up in "care" during the twentieth century. This topic had never been raised in my university studies, nor in any professional development trainings I had attended. Around 2013, the Australian Royal Commission into Institutional Responses to Child Sexual Abuse (the Royal Commission) had begun, several years after the 2004 Senate Inquiry. The experiences of adults abused in institutional "care" emerged from the shadows of Australian history. Stories came to be featured in mainstream media.¹¹ I describe these two inquiries in Part Two of this introduction.

Given my clinical experience in working with children in residential care and the repetitive patterns of history I had witnessed over nearly two decades of being a psychotherapist, I wondered what those who had been raised in institutional "care" could teach us about the impact of their childhood on their parenting. That is, how did people who were raised in institutions feel their experiences shaped their parenting and their relationships with their own children, particularly given the overwhelming evidence of neglect and abuse that occurred in twentieth century institutional "care". My clinical experience had shown me that hurt people, hurt people; trauma begets trauma. I had rarely come across a child who was a victim of sexual, emotional or physical abuse who did not have a parent with a similar adverse history. What happened then to the families of the half a million people raised in an environment that is overwhelmingly portrayed as one of acute deprivation; marred by allegations of emotional, physical, sexual abuse?

I purchased books written by those raised in "care" including Dr Joanna Penglase's *Orphans of the Living* and Dr Frank Golding's *An Orphan's Escape*, and I heard Dr Gregory Smith's interview on the ABC (Fidler, 2016). These three authors became my key informants, and their contribution shaped my research approach. The key informants spoke with me about an ongoing lack of acknowledgement by institutions of the harm sustained by children in their "care".¹² Accordingly, this absence of recognition has led to a collective lack of curiosity about the impact of institutional "care" on parenting. The "inability to acknowledge that this was an utterly

¹¹ Australian Government (n.d). See <https://www.childabuseroyalcommission.gov.au/media-releases>

¹² The key informants referred to State Government welfare departments, religious institutions, and charities who responsibility had been to look after children placed in their care.

devastating way to grow up” provides the impetus for each of them to raise awareness, and bring knowledge, to the public and academic domain, in order to examine and critique the dominant narrative of Australian mainstream history which has, until recently, excluded the experience of institutional “care” survivors.¹³

A literature search specifically on the intergenerational trauma impacts on families of Australian-born non-Indigenous children raised in Australian institutions yielded no results. I began to think about broadening my topic. I realized I had to understand the bigger picture first. I needed to learn more about the participants’ broader experiences, including their lives prior to institutional “care”, before I spoke with them about impacts. Interviews with key informants confirmed my intuition, informed from years of working therapeutically with traumatised people. I had to create safety first; I had to be trusted; then the story may be revealed. My key informants are activists and “care” leavers¹⁴ who have played a critical role in bringing “care” leaver issues to the fore. They each reinforced the scarcity of research in the field, particularly with respect to parenting. I became an academic research member of CLAN and attended several meetings to introduce myself and my research.¹⁵ Due to its central role in sustained advocacy for “care” leavers, I briefly describe CLAN, its formation, purpose, and impact on the establishment of the 2004 Senate Inquiry.

CLAN and Other Advocates

CLAN, an advocacy support group for people who grew up or spent time in institutional “care”, was formed in 2000 by two former “care” leavers, Dr Penglase and Leonie Sheedy, against a backdrop of two national inquiries about the treatment of children that culminated in two landmark reports: *Bringing Them Home*,¹⁶ and *Lost Innocents*¹⁷ (CLAN, 2000).¹⁸ Having completed her PhD in 1999 based on her own institutional “care” experience and that of 90 others’, Dr Penglase came to understand that the narrative around non-Indigenous children

¹³ Personal communication with Dr Penglase on 24th October 2016.

¹⁴ I use the term “care” leavers instead of Forgotten Australians out of respect for my participants and key informants, most of whom do not want to refer to themselves as “Forgotten” nor do they believe that term adequately describes their experience.

¹⁵ I also met with senior members of the Alliance for Forgotten Australians (AFA) however I was not invited to any of their events nor did any of my participants come from that membership group.

¹⁶ *Bringing them Home* was the name given to the final report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families conducted by the Human Rights and Equal Opportunity Commission (HREOC). Tabled in Parliament in 1997, the report raised awareness about the historical policy of forced removal for Indigenous children, the experiences of these children and the ongoing impacts for the Stolen Generations.

¹⁷ *Lost Innocents: Righting the record was the report* from the 2001 Senate Community Affairs Reference Committee [SCARC] Inquiry into child migration schemes and child migrants’ experiences from Britain and Malta who were sent to Australia as children.

¹⁸ S. Murray (2015) provides an account of CLAN’s success in the development of social policy with respect to “care” leavers via CLAN’s advocacy and public campaigning (p.174 – 178).

raised in “care” was that “we were lucky to have had a home and be looked after”.¹⁹ Dr Penglase had internalised this message and only begun to explore the impact her childhood had on her when she became a mother and was suddenly faced with overwhelming anxiety regarding her own daughter’s care.²⁰

Until her research began in the 1990s, Dr Penglase told me that there as a pervasive silence about non-Indigenous and Australian born children’s experiences in institutional “care”. She emphasised that “Nobody talked about it, and nobody wanted to know.”²¹ Dr Penglase and Leonie Sheedy sought to raise awareness about a childhood story that they and other “care” leavers felt was “unacknowledged and even invisible” in Australian society (CLAN, 2000). CLAN’S mission is to provide a network for former state wards to share their experiences; to raise public consciousness about the experiences of out-of-home care and its effects; to lobby the government to acknowledge and support former state wards; and to create support services for “care” leavers (CLAN, 2000). After being silenced for so many years, “care” leavers’ childhood stories are now an integral feature of the bi-monthly newsletter published by CLAN.

In 2006, another advocacy organisation called the Alliance for Forgotten Australians (AFA), whose aim was also to promote the interests of those who experienced institutional or other out-of-home care as children and young people in Australia, was created (AFA, n.d.)²² The AFA’s mission is to provide advocacy for better service provision for Forgotten Australians and improve outcomes for children and young people affected by current child protection systems and policies. The AFA have produced narrative materials including booklets (AFA, 2008) and videos (AFA, 2011).²³

Acutely aware of the trauma endured by their own experiences and those of others, CLAN and other “care” leavers, including two of my key informants, Dr Penglase and Dr Golding, engaged in a sustained advocacy campaign which, in 2003, culminated in Senator Andrew Murray’s motion that there be a Senate Inquiry into Australian born, non-Indigenous Children who experienced Institutional Care (Penglase, 2005). The significance of the release of the 2004 report from this inquiry, titled *“Forgotten Australians: A report on Australians who experienced institutional or out-of-home care as children”* cannot be overstated.²⁴ A profoundly painful and hidden history was now on the public record. In 2009, Former Prime Minister, Kevin Rudd and

¹⁹ Personal communication, 14th June 2015.

²⁰ Personal communication, 14th June 2015.

²¹ Personal communication, 14th June 2015.

²² AFA and CLAN differ in their description of former state wards. As per the Senate Inquiry report, AFA refers to this cohort of people as ‘Forgotten Australians’ whereas CLAN refers to the same cohort as “care” leavers, ‘Clannies’ ‘Homies’, ‘Wardies’, (Sheedy, 2005; personal communication with Leonie Sheedy on July 2015).

²³ For further information please see <http://www.forgottenaustralians.org.au/resources>.

²⁴ I reference this report as the ‘2004 Senate Inquiry Report’.

then, Opposition Leader Malcolm Turnbull, offered a National Apology for the suffering endured by those raised in Australian institutional “care”, acknowledging in the process “an ugly chapter in our nation’s history” (Rudd, 2009).²⁵ The findings and recommendations of the Royal Commission, completed in 2017, heralded another victory for “care” leavers; their experiences were affirmed, and their history once again made headlines (Australian Government, n.d.). In response, the front page of *The Clanicle* (CLAN, 2018) proclaimed “We were finally heard and believed! The Royal Commission tells Australia what we have known all our lives” (p. 1).

I now move to describe the trilogy of Senate Inquiries into institutional out-of-home “care” and the Royal Commission.

Part Two: Background

The trilogy of Senate Inquiries (1997, 2001, 2004) precipitating the Royal Commission revealed that in the 20th century, up to 500,000 children experienced life in a children’s Home, an orphanage or other form of out- of-home “care” (Murray & Rock, 2005). The three populations of children were known respectively as the Stolen Generation (Indigenous Australians), Child Migrants and the Forgotten Australians (non-Indigenous, Australian born children).

As I noted earlier, publications from these government inquiries have provided much of the information about children’s experiences in institutional “care”. I briefly refer to these inquiries in chronological order, however the most influential for my research project was the 2004 Senate Inquiry Report (*‘Forgotten Australians’*), because its focus was on the breadth of experiences of out-of-home “care” for non-Indigenous Australian born children. In contrast, the Royal Commission focused solely on institutional responses to child sexual abuse and included evidence from child migrants, Indigenous people and ‘Forgotten Australians’.

A Trilogy of Inquiries

The first Senate Inquiry into institutional “care” was for Indigenous children removed from their families over several generations. The life stories shared by members of the Stolen Generation shocked many Australians and culminated in a 1997 report by the Human Rights and Equal Opportunity Commission (HREOC) titled *Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families*.

²⁵ The full apology can be found on: Rudd, K. (2009, November 16). “Apology to the Forgotten Australians and former child migrants”. Parliament of Australia: National Apology. https://www.aph.gov.au/parliamentary_business/committees/senate/community_affairs/completed_inquiries/2004-07/inst_care/national_apology/index

This inquiry by the federal government was the first to investigate systemic institutional child abuse within Australia (Smith, 2015).

Child migrants and non-Indigenous Australian born people raised in institutional “care” found they could relate to the testimonies of suffering by the Stolen Generation, however their experiences of institutional “care” had yet to be told or to be acknowledged as harmful (Musgrove, 2013). Increased awareness of the plight of child migration received attention and a request for an inquiry was tabled in Federal Parliament by Senator Andrew Murray in 2000 (SCARC, 2001).²⁶ The second inquiry into children’s experiences in institutional “care” was thus related to British and Maltese children who were transported to Australia, many without their parents’ consent or knowledge (SCARC, 2001).²⁷ The report from this Senate Inquiry, *Lost Innocents: Righting the Record-Report on Child Migration*, was published in 2001.

The third inquiry by the SCARC, was for non-Indigenous Australian born children who grew up in out- of-home “care”, Children’s Homes or other institutions. This 2004 inquiry culminated in the *Forgotten Australians: Report on Australians who Experienced Institutional or Out of Home Care as Children*. All three inquiries established that significant harm had been suffered by many survivors with devastating consequences into adulthood (Murray & Rock, 2005). It is the cohort of people, about whom the 2004 Senate Inquiry relates to, that has been most influential for my research. I now move to describing it in more detail.

The 2004 Senate Inquiry into Children in Institutionalised Care

The 2004 Senate Inquiry was again instigated by Senator Andrew Murray and focused on the experiences of children who had been excluded by the two previous inquiries – the non-Indigenous Australian born children, raised in institutional “care” between the 1920s and the 1990s.²⁸ The terms of reference included inquiring into the nature of care and treatment of children and the long-term impacts of child abuse and neglect (SCARC, 2004).²⁹ According to the 2004 Senate Inquiry Report “it is highly likely that every Australian either was, is related to,

²⁶ See 2001 Senate Inquiry Report, Chapter 1.

²⁷ 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).

²⁸ Institutional out of home “care” includes both state and non-state institutions. The *Royal Commission into Institutional Responses to Child Sexual Abuse, Final Report: Preface and Executive Summary* outlines the types of institutions referred to by the Royal Commission and the 2004 Senate Inquiry (Australian Government, 2017, Vol 11, Ch3, p. 38-39). All institutional out of home “care” sites were in Australia. Institutions were administered variously by the state, religious bodies and other charitable or welfare groups. The institutional “care” with which this thesis is concerned was phased out by the mid- 70s. The history of Institutional “care” for children can be found in Chapter 2 of the 2004 Senate Inquiry Report.

²⁹ See 2004 Senate Inquiry Report, p. 1 for the entire terms of reference.

works with or knows someone who experienced childhood in an institution or out-of-home care environment” (SCARC, 2004, p. xv).

Penglase (2005) noted that until the 2004 Senate Inquiry, the history of non-Indigenous Australian born children’s lives in institutional “care” had remained hidden, unspoken, and unacknowledged. This was despite a “care” system so abusive that it has produced generations of vulnerable Australians whose quality and length of life has been diminished and who, through no fault of their own, may have passed some of the “damage” to their own children (Penglase, 2005, p. 314). The 2004 Senate Inquiry’s subsequent report, *Forgotten Australians*, referred to this cohort of people as the “Forgotten Australians”, however many survivors of “care” refuse to be identified by this term and choose, instead to consider themselves as “Remembered Australians” or “Homies”.³⁰ This report documented survivors’ childhood experiences in institutional “care”; compiled after receiving nearly 700 submissions by survivors, whose stories described daily brutal physical and emotional abuse, sexual abuse and neglect in hostile, sterile and loveless environments (SCARC, 2004).

Why Were Children Placed in “care”?

Children were placed in “care” for a multitude of reasons that included: being orphaned, being born to a single mother, family poverty, parental desertion, family dislocation from violence, divorce, or separation (SCARC, 2004). Parents’ inability to care for their children was often the result of family crisis or financial hardship, for which little or no welfare support or social security payments were provided (SCARC, 2004). Children were either forcibly taken or voluntarily relinquished into “care” due to poverty and/or family conditions that fell outside accepted social norms (SCARC, 2004). As some of my participants came to describe, many children were made wards of the state after being charged with being uncontrollable, neglected or in moral danger (SCARC, 2004). Children were placed in a range of institutions including orphanages, Children’s Homes,³¹ industrial schools, group Cottage Homes, Babies Homes, juvenile detention centres and reception centres. Institutions were administered variously by the state, religious bodies and other charitable or welfare groups.

The 2004 Senate Inquiry Report was a triumphant affirmation of “care” leavers’ experiences. It confirmed what they had felt and tried to tell others: that their childhood in “care” “scarred” them for life and “that to grow up in institutional care is *in itself* a traumatic and

³⁰ Personal communication with Frank Golding on 17th January 2017, Joanne Penglase on 24th October 2016 and Leonie Sheedy on 15th July 2015. For further discussion on the significance of a names and labels on the struggle of identity for “care” leavers, see Wilson & Golding (2015).

³¹ When describing Children’s Homes, I borrow from Penglase (2005, p. 39) and use a capital letter to differentiate the word from what may be commonly understood as a ‘home’.

damaging experience for *any child*, regardless of whether or not that child has been ‘abused’” (Penglase, 2005, p. 31, p. 59).

Although Australian children had been living in institutional “care” since the late eighteenth century, the social climate did not foster the development of survivor groups (Musgrove, 2013). Shame, social stigma and guilt for not being “grateful” for the “care” provided in institutions have been proposed as factors that contributed to the silence (Musgrove, 2013, p. xv; Penglase, 2005). However, the 2001 and 2004 Senate Inquiries, the Royal Commission and the power of survivor testimony, offered “care” leavers the opportunity to publish their stories (Musgrove, 2013; Wilson & Golding, 2015).³² At long last, these efforts began to raise awareness of the plight of those who spent childhoods in institutional “care” (Sheedy, 2005).

The extent of deprivation, neglect and abuse in “care” was so staggering that Murray and Rock (2005) claimed that “adult survivors of institutional care need to be recognised professionally as a specific category of transgenerational trauma sufferers” (p. 1).³³ Yet, there is a scarcity of academic literature regarding the impacts of institutional “care” on survivors’ adult lives, including their parenting (Blakemore et al., 2017; Murray & Goddard, 2014; Smith, 2015). The paucity of research in this area seems to further do injustice to the tragic legacy of institutional “care” on survivors. It also neglects the implications of trauma for the offspring of “care” survivors. As the 2004 Senate Inquiry observed, “It is not just the impact that tragic childhood experiences have had for the care leavers. Their children and families have also felt the impact, which can then flow through to future generations” (SCARC, 2004, p. xv). These reflections suggest the importance of further inquiry into the intergenerational impacts for those who spent their childhoods in institutional “care”.

The 2017 Australian Royal Commission into Institutional Responses to Child Sexual Abuse

Bookending the trilogy of inquiries is the Royal Commission. In 2013, the Royal Commission began its investigation into how institutions like orphanages, Children’s Homes, schools, government, and church organisations have responded to allegations of child sexual abuse.³⁴ The Royal Commission was described as the largest royal commission in Australia’s history (Wright et al., 2017). It revealed endemic abuse across institutions and brought to light

³² See for example, Woolmington, 2010; CLAN Newsletters; National Library of Australia, 2012; National Museum of Australia, 2011-2014.

³³ In a paper presented to the Annual Conference of the Australasian Society for Traumatic Stress Studies in 2005, Senator Andrew Murray and Dr Marilyn Rock discussed the enduring legacy of growing up in care in 20th century Australia (Murray & Rock, 2005).

³⁴ The Royal Commission into Institutional Responses to Child Sexual Abuse was concerned with creating a safer future for children through recommendations to better protect children against sexual abuse and alleviate the impact of abuse when it occurs (Australian Government, 2017a, p. 1). It further sought to provide justice for victims not only through further reports regarding redress but also through providing private hearings whereby survivors’ stories could be heard (Australian Government, 2017).

the profoundly negative long-term impacts of child sexual abuse on individuals, families and communities (Wright et al., 2017).

By its completion in 2017, over 16,000 individuals had contacted the Royal Commission (Australian Government, 2017a). Between May 2013 and May 2017, 6,875 people came forward and told their stories of sexual abuse in private sessions (Australian Government, 2017b).³⁵ Over one-third (35.9 per cent) of these survivors described abuse in a historical residential institution for children in out of home “care” (Australian Government, 2017b).³⁶ The term ‘historical’ is used to describe residential institutions in which children were placed from post–World War II to 1990 (Australian Government, 2017b).³⁷ By 1990 many residential institutions had closed, although some groups of children continued to be placed in large residential settings after this time (Australian Government, 2017b).³⁸ The institutions providing “care” with which this thesis is concerned began to be phased out by the mid-70s (Swain, 2014a).

Although the Royal Commission had terms of reference specific to child sexual abuse, it acknowledged that abuse was not limited to that of a sexual nature (Australian Government, 2017a).³⁹ Survivors spoke about childhoods marked by trauma, brutality and violence; of physical and emotional abuse that has carried lifelong physical and mental scars (Australian Government, 2017a).⁴⁰ The trauma from childhood sexual abuse was for many, one they could never escape, impacting every aspect of their lives (Australian Government, 2017a). They described exploitation and hard physical labour resulting from working in the institutions, in farm work, domestic work or caring for other children. Many spoke about being frightened of seeing other children being abused or suddenly go missing. Stories were told of innocence stolen, lost

³⁵ The *Final Report: Preface and Executive Summary for the Royal Commission into Institutional Responses to Child Sexual Abuse* (2017), Volume 11, p. 9 and Volume 11, presents an overview of survivors’ experiences of child sexual abuse in historical residential institutions. Volume 11 provides a historical context of institutional out of home “care”. Private sessions were held to allow survivors to tell their stories to one or two Commissioners in a safe protected environment (see p. 2 of Volume 11).

³⁶ The *Final Report: Preface and Executive Summary for the Royal Commission into Institutional Responses to Child Sexual Abuse* (2017), Volume 11, (p.11). Survivors in private sessions who described abuse in an historical residential institution were most often male (61.8 per cent), and over one in five (22.2 per cent) identified as an Aboriginal and Torres Strait Islander. Most survivors (57.8 per cent) were aged between 40 and 60 years of age when they attended their private session, and almost half (45.1 per cent) said they were first abused between 1950 and 1969. The types of institutions refer to: orphanages, children’s Homes, youth detention and mental hospitals, psychiatric facilities and disability institutions. In practice, children with disability, children with mental health and behavioural concerns, and children convicted of criminal offences were often housed alongside children who had been removed from their parents for other reasons for example, being at risk within their family of origin.

³⁷ Historical residential institutions included orphanages, Children’s Homes, industrial schools, group Cottage Homes, Babies Homes, juvenile detention centres and reception centres.

³⁸ See *Final Report: Preface and Executive Summary for the Royal Commission into Institutional Responses to Child Sexual Abuse* (2017), Volume 11 documents the historical context.

³⁹ The terms of reference allowed the Royal Commission to consider physical and emotional abuse if these occurred in the context of sexual abuse (Wright et al., 2017, p.3).

⁴⁰ See *Final Report: Preface and Executive Summary for the Royal Commission into Institutional Responses to Child Sexual Abuse* (2017), Volume 11, p.11.

childhoods, opportunities for education taken and personal relationships damaged; devastating lifelong consequences ensued. Children were powerless, cut off from kin and “left with no one to whom they could turn to as they navigated their way into adulthood” (Swain, 2014b, p. 28).

The Commissioners bore witness to the courage required by survivors to revisit traumatic experiences when recounting their stories. The *Final Report: Preface and Executive Summary for the Royal Commission into Institutional Responses to Child Sexual Abuse* commended the “extraordinary personal determination and resilience among victims and survivors” (Australian, Government, 2017a, p. 2). They witnessed survivors who had taken significant steps towards recovery and acknowledged those who were, due to untimely deaths, unable to tell their story. Overall, survivors were described as “remarkable people with a common concern to do what they can to ensure that other children are not abused” (Australian Government, 2017a, p. 2). Indeed, several of my participants told me their motivation to participate in the research was related to protecting future generations from abuse.

Sexual abuse tells one part of the story for those who survived childhoods in Children’s Homes or other forms of institutional “care”. Other inquiries have outlined a litany of emotional, physical, sexual abuse and neglect experienced by children who spent time in institutional “care” (HREOC, 1997; SCARC, 2001, SCARC, 2004). According to Justice McClennan, “The label Post-Traumatic Stress Disorder does not convey the full extent of the suffering of these people” (2015, p. 2).⁴¹ To position my participants’ narratives against the context of their childhood experiences, I now move on to broadly describe the treatment and experiences of children who spent their childhoods in institutional “care”.

Part Three: Treatment of Children in Institutional “Care” and its Long-Term Impact

The Treatment of Children in Institutional “Care”

The trauma laden descriptions used by survivors of “care” in their evidence and submissions to the 2004 Senate Inquiry offer some insight into their despair and dejection (SCARC, 2004). Descriptions such as, “‘my sentence’, ‘concentration camp’, ‘prison’, ‘hell-hole’, ‘felt like a convict’, ‘entombed in institutions’, ‘inmates’, ‘incarcerated’, ‘internship’, ‘tortured’, ‘nightmare’, ‘release’, ‘outside world’, ‘victims’, ‘survivors’” graphically describe the treatment “care” leavers were subjected to (SCARC, 2004, p. 85).

The breadth and depth of trauma experienced by those raised in institutional “care” had not been realised until recently. Historian Jacqueline Wilson, herself a former “care” leaver, noted that one of the least known fields of Australian public history is that of women’s and children’s welfare and incarceration (Wilson, 2013). Similarly, Penglase (2005) has observed that

⁴¹ The Honorable Justice McClennan AM was the Chair of the Royal Commission.

because “there has been so little reflection on the subjective experience of institutionalisation, it is not established as a category of traumatic childhood experience which needs explanation” (p. 59). Yet there is little question that children’s experiences in institutional “care” fall within the ambit of trauma. Personal accounts tell harrowing stories (Golding, 2005; National Library of Australia, 2012; National Museum of Australia, 2011-2014; Penglase, 2005; SCARC, 2004; Woolmington, 2010). Although the picture these accounts reveal is grim, it is important to note that some people described their experiences of “care” as positive, holding them in “good stead for their subsequent lives” (Murray et al., 2009, p. 172). Others acknowledged the hardships but overall felt that, had they stayed in their family homes, their lives may not have turned out as well (Murray et al., 2009). Overwhelmingly however, the stories told reveal a bleak and harsh existence.

The enduring legacy of children’s experiences in institutional “care” has been described as “tragic” (Murray & Rock, 2005, p. 1). Survivors described childhoods marked by trauma, brutality, and violence, with many being physically punished for unknown or small misdemeanours (Australian Government, 2017b; SCARC, 2004).⁴² As a result, they carry lifelong physical and mental scars. Survivors endured emotional, physical, and sexual abuse, neglect, humiliation, deprivation of love, food, education, and healthcare (SCARC, 2004). This abuse, and sometimes criminal levels of assault, were widespread. The accounts of survivors describe a litany of abuses that would begin from the moment of entry into institutional “care”, until their transition to life outside of the Home or institution.⁴³

The physical environments and living conditions were “prison like” (SCARC, 2004, p. 88). Children were subjected to depersonalisation and dominated by control, fear, punishments, and humiliation (Penglase, 2005; SCARC, 2004). “Care” leavers spoke of an absence of love, nurture, and affection so profound and pervasive that it was described as “the single most influential and tragic legacy of life in institutional care for every care leaver” (SCARC 2004, p. 92). Corporal punishments for a range of reasons (including trivial reasons), were so severe that they have been characterised as tantamount to criminal assault; at times they resulted in bleeding, loss of consciousness and suspicious deaths (Australian Government, 2017b; SCARC, 2004). Sexual abuse including systemic paedophilia was pervasive, so much so that “Tens of thousands of children have been sexually abused in many Australian institutions. We will never know the true number” (Australian Government, 2017a, p. 5; SCARC, 2004).

⁴² Since the Royal Commission heard from “care” leavers who were Indigenous, Child Migrants and Forgotten Australians (see Australian Government, 2017b, p.65), and because my research is based on the latter, I reference the 2004 Senate Inquiry more often.

⁴³ Upon entry, children were subject to health checks and body searches which included internal examinations that were occasionally tantamount to “state-sanctioned rape” (Penglase, 2005, p. 241). Penglase (2005) reported that girls who were exposed to ‘moral danger’ were routinely tested for sexual activity through an intrusive vaginal examination which would then determine whether the children or adolescents had been “highly promiscuous” and therefore regarded as “juvenile prostitutes” (p.242-243).

Institutionalization of children led to destruction of families (SCARC, 2004). Many children would not see their parents again and were given little, if any, information about their siblings' whereabouts (Penglase, 2005). Institutional life did not prepare people for a life beyond the institution (SCARC, 2004; Swain, 2014b). There was no introduction to the outside world and no preparation to cope with it (Penglase, 2005). Education opportunities were poor, and learning was impaired, compounded by emotional abuse from staff which included being told: "You're nothing. You'll always be nothing" (Penglase, 2005, p. 130). The multiple experiences of adversity and abuse in "care" left many survivors with enduring negative and destructive outcomes (Murray & Rock, 2005). Indeed, the level of trauma recounted by those who spent time in institutional "care", is most poignantly reflected by the fact that "good memories" make up less than one page of the 126-page chapter in the 2004 Senate Inquiry Report (SCARC, 2004, p. 125).

In the following section, I outline the lifelong impact of growing up in "care". These accounts are drawn from submissions given to the 2004 Senate Inquiry and in personal narratives documented by Penglase (2005), by CLAN (2011) and by narratives contained on the website of the National Museum of Australia exhibition *Inside: Life in Children's Homes and Institutions* (2011 - 2014).

Lifelong Impact of Growing up in Institutional "Care"

The submissions received at the Royal Commission and the 2004 Senate Inquiry, revealed a cascade of multiple and comorbid psychological, physical, social, educative, economic, and spiritual impacts on survivors and vicarious impacts on their families (Blakemore et al., 2017).⁴⁴ Those most pertinent for my research are described below.

Psychological and Social Impacts

Psychological impacts of a childhood in institutional "care" include persistent mental health problems, such as: post-traumatic stress disorder (PTSD), depression, anxiety, personality disorders and mood disorders (Australian Government, 2017c; Blakemore et al., 2017; CLAN, 2011; SCARC, 2004). Extensive issues of low self-esteem, lack of confidence, depression, fear and distrust, anger, shame, guilt, obsessiveness, social anxiety, phobias, recurring nightmares, insomnia, fear of the dark, waking in cold sweats, compulsive compliance to other's needs, fear of authority and flashbacks were submitted in evidence to the Royal Commission and to the 2004 Senate Inquiry (Australian Government, 2017a, 2017c; SCARC, 2004).

⁴⁴ See also summary from S. Murray (2015, p. 30 – 34).

These emotional legacies have had devastating consequences. For example, suicidality, self-harm, completed suicide, substance abuse, addiction, sexual problems, unemployment, homelessness, illiteracy, criminal behaviour, and re-victimisation (Australian Government, 2017a, 2017c; SCARC, 2004). The stigma of being raised in institutions has rendered many “care” leavers to remain silent about their past, inhibiting them from seeking psychological treatment or medical support for chronic physical health problems such as hearing loss and dental health concerns (SCARC, 2004; Sheedy, 2005).⁴⁵ The lack of support for the transition from institutional “care” to independence, further compromised the quality of life of “care” leavers (Penglase, 2005; SCARC, 2004; Swain, 2014b).

Impacts on Relationships

After mental health, the impacts survivors most commonly spoke about were on their relationships (Australian Government, 2017a, 2017c; SCARC, 2004). Submissions to inquiries have described ongoing issues with trust, security, and lack of interpersonal skills, leading to lifelong impacts on the capacity to maintain stable loving relationships (Australian Government, 2017a, 2017c; CLAN, 2011; SCARC, 2004). Many people spoke of longing for love but not knowing how to accept it or give it; tolerating instead, abusive relationships (SCARC, 2004). Others spoke of profound relational fears that have impeded any kind of intimacy. Communication difficulties, self-blame, abandonment fears, unresolved grief have led many to build “a wall” around themselves (SCARC, 2004, p. 157). Feelings of not belonging, shame, problems with anger and guilt over being unable to protect their younger siblings continue to adversely impact “care” leavers relationships, sometimes leading to estrangement from family members (Penglase, 2005; SCARC, 2004; Smith, 2015).

Due to either a poor or complete absence of child welfare records, “care” leavers do not have information, documents or photos of their biological families or their time in “care” (Murray et al., 2008b; Penglase, 2005; Swain & Musgrove, 2012). This has meant that many “care” leavers do not know anything about their parents’ and their extended families’ lives. They have few, (if any) memories of family gatherings and family stories.⁴⁶ The vacuum in knowledge further adds to “care” leavers’ marginalisation, isolation, and lack of belonging (CLAN, 2011; Penglase, 2005, Smith, 2015). Compounding the issue of identity are systemic difficulties with accessing the few records that exist (Murray et al., 2008b; Swain & Musgrove, 2012). Whilst historians and social workers advocate to address this issue (e.g., Murray et al., 2012; Murray & Humphreys, 2014; Swain & Musgrove, 2012), the psychological impact of parenting for “care”

⁴⁵ These conditions were attributed to being “boxed” around the ears or having their heads bashed against sinks and walls (SCARC, 2004, p. 153).

⁴⁶ Personal communication with Dr Frank Golding on 25th February 2016.

leavers who did not know their parents or their history, remains unaddressed in the academic literature.

Parenting and Intergenerational Issues

According to the 2004 Senate Inquiry, one of its most disturbing findings was the impact of institutional “care” on survivors’ capacity to successfully parent and raise families (SCARC, 2004). This was reflected in the submissions to the Royal Commission where survivors spoke about their lack of confidence with parenting, and relationship problems (Australian Government, 2017a). The *Final Report: Preface and Executive Summary for the Royal Commission into Institutional Responses to Child Sexual Abuse* cautioned that adverse lifelong impacts on relationships can increase the risks of intergenerational need for out-of-home care because parents may have limited family or social supports (Australian Government, 2017a). As Penglase (2005) asserted, the skills required to survive an institutional setting are different and inappropriate for normal social interaction in the “outside world” (p. 311). In considering his own ancestors who experienced intergenerational institutionalisation, Dr Frank Golding reflected how hard it must be to raise a family when one has never seen “a family at work” (Golding & Wilson, 2019, p.321). A “care” leaver interviewed by Penglase (2005) articulated the issue:

How do you know how to be a parent if you have never been parented? How do you know love if you have never been loved? How do you know how a normal family functions if you have never been in one? These handicaps have been far more pervasive and devastating to my life than the experience of being sexually abused (p. 311).

The 2004 Senate Inquiry Report noted that inadequate parenting skills are compounded by a lack of trust and low self-worth, both of which lead to an inability to get close to children and show them love and affection. Silence, stigma, shame, and secrecy were evident in survivors’ accounts. Parents were ashamed and embarrassed to talk about their histories with their children (Australian Government, 2017a; Penglase, 2005). Children and other family members “have no idea” why their relatives may be hurt and angry (Sheedy, 2005, p. 69).

Numerous personal vignettes provide anguished evidence of a recognition of the impact of “care” trauma on one’s parenting and on their family of creation (National Museum Australia, 2011-2014; SCARC, 2004). One “care” leaver said: “The thing that really saddens me is the impact that my depression and anxiety, post-traumatic stress disorder, lifelong inadequacies, low self-esteem and trust and fear issues have had on my children and husband” (Murray & Rock, 2005, p. 15). Other “care” leavers’ reflections resonated with the challenge of parenting: “I

find I have immense problems today with parenting. Not only am I utterly bereft of experience from which to guide my parenting, I find it difficult to give my children affection, nurturing and positive reinforcement of the people they are becoming" (SCARC, 2004, p. 149).

Perspectives of partners and children of those raised in institutional "care" suggest generational difficulties were often related to "care" leavers trying to block the pain of their past by resorting to substance abuse, through lifelong alcohol and drug addictions (SCARC, 2004). One daughter revealed "We all are dealing with our own mental health problems triggered by our experiences with a mother who was emotionally distant, abusive, alcoholic and full of rage against church and the state" (SCARC, 2004, p. 152). In another example, a child described that her mother's alcoholism was so intolerable, she left home at 16 because she realized that to "survive emotionally, stay at school, pursue a healthy 'normal lifestyle' I had to do it on my own" (SCARC, 2004, p. 151).

One of the consequences of institutional "care" and a pertinent issue to this thesis is that history can repeat itself. According to the 2004 Senate Inquiry Report, difficulties with establishing and maintaining relationships, difficulties with being able to provide secure and stable home environments, and internalised feelings of shame, fear, and rejection, make it difficult for "care" leavers to provide the necessary foundations needed to raise the next generation (p. 152). Some submissions indicated that children were taken into "care" for several generations (SCARC, 2004, p. 152). As one survivor said "I became a state ward at the age of about seven. ... I am the third generation in care; I reared the fourth" (SCARC, 2004, p. 152). In CLAN's (2011) survey 13% of their respondents had their children placed into "care" outside their homes. As Murray and Rock (2005) observed, "many survivors of childhood trauma go on to produce another generation of victims" (p. 1).

Two of my key informants, Dr Penglase and Dr Smith told me that "care" leavers often sought help when they had a child, or when their child had reached the age, the parent had been when placed in "care".⁴⁷ Furthermore, both shared examples of their research participants making clear links between their childhood in "care" and their anxious troubled parenting.⁴⁸

Despite the plethora of evidence that indicates an enduring legacy of stigma and scars from the experience of institutional "care", it has been pointed out that amidst the tragedies, there was evidence of "extraordinary personal determination" among people who, with the love and support from partners, families, friends, and professionals, had become able to lead satisfying adult lives (Australian Government, 2017a, p.2; SCARC, 2004). I now discuss this more diverse perspective.

⁴⁷ Personal communication with Dr Penglase in June 2015 and Dr Smith in May 2015.

⁴⁸ Personal communication with Dr Penglase in October 2016 and Dr Smith in January 2017.

A More Diverse Response to Australian Institutional “Care” Experiences?

Although public inquiries and biographical accounts describe significant harmful and long-standing impacts of institutional “care”, some “care” leavers report a diversity of outcomes including those with positive experiences in “care” and those with mixed experiences (not only adverse) across the lifespan (S. Murray, 2015). One of the few studies with Australian “care” leavers was conducted by Branigan et al. (2008). This study, based on in-depth oral history interviews with 40 people who spent time in Catholic children’s institutions, revealed that the consequences of growing up in “care” were more diverse than what has been publicly represented. Some participants identified with the experiences described by the 2004 Senate Inquiry Report, some rejected those findings and yet, others remembered their institutional experience as less relevant to their lives compared with subsequent life experiences (Branigan et al., 2008). Whilst very few denied the abuse and suffering that had been incurred, their responses appear to suggest diverse perspectives of their history (Murray et al., 2009). For example, some spoke freely about their past, whilst others did not. Some described their history as “a badge of honour” (Branigan et al., 2008, p. 11). Many spoke of adverse long-term consequences on their mental health, relationships, self-esteem, insecurities and parenting, stabilities and challenges dealing with childhood fears, and their compromised sense of security, (Branigan et al., 2008).

However, another perspective also emerged. Branigan et al.’s (2008) interviews revealed inspiring stories of survival and examples of triumphant assertion over childhood victimisation. Some “care” leavers had made a good life for themselves and expressed hope for the future (Branigan et al., 2008). Many people formed stable loving relationships with partners from whom they drew guidance to help overcome the lack of positive parenting role models in their histories (Branigan et al., 2008). Many spoke about loving relationships with their children describing how having children offered a reparative opportunity to develop positive self-esteem and express their capacity for love (Branigan et al., 2008). Alongside the joys, healing, and redemption of parenthood, however, were the triggers: re-living traumas of the orphanage, loneliness, isolation, and fears of replicating the parenting they had suffered as children (Branigan et al., 2008).

In contrast to what other research has shown, no parents in the Branigan et al. (2008) study had their children placed in “care”. Whilst parenting resources, emotional and practical, may have been initially lacking, people were determined that their children would not go into “care”. They placed a high value on being good parents, resolute in their children not going through what they had experienced as children (Branigan et al., 2008). In the book that tells the stories of these “care” leavers, the authors caution that these outcomes may not be typical of all those placed in institutional “care” (Murray et al., 2009). Participants had been recruited after

having contact with welfare agencies including the research partner (McKillop Family Services) and this may have shaped responses (Murray et al., 2009). As with other research and inquiries, the voices of those “care” leavers who have “moved on” or are “so damaged” that they cannot bear to look back and reflect on their experience, are missing (Murray et al., 2009, p. 10). “Care” leavers’ resolve to not put their children into “care” was a common sentiment in the CLAN survey of 577 “care” leavers (CLAN, 2011). Breaking the cycle was, to some degree, successful. Nevertheless, 13% of participants’ children or grandchildren were placed into “care” (CLAN, 2011). This figure implores for further exploration into parenting experiences to better understand the mechanisms that mediate the continuity and discontinuity of trauma. Whilst I acknowledge the mix of experiences, my position, based on the public inquiries, biographical works and the broad literature, is that Australian institutional “care” was experienced as abusive, with harmful impacts across several life domains including mental and physical health, socio-economic disadvantage, interpersonal relationships and parenting and loss of identity (Blakemore et al., 2017; S. Murray, 2015; Penglase, 2005; Wright, 2018; Wright & Swain, 2018).⁴⁹

Part Four: A Need for Further Research

Justification and Rationale for the Research Project

My literature review revealed a dearth of qualitative research with Australian “care” leavers. Interviews with my key informants further affirmed the absence of research on Australian “care” leavers in the fields of psychology or social work. They emphasised that research which can describe and understand the consequences of institutional “care” on parenting will make an important contribution to the field of out-of-home care. S. Murray (2015) recommended, a “need for further research to better understand the long-term impact of harmful experiences in care” including with respect to the impact on parenting (p. 29 - 33). Government inquiries have also raised concerns about the impact of institutional “care” on parenting (Australian Government, 2017a; SCARC, 2004). The recommendation that dedicated parenting support services should be available for “care” leavers, made by the 2004 Senate Inquiry, has been echoed by others (Branigan et al., 2008).

A persistent concern, however, is that studies which have documented the lifelong impact of growing up in “care” are few and there remains an absence of understanding of the “dynamics of risk and protective factors across the life course” for adult “care” leavers (Murray & Goddard, 2014, p. 112). Specific to my research is that there is little known about the long-term parenting outcomes of adults who were raised in “care” as children (Murray & Goddard,

⁴⁹ Hence, inclusion criteria for this research project, included “care” leavers who identify with the experience of trauma related to being raised in institutional “care”.

2014; Smith, 2015). Murray and Goddard (2014) advocated for research that focuses on the “care experience as an intergenerational process”, in the anticipation that such research informs service provision regarding parenting support for adult “care” leavers and “what could be done to ameliorate the harmful effects” of institutional “care” (p. 112). The 2004 Senate Inquiry and the Royal Commission also endorsed the importance for further research about the impact of institutional “care” abuse so that we understand the needs of those who have been abused and thus develop policies and practice as to how to respond to those needs.⁵⁰ One submission focused on the need for research into the intergenerational consequences of abuse and neglect issues because “of what we now know about the effect of emotional trauma; not just on the individual but on those with whom the individual proceeds to form a relationship” (SCARC, 2004, p. 334).⁵¹

Penglase’s (2005) research explicitly described “care” leavers’ fears about the consequences of their upbringing on their children. Many, having kept their history secret, worried for decades about revealing themselves to their children, fearing their experiences of deprivation, may flow on to the next generation (Penglase, 2005).⁵² A decade later, former “care” leaver, Gregory Smith (2015) asserted there are significant gaps in the available knowledge on the experiences of those raised in institutional “care”. Smith’s PhD research revealed that “care” leavers’ histories have led to “damaged” relationships with their children, with many having to now work hard “to try and repair that damage”.⁵³ Smith’s (2015) PhD research exposed a gap in the literature concerning how children of “care” leavers are impacted by their parents’ experience. He stressed the importance of further research in the field, particularly with respect to parenting, and referred to my research which put “care” leavers’ stories at its centre, as a “whole new paradigm”.⁵⁴

Until the 2004 and 2001 Senate Inquiries and the Royal Commission, where “care” leavers’ testimonies were given primacy, history had silenced the experiences of those who grew up in institutional “care”; and their stories remained trapped in the unyielding grip of shame (Michell, 2019; Musgrove et al., 2019; Swain et al., 2012). Access to personal records is bittersweet because what is contained in the records can be “incomplete, insulting, incorrect

⁵⁰ See Australian Government (2017a), *Final Report: Preface and Executive Summary for the Royal Commission into Institutional Responses to Child Sexual Abuse*, (p. 3); SCARC (2004) (p. xviii and Chapter 11 (p. 332-337). Specifically, Recommendation 37 specifies funding for research into: historical research into institutional care, including the role of institutional care in Australia's social history; the history of institutions and the commissioning of personal histories of former residents; the social and economic impact and cost of institutional care; and inter-disciplinary research into the relationship between child welfare/child protection and areas such as welfare dependency, social problems such as drug and alcohol abuse and family relationship breakdowns (SCARC, 2004, p. 337).

⁵¹ Submission made by Dr Una McCluskey (Honorary Research Fellow, University of York).

⁵² See Penglase (2005), specifically, p. 311 – 315.

⁵³ Personal communication 9th January 2017.

⁵⁴ Personal communication 9th January 2017.

and/or incomprehensible” (Murray & Humphreys, 2014, p. 215; Sheedy et al., 2017). As Golding says, “We find nothing in the archives that explains the story behind the story” (Sheedy et al., 2017, p. 91). The painful intergenerational impact of poor record keeping and the absence of “narrative layers behind the story” of vulnerable families whose children were taken into institutional “care” has been poignantly described by Golding (Golding & Wilson, 2019, p.324). To create a more honest history, CEO of CLAN, Leonie Sheedy recommended that “care” leavers write their own story “to share with the world!” (Sheedy et al., 2017, p. 93). Furthermore, as key informant, Dr Gregory Smith advised, good practice principles highlight the importance of listening to “care” leavers’ voices (see also Michell, 2019; S. Murray, 2015; Golding & Wilson, 2019).⁵⁵ Hearing directly from survivors offers a powerful means of raising public awareness and can counter records of “care” that depict institutions in the best possible light (S. Murray, 2015; Swain et al., 2012). As Musgrove et al. (2019) ask: “How do we understand the perspectives of children in the past and not just the adults who so often defined and constrained the parameters of youthful lives?” (p.2) Thus, it is argued that “care” leavers’ testimonies should be “understood as histories in themselves”, spoken and written by those who are trying to make sense of their past (Swain et al., 2012, p.21) and “that the voices of children from the past play a vital role” in helping us understand history (Musgrove et al., 2019, p.11).

Wilson and Golding (2015) affirm that “care” leavers appreciate historians’ efforts to “explore the intergenerational impacts of removing children from their families” (p. 40). My literature review revealed an absence of psychologists undertaking research with Australian adult institutional “care” leavers. Taking a psychological lens to “care” leavers’ experiences allows for further exploration into how institutional “care” impacted parenting. My research is thus an attempt to ‘people’ a narrative that has, thus far, been researched by contemporary scholars and historians (Musgrove et al., 2019; Swain et al., 2012). As S. Murray (2015) stated, the value of “care” leavers’ accounts about “care” and its aftermath “is, as yet, not fully realised” (p. 4). Furthermore, the experience and voices of “care” leavers are an integral component of the “knowledge diamond” about issues related to child and family welfare (Wilson & Golding, 2015, p. 39).⁵⁶ Although it is painful, “care” leavers want their history recognised (Penglase, 2005). The question of how to create a safe psychological space to hear these stories was central in my thinking about the research. Thus, conversations with key informants, were critical to my research methodology which I discuss in Chapter 3.

⁵⁵ Personal communication with Dr Gregory Smith on 9th January 2017.

⁵⁶ Wilson & Golding (2015, p. 39 - 40) and S. Murray (2015, p. 3 - 4) describe the ‘Who Am I’ action research project by University of Melbourne, Social Work Professor Cathy Humphries where the sources of knowledge were described as a ‘knowledge diamond’ drawn from four sources: survivor experience; practice wisdom; policy data and research evidence.

Intergenerational Transmission of Trauma

Intergenerational issues relating to trauma have been documented by Australian and international Government Inquiries into the impact of institutional child abuse, by “care” leavers’ narratives and autobiographies (Australian Government, 2017a, 2017b⁵⁷; Carr et al., 2019; Thornton, 2015; Penglase, 2005; SCARC, 2004⁵⁸), and recognised in trauma literature since the 1960s, when large numbers of children of Holocaust survivors began to seek treatment for clinical symptoms (Danieli, 1988). Psychiatrist Theo K. de Graff (1998) contended that:

The problems we have met in families of survivors of the Holocaust are now believed to be similar to those found in families in which the parents have been traumatized by other circumstances, such as war, the early death of a parent, child abuse/neglect, parental alcohol addiction or psychiatric disease (p. 233).

This postulation has been echoed by others (Goldenberg et al., 2011). I sought to explore this notion, with a focus on the parenting of those who experienced childhoods in institutional “care” because, not only is there a dearth of literature of Australian “care” leavers’ parenting experiences (Blakemore et al., 2017), but also because the parenting experiences of child abuse survivors are often not addressed, either in therapy, or in the literature (Wark & Vis, 2016; Wright et al., 2012).

Disentangling the underlying mechanisms of intergenerational transmission of trauma has long been recognised as a difficult task (de Graaf, 1998; Giladi & Bell, 2013) and although many pathways and theoretical perspectives have been proposed (Assink et al., 2018; Lehrner & Yeduda, 2018), the literature recommends further attention be given to deepening our understanding of mechanisms of intergenerational transmission and identifying factors that can reduce the impact of childhood abuse on parenting (Alink et al., 2019; Madigan et al., 2019; Widom et al., 2015).

Given the extent of trauma experienced in institutional “care” and its life-long consequences, many of which have had enduring adverse impacts, I sought to understand the impact of institutional “care” on parenting by drawing on intergenerational transmission of trauma perspectives. Although there are exceptions, much of the research and clinical data on intergenerational transmission has been gathered from one generation in a family (Hollander-Goldfein et al., 2011).⁵⁹ As others have suggested, interviews with multiple generations can be

⁵⁷ See specifically p. 154 – 155.

⁵⁸ See specifically p. 152.

⁵⁹ Examples of exceptions are: Bradfield, (2011a, 2011b); Field, Muong & Sochanvimean, (2013); Hollander-Goldfein, Isserman & Goldenberg (2011).

invaluable for understanding impacts and mechanisms of transmission (Isserman et al., 2011; Myhra, 2011). Hence, my interviews were conducted, where possible, with two generations: a parent “care” leaver and one of their adult children. Broadly, I sought to study the intergenerational impacts of institutional “care” in the families of “care” leavers, through exploring the impact of institutional “care” on the “care” leaver and the subsequent impact on their parenting, from the perspective of both, parent, and child. My research questions will be outlined in Chapter Three.

My thesis is an attempt to address the gap in our understanding of the impact of institutional “care” on parenting and relationships with children. The findings emanating from this work may inform those who work with adult “care” leavers and their families, and those concerned with the care of children in contemporary residential care. Given that the vast experience of many (if not most) “care” leavers falls within the ambit of childhood abuse and trauma and their concomitant long-term detrimental effects, the findings may also be relevant for a broad range of people who work with and/or support adult “care” leavers, children in out-of-home care and child abuse survivors, as well as their families. This includes, mental health practitioners, advocacy organisations, institutions who develop social policy in relation to “care” leavers, and researchers investigating the impact of institutional “care” and the exploration of protective and risk factors across the life course (S. Murray, 2015; Murray & Goddard, 2014).

Part Five: Outline of Chapters

The thesis is presented in three sections, each containing several chapters. Section I encompasses the introduction, literature review and methodology; Section II describes the findings and Section III offers a discussion of the findings and a conclusion that includes suggestions for further research and recommendations related to the relevance of the findings.

Section I: The Beginnings and Shapings

Following this introduction, Chapter 2 reviews the literature. I divide this chapter into three parts. In Part 1, I explore the literature on adults who were raised in institutional “care” internationally and in Australia. In Part 2, I explore literature that provides evidence for the intergenerational transmission of trauma. Due to the absence of psychological literature on the Australian “care” leaver experience with respect to trauma transmission, I review trauma transmission studies with Holocaust survivors, Indigenous communities, and child abuse survivors. I discuss the mechanisms for the transmission of trauma with a focus on psychodynamic perspectives and the caregiving system, silence, and over-disclosure.

Although the overwhelming literature in the field is for repetition of trauma, in recent years there has been an emergence of research that explores factors that contribute to breaking

the cycle of trauma for the second generation. Initially, this literature did not seem salient for my research. Based on my clinical experience and research on trauma transmission, I had tentatively expected my own research would support the broad findings in the field that suggest the harmful impacts of trauma on parenting, particularly when a parent has experienced significant childhood abuse. However, my interviews with participants revealed another, more optimistic picture of parenting, that seemed to sit alongside the impact of trauma. I needed to relook at the literature to search for mitigating factors that break or mitigate the cycle of trauma. Thus, Part 3 of the literature review explores literature in the field that discusses factors that contribute to the mitigation of intergenerational impacts of trauma.

Chapter 3 discusses my theoretical orientation and the rationale in choosing narrative inquiry as the methodological approach to gather and interpret the data. My personal positioning and strategies for maintaining reflexivity are explored and discussed. I describe the psychosocial tradition in research, the free association narrative interview (FANI), the method with which data was collected and the narrative approaches that I drew upon to analyse and interpret the data. The significance of Life Stories/Pen Portraits and Case Studies are discussed because they were integral to the process which I undertook to analyse the data and generate emerging themes. I then discuss the strategies I used to enhance validity and conclude by exploring the ethical considerations of research with a very vulnerable population group.

Section II: The Findings

Section II contains Chapters 4, 5 and 6 all which describe my findings. Chapter 4 introduces my participants, so they come alive for my reader. Descriptive in nature, I provide enough information against which the findings can be contextualised. I briefly describe each of their family backgrounds including the parents' experiences of institutional "care" and its impact. I provide ethnographic descriptions of the interview encounters and include reflections of my impressions of their presentation.

In Chapter 5, "care" leavers' experiences of parenting are presented in themes. Although interconnected and interdependent in parents' narratives, they are presented as discrete themes under three categories: Supporting themes, Impeding themes and Mixed themes. Chapter 6 presents the themes that emerged from the children's experience of their parents and their perception of the impact institutional "care" had on how they were parented. These themes are described under two categories: Supporting themes and Impeding themes.

Section III: Untangling the Past and Looking Forward

Chapters 7 and 8 provide a discussion of the findings with reference to the literature. A second level of analysis of the findings revealed factors that appeared to either contribute to or

moderate the impact of institutional “care” on parenting. Chapter 7 discusses the factors that seem to contribute to the impacts of institutional “care”, whilst Chapter 8 discusses the factors that appear to moderate these impacts.

Chapter 9 is the concluding chapter highlighting the findings of the thesis and integrating them to the questions the thesis sought to answer. Limitations of the research are addressed and ideas for further research are suggested. An overview of the significance of the research is offered. The chapter concludes with proposed recommendations for agencies and mental health professionals who work with adult “care” leavers, children in out-of-home care, child abuse survivors and their families.

CHAPTER 2: Literature Review

Overview

The literature review is presented in three parts. In Part One, following on from the background I provided in the introduction, I now explore the literature regarding the experience of institutional “care” and its impact on parenting. I reference international studies and then I bring the focus to research about Australian “care” leavers.

In Part Two, I shift the focus to literature in the field of intergenerational transmission of trauma. Due to the absence of psychological literature on the Australian “care” leaver experience with respect to the impact of institutional “care” on parenting, I explore the field of intergenerational trauma, beginning with studies from the survivors of war and genocide. I move to the transmission of trauma in Indigenous communities and then explore the intergenerational transmission of trauma from parents who experienced child abuse. I discuss the mechanisms for the transmission of trauma with a focus on psychodynamic perspectives and the caregiving system, silence and over-disclosure. Based on my clinical experience and research on trauma transmission, I had tentatively expected my own research would support the broad findings in the field that suggest adverse intergenerational impacts, particularly when a parent has experienced significant childhood abuse. However, interviews with parents and their children seemed to reveal that alongside the hardship related to the impact of trauma, there was another, more hopeful and optimistic story. I then needed to relook at the literature to search for mitigating factors that break the cycle of trauma or moderate the trauma transmission.

Hence, in Part Three, I explore literature that addresses protective factors that can break the cycle of trauma transmission. Although the overwhelming literature in the field is for repetition of trauma, in recent years there has been an emergence of research that explores factors that contribute to breaking the cycle of trauma for the second generation. Initially, this literature did not seem salient for my research however during my interviews with participants, another, unexpected picture of parenting emerged. Beyond the trauma of institutional “care”, emerged the capacity to build a family life that was different to one’s childhood and to parent in a different, more positive way to how one was ‘cared’ for as a child.

Part One: Growing up in Institutional “Care” and the Impact on Parenting

Introduction

This research project covers an aspect of Australian history that has only recently begun to be told. The literature from which to draw upon is thus scarce, particularly with respect to the impact of the institutional “care” experience on parenting and subsequent relationships with children. The paucity of research is perhaps not so surprising since growing up in institutional

“care” is not established as a category of traumatic childhood experience (Penglase, 2005). As Penglase reflected, it is not part of “everyday knowledge” that to grow up in institutional “care” is traumatic (Penglase, 2005, p. 59). The call for increased knowledge, however, has been heeded. The 2004 Senate Inquiry, the Royal Commission and several academics urged for research about “care” leavers, including research that involves “care” leavers themselves (Australian Government, 2017a; Murray & Goddard, 2014; S. Murray, 2015; Smith et al., 2020; Wilson & Golding, 2015).⁶⁰ The Royal Commission instigated entire academic journal volumes that were dedicated to issues that emerged during its course.⁶¹ Indeed, Wright & Swain (2018) contend that the Royal Commission fostered new scholarship across a range of disciplines related to institutional child sexual abuse.

In the last 16 years, historians and sociologists have conducted research that focuses on: the impact of the Royal Commission (Wright & Swain, 2018);⁶² the role of activism in historical institutional child abuse (Wright & Henry, 2019); the politics of inquiries and apologies (Sköld & Swain, 2015); social policy responses to “care” leavers and good practice (S. Murray, 2015); the experiences of “care” leavers whilst in institutional “care” (Murray et al., 2009; Hil & Branigan, 2010; Penglase, 2005; Smith et al., 2020); the history of placing Australian children in Institutional “care” (Musgrove, 2013; Swain, 2014b); the importance of access to child welfare records for “care” leavers (Murray et al., 2008b; Murray & Humphreys, 2014; S. Murray, 2015; Swain & Musgrove, 2012); the nature of record keeping and their contents (Mendes et al., 2020; Sheedy et al., 2017; Wilson & Golding, 2015); exploring life after growing up in “care” (Murray et al., 2009; Murray & Goddard, 2014); matters of redress (Daly, 2018); impact of sexual abuse by the clergy (McPhillips, 2018); and “care” leavers’ memoirs (Golding 2005; Smith, 2018).

International Experiences

Internationally, Canadian, British, Irish, and European experiences of institutional “care” in the 20th century “care” leavers seem to tell similar stories to their Australian counterparts (Carr et al., 2019; Penglase, 2005; Sköld, 2013). Inquiries and research have revealed that survivors describe multiple forms of maltreatment and adverse outcomes across the lifespan: in

⁶⁰ See Australian Government (2017a, p. 3); SCARC (2004, p. xviii); SCARC (2004, p.332-337). Specifically, the 2004 Senate Inquiry Report Recommendation 37 specified funding for research into: historical research into institutional care, including the role of institutional care in Australia's social history; the history of institutions and the commissioning of personal histories of former residents; the social and economic impact and cost of institutional care; and inter-disciplinary research into the relationship between child welfare/child protection and areas such as welfare dependency, social problems such as drug and alcohol abuse and family relationship breakdowns (Chapter 11, p.337).

⁶¹ For example, *Child Abuse & Neglect*, 2017, Volume 74, and the *Journal of Australian Studies*, 2018, Volume 42(2).

⁶² The entire *Journal of Australian Studies*, 2018, Volume 42(2) was dedicated to exploring the significance of the Royal Commission and its role in institutional, and legal reform and social and cultural change (Wright & Swain, 2018, p. 148).

mental and physical health, which includes frequent illness and a prevalence of psychological disorders such as PTSD and substance abuse; and in the psychosocial domain, which includes problems in relationships, trust and self-regulation (Carr et al., 2010; Carr et al., 2019; Carr et al., 2020; S. Murray, 2015).⁶³ A recent review of outcomes for survivors of institutional care found that 84% of survivors of institutional child abuse had lifetime mental health problems (Carr et al., 2020). In another study, a third of the 225 survivors had problems with anger control, parenting and child focused issues such as their children having mental health or psychosocial problems (Carr et al., 2019).⁶⁴

Research conducted with Canadian adults raised in orphanages indicated a high prevalence of adverse outcomes, namely, high levels of gross psychological trauma (Perry et al., 2006). Survivors' stories revealed consistent themes of abuse and emotional neglect perpetrated by adults whose role was to care for the children. Similarly, in another Canadian study, those who were raised in orphanages had significantly more chronic illnesses and were more psychosocially distressed than their matched community sample (Sigal et al., 2003). Enduring negative impacts included an impaired capacity to achieve intimate relationships. Maunders's (1994) study based on interview data from nine care leavers (three Americans, three Canadians, three Australians) who spent some of their childhood in orphanages, showed that despite respondents being drawn from three different countries in three different decades, their childhood experiences of growing up in institutions were consistently similar. All longed to be shown emotional warmth and a sense of being valued as individuals. Many of the respondents found difficulty in forming close positive relationships and struggled with anger, lack of trust, low self-esteem and had persistent difficulties with showing love and affection to their children (Maunders, 1994). One respondent remarked she felt "stupid" as a parent and did not know how to bring up her children (Maunders, 1994, p. 408).

In contrast, a British study on parenting by women who were raised in institutions found that most mothers were affectionate and actively involved with their children (Dowdney et al., 1985). In this study, whilst there was no evidence of patterns of neglect or cruelty, mothers were more likely to use smacking. The mothers were concerned with trying to parent well, however they struggled to pick up their children's cues or respond to them in ways that were helpful in preventing conflict and distress (Dowdney et al., 1985). In another British study, mothers raised in institutional "care" showed poor psychosocial functioning and severe parenting difficulties

⁶³ Inquiries include, for example, the 2015 Scottish Child Abuse Inquiry (SCAI) and the 2009 Irish Commission to Inquire into Child Abuse (CICA).

⁶⁴ See p. 47 for specific breakdown of Psychosocial Adjustment Outcomes

which were mitigated by the presence of a supportive spouse (Quinton et al., 1984).^{65 66}

However, given a quarter of their 94 participants showed good parenting, in spite of all their adverse experiences in early life, the authors concluded that cyclical generational difficulties do not have to be inevitable (Quinton et al., 1984).

Some studies, although rare, found those who grew up in orphanages recalled their experiences as positive and reported average or above average socioeconomic success compared with the general population (McKenzie, 1997, 2003; Myers & Rittner, 2001). These studies challenge the overwhelming narrative that growing up in orphanages “predestines children to marginalized lives” (Myers & Rittner, 2001, p.5). McKenzie’s (1997, 2003) studies surveyed over 2500 respondents from fourteen orphanages whilst Myers and Rittner’s (2001) study surveyed 94 former residents. All orphanages were in the USA. Less than three percent of those surveyed assessed their experience in institutional “care” as unfavourable (McKenzie, 1997, 2003; Myers & Rittner, 2001). The vast majority reported that their orphanage experience provided them with personal values, education, food, housing, medical care, friendships, sense of self-worth, belonging, love from staff and stability (McKenzie, 1997, 2003). McKenzie (2003) argued that the institutional “care” described in other studies (e.g., Quinton et al., 1984) provided a substantially different form of “care” from the orphanages in which his participants were raised. The authors acknowledged that methodological issues, such as the use of surveys (not interviews), poor return rate of responses and the fact that surveys were sent only to those who are on the institutions’ mailing lists, may suggest that perhaps those who were less successful, less fortunate or those who had cut off contact due to maltreatment, were not represented in the findings (McKenzie, 1997, 2003; Myers & Rittner, 2001). Therefore, the authors suggested that any speculations about generalising these outcomes to all those raised in orphanages need to be made with caution (McKenzie, 2003; Myers & Rittner, 2001). Nevertheless, these studies provide an alternate perspective of institutional “care” rarely seen in the literature or in government inquiries.

A recent study documenting the outcomes in institutional abuse of Scottish people who spent their childhoods in institutional “care”, revealed negative outcomes across psychosocial adjustment, mental and physical health (Carr et al., 2019).⁶⁷ Specifically, a third of the 255

⁶⁵ Institutional care was described as marked by a lack of personal meaning, the absence of affection, poor attachments to staff, who had high rates of turnover, and negative memories of relationships with peers (Quinton et al., 1984).

⁶⁶ Severe parenting difficulties were rated if children were currently separated from the mother because of parenting difficulties, or if there was a marked lack of warmth to the children; or a low sensitivity to children’s needs; and difficulties in at least two out of the three areas of disciplinary control (consistency, effectiveness or style) (Quinton et al., 1984 p. 111).

⁶⁷ Carr et al., (2019, p. 43) Survivors had psychosocial problems in six main areas of their lives: career development, trust, romantic relationships, problems while in childcare, parenting, and self-regulation.

survivors had problems in adulthood with parenting and anger control. In Ireland, as with Australia, the Commission to Inquire into Child Abuse found that “physical and emotional abuse and neglect were features of the institutions” (Moore & Thornton, 2015, p. 92). Recognition of the intergenerational impact of childhood trauma on parenting led the Irish state to fund therapeutic work with children and grandchildren of former institutional “care” leavers (Moore & Thornton, 2015).

The Australian Experience

In an Australian specific context, Penglase’s (2005) research was unequivocally critical of the detrimental impact of institutional “care” on parenting. She is emphatic that those who have grown up in institutional “care” “have possibly the least idea of anybody how to be a parent and how to have a family” (Penglase, 2005, p. 306). Penglase (2005) drew attention to the relational injuries incurred in “care” most painfully exemplified by “care” leaver’s reflections: “When you grow up in an institution you know better than to trust another human being – it could cost you your life” (p. 307). The detrimental impacts on parenting are multiple. Penglase (2005) highlighted examples such as relationship breakdowns because of the absence of positive models of family life; the inability to trust and express love; the fear of how this has affected one’s children; feelings of depriving one’s children of ‘normal’ family connections; unceasing feelings of shame, guilt, worthlessness, loneliness, isolation, and struggle (p. 315). The repetition of trauma becomes manifest when parents cannot sustain relationships with their children. According to Penglase (2005) it is “inevitable that a disproportionate number of children in care today will have parents or grandparents who were themselves in care” (p. 316).

Yet, a contrasting perspective has emerged. As I described in Chapter 1, research with 40 people raised in Catholic children’s institutions revealed that despite ongoing psycho-social challenges related to childhood, none of these adults had their children placed in “care” (Murray et al., 2009). A limitation of this study was that the participants had some involvement with welfare agencies, including MacKillop Family Services, the study’s research partner, thereby possibly excluding a more diverse “care” leaver experience.⁶⁸ Notwithstanding the possible bias in the interview sample, these adults seemed to overcome the lack of positive parenting models by drawing upon the support of others. Nevertheless, in agreeance with Penglase (2005) and my two other key informants, Dr Frank Golding and Dr Gregory Smith, Murray et al. (2009) maintain that parenting is an area in which some “care” leavers may require significant support.

⁶⁸ Perhaps those who were more vulnerable could not bear to reflect on their experiences and consequently, they did not participate (Murray et al., 2009, p.10). Others may have moved on with their lives and “never looked back” (Murray et al., 2009, p.10).

In recent years, the power of survivor testimony has gained the media's attention. It has brought to light the trauma experienced in institutional "care" and challenged the institutional authority and denial that contributed to keeping people silent (Golding, 2018; S. Murray, 2015; Sköld, 2013; Wright, 2018). The trauma informed perspective adopted by the Royal Commission provided Australia with the framework and language for understanding intergenerational legacies of child abuse (Wright, 2018). The overwhelming evidence suggests that the impact of abuse, as described by the personal testimonies of survivors, was profound; with life-long impacts on psychological health emerging as a major concern (Davis, 2018; Golding, 2018; Wright, 2018). In addition, an understanding of the intergenerational impacts of a parent's childhood trauma in institutional "care" has been specifically raised as an area requiring research (Murray & Goddard, 2014; Smith, 2015). Yet, the experiences of Australian institutional "care" leavers and the impact of institutional "care" on their parenting has not been explored in the field of psychology, nor could I find any literature on this topic authored by practicing clinicians or research psychologists.

In the next section I bring the focus to literature on the intergenerational transmission of trauma because this is the framework I draw upon to explore the intergenerational impact of institutional "care" trauma on parenting.

Part Two: Intergenerational Transmission of Trauma

What is the Intergenerational Transmission of Trauma?

A significant impact of institutional "care", repeatedly reported by "care" leavers, is complex trauma and its symptoms (Australian Government, 2017a, 2017b, 2017c; CLAN, 2011; Penglase, 2005; SCARC, 2004).^{69 70} Penglase (2005) points out that one of the consequences of this, is that the children of parents who grew up in institutional "care" find it painful, difficult and sometimes impossible to live with a parent who is so haunted by their past. To understand this process, I turn to the concept of 'intergenerational transmission of trauma', a term used to describe: the generational effects of trauma on children when a parent has survived a traumatic event, the nature of these effects; and the mechanisms of their transmission (Lehrner & Yehuda, 2018).

⁶⁹ Trauma is the result of overwhelming stress that exceeds a person's capacity to cope (Levine and Kline, 2007). According to van der Kolk (2014) trauma is by definition: unbearable, intolerable. Numerous events can be considered traumatic such as: accidents, natural disasters, invasive medical procedures, death of family members, exposure to violence and being a victim of violence and abuse (Levine & Kline, 2007). The experience of early life multiple and/or chronic, developmentally adverse traumatic events, most often of an interpersonal nature such as sexual abuse, physical abuse, emotional and educational neglect, have been described as "complex trauma" (van der Kolk, 2005, p.402).

⁷⁰ Symptoms of trauma include: depression, hypervigilance, avoidance, numbing, hyperarousal, sleep disturbances, negative cognitions, outbursts of anger and startle reactions (AMA, 2013).

The intergenerational transmission of trauma was first observed in 1966 by clinicians who were alarmed about the number of children of survivors of the Holocaust seeking treatment in clinics in Canada (Danieli, 1998). Case studies and empirical investigations began as clinicians and researchers sought to understand the legacy of the Holocaust among survivors and their children (Lehrner & Yehuda, 2018). Intergenerational trauma studies have since expanded to other populations that have experienced trauma, across areas as broad as wars, genocides, slavery, repressive political regimes, family violence, child abuse, and the experiences of indigenous populations (Danieli, 1998). Over 500 articles and numerous books on intergenerational trauma have been published (Lehrer & Yehuda, 2018). The impact of trauma on the next generation has been documented in literature from the fields of infant mental health (Cramer, 1997; Fraiberg et al., 1975; Lieberman et al., 2005; Lieberman et al., 2011; Schwerdtfeger et al., 2007), psychotherapy (Coles, 2011; Kaplan, 1995; Lev-Wiesel, 2008; Matthelin, 1999), research with Indigenous populations (Atkinson, 2015; Myhra, 2011; O'Loughlin, 2009; Raphael et al., 1998; Walters, 2015) and with veterans (Ancharoff et al., 1998; Dekel & Goldblatt, 2008), and from the experiences of survivors of genocide such as the Holocaust (Auerhahn & Laub, 1998; Kogan, 1995), the Khmer Rouge Regime (Field et al., 2013; Kinzie et al., 1998) and the Turkish genocide of the Armenians (Kupelian et al., 1998). The approach has been inter-disciplinary, representing approaches from psychodynamic theory, attachment theory, parenting and family environment, including patterns of communication, social learning, epidemiological, sociological and biological perspectives (Dekel & Goldblatt, 2008; Giladi & Bell, 2013; Lehrner & Yehuda, 2018). This literature review draws from psychodynamic perspectives with a focus on the parent-child relationship and the family environment. I chose these perspectives because the literature in the field of intergenerational trauma transmission and its impact on relationships between parents and their children, emphasises the psychodynamic aspects of trauma transmission.

Empirical research has offered much support for the intergenerational consequences of trauma through showing that children of trauma survivors are adversely affected by their parents' trauma experiences. Others argue that the research is not conclusive, thus sparking debate between those that argue for the importance of recognizing that many offspring may feel traumatised, versus those who argue that such an assumption is overly simplistic (Braga et al., 2012; Kellerman, 2001; Lehrner & Yehuda, 2018; Madigan et al., 2019). Lehrner and Yehuda (2018) suggested that the mixed findings may reflect the important distinction between exposure to trauma, and the trauma survivor's own coping and distress following the trauma. For example, studies have found that it is the failure to recover from trauma, indicated by Post Traumatic Disorder (PTSD), high rates of posttraumatic stress symptoms, or a parent's need to maintain their own vigilance and self-protection, that mediates the impact of parental trauma on

the children, and creates problems in how parents interpret and respond to their child's signals (Lehrner & Yehuda, 2018; Savage et al., 2019).⁷¹ The mixed findings regarding distress among children of Holocaust survivors has prompted research about the transmission of resilience and the possibility of transcending trauma by breaking the cycle of intergenerational adverse events (Braga et al., 2012; Hollander-Goldfein et al., 2011a; Madigan et al., 2019; Woods-Jaeger et al., 2018). I will turn to this literature in Part 3 of this chapter.

An ongoing challenge in the field of intergenerational trauma transmission is the delineation between what is transmitted and the mechanisms by which the transmission occurs. I have thus divided Part Two in two sections. First, I review literature for evidence of the transmission of trauma. I then review the literature on mechanisms by which trauma may be passed on to children with a focus on psychodynamic, and parent-child care giving perspectives. I begin by discussing the intergenerational transmission of trauma in the children of Holocaust survivors and others impacted by war and genocide. I do this for two reasons: first, because it was the study of Holocaust survivors and their children that spurred the concept and study of intergenerational transmission of trauma thus providing the foundation for this important field of research, and second, because Dr Joanna Penglase informed me that adults who spent time in institutional "care" have compared the resounding silence about their victimisation with the "conspiracy of silence" that Holocaust survivors encountered after the war (Danieli, 1988, p. 279).⁷² This concept refers to pervasive negative societal attitudes such as indifference, avoidance and denial of survivors' trauma experiences.

Survivors of the Holocaust

To understand the impact of massive trauma on the second generation, we need to first understand the experiences of survivors in the first generation. Holocaust survivors presented with a psychological profile that was characterised by psychiatrist William Niederland, as "survivor syndrome" (Hass, 1990, p. 8). The syndrome captured the psychological consequences for survivors which included symptoms of depression, anger, loss of trust in people, impairments in establishing close relationships, social isolation, survivor guilt, anxiety related to persecution

⁷¹ During the Royal Commission and the 2004 Senate Inquiry, many "care" leavers testified that they had been diagnosed with PTSD (Australian Government, 2017c; SCARC, 2004). To meet the first criterion of a diagnosis of PTSD, a person must have been exposed to a stressor, which could be: actual or threatened death, serious injury or sexual violence (American Psychiatric Association (AMA), 2013). Exposure can include witnessing the trauma inducing event. According to the American Psychiatric Association (2013), PTSD is diagnosed if, following the stressor, the person suffers clinically significant distress or impairment in their social interactions, capacity to work or other important areas of functioning and there is the presence of re-experiencing the event (e.g., flashbacks, nightmares), avoidance of any memories of the event, negative cognitions and mood, and increased arousal (e.g., aggressive, reckless or self-destructive behavior, sleep disturbances, hypervigilance).

⁷² Personal communication, 14th June 2015.

fears, phobias, sleep disturbances, cognitive disturbances, numbness, “psyching closing off” and somatic complaints (Hass 1990, p. 9). I later came to hear many of these symptoms from the “care” leavers I interviewed.

In the 1960s, children of Holocaust survivors began to present to clinics for treatment with symptoms resembling their parents, even though they had never been inside a concentration camp or experienced a war (Barocas & Barocas, 1973; Danieli, 1998). It appeared that the children seemed to both unconsciously and consciously absorb their parents’ trauma and perceptions of a never-ending, life threatening, inner and outer reality (Danieli, 1988; Kogan 2012). Thus, the ‘intergenerational transmission’ referred to behaviours of survivors’ offspring which are dynamically assumed to have their origins either in symbolic relationship to their parents’ experiences, or to be shaped by their parents’ related pathogenic behaviours (Danieli, 1988).

According to Auerhahn and Laub (1988), massive trauma seems to shape the internal representation of reality over several generations, so that it becomes “an unconscious organizing principle passed on by parents and internalized by their children”, the consequence of which is that survivors’ children “become burdened by memories that are not their own” (Auerhahn & Laub, 1988, p. 22). These internal representations include conscious and unconscious fantasies regarding real events of a traumatic nature, intense feelings of mourning and guilt, and psychological defences against feelings of shame and aggression (Kogan, 2012). Early researchers and clinicians assumed that because the impact of trauma negatively affected survivors’ capacity for human relations, it would also hamper the ability to form healthy parent-child relationships, resulting in pathology or maladaptive behaviour in the second generation (Hass, 1990). Case studies and empirical research provide evidence of symptomatic behaviour in the second generation.

Studies show some children of Holocaust survivors suffer from cognitive and memory disturbances, chronic fears of renewed persecution related to beliefs that the world is unsafe, threat is everywhere and people cannot be trusted, feelings of survivor guilt, anxiety, depression, somatization, emotional distance from their parents and problems with anger and its appropriate expression (Danieli, 1985, 1988; see also Felsen, 1998; Hass, 1990; Kestenberg, 1993; Mazor & Tal, 1996; Rapoport, 2011; Wiseman et al., 2006). A recurring theme in the research is a problematic psychological and physical separation from parents. This interferes with the creation of healthy boundaries and the possibility of individuation (Giladi & Bell, 2013; Hass, 1990). At one extreme, parents were overinvolved and overprotective and at the other extreme, parents were too preoccupied in their own mourning to adequately attend to their children’s needs (Hass 1990). Mistrust of outsiders reinforces overprotection and the perception that the family is the only shield from danger (Rowland-Klein & Dunlop, 1997).

Where expression of anger in the home was not tolerated, some children became overly compliant and denied their anger, projecting it instead to the world; alternatively, they felt compelled to manifest their parents' unexpressed rage (Hass, 1990). While some children of survivors developed phobias and anxieties related to repeated warnings of impending danger, others engaged in frequent combat or created dangerous situations to assert their confidence (Danieli, 1985; Hass, 1990). Guilt related to not being able to ask parents about their experiences for fear of upsetting them, further serves to inhibit expression of children's anger (Wiseman et al., 2006). A lack of open communication between parents and their children about parental trauma experiences has been shown to lead to a mutual overprotection between parent and child and a concomitant silence about internal experiences (Giladi & Bell, 2013; Wiseman et al., 2006). Guilt offers a link between both generations in that the children feel helpless and experience a sense of failure because of their lack of capacity to undo the Holocaust for their parents and for themselves (Danieli, 1985).

Critiques about the impact of the Holocaust on second generation survivors have focused on the tendency of the literature to find pathology and overgeneralise from clinical samples to conceptualization of the second generation as a homogenous group of vulnerable people (Sigal, 1998; Solkoff, 1992). However, in a counter argument, some have proposed that the criticism of early Holocaust literature, which had found psychopathology from one generation to the next, was also in part due to survivors' avoidance in wanting to expose the magnitude of Hitler's victory (Danieli, 1985).

Alternative Perspectives

Kellerman's (2001) literature review found that empirical studies of clinical populations were largely in agreeance with the descriptive studies that reported psychiatric symptoms in the children of survivors as compared with other populations. That is, the clinical population of offspring, showed a specific "psychological profile" that included difficulties in coping with stress, predisposition to PTSD, difficulties in separation-individuation, and a contradictory mix of resilience and vulnerability when dealing with stress (Kellerman, 2001, p. 36). His review further found that the non-clinical population of children of Holocaust survivors does not show signs of more psychopathology than others in the general population. Similarly, other studies have failed to confirm the assumption of higher rates of distress in children of Holocaust survivors, except in studies of clinical participants who were stressed for other reasons (Sigal, 1998; van IJzendoorn et al., 2003).

Methodological difficulties in the literature centre around: criteria for defining Holocaust survivors (Bar-On 1996; Barel et al., 2010), criteria for definitions of what constitutes a 'clinical' subject (Felsen, 1998), variations in the comparison or control group (Barel et al., 2010), country

of migration that may have impacted adjustment and mental health in children (Barel et al., 2010), the age of the survivor during the Holocaust (Kellerman, 2001) and hence the difference in psychological impact (van der Hal-van Raalte et al., 2007), and the reliance of volunteer subjects who may be better adjusted than others who feel less secure and more defensive about the Holocaust (Felsen, 1988). Other factors affecting the parent-child relationship include: the survivor's attachment relationships and psychological health prior to the war, the impact of family and cultural norms from the survivor's country of origin, the number of years after liberation that the child was born, the birth order of the child, the child's gender and genetic temperament and their experience of the world outside the home (Hass, 1990; Sigal, 1998).

Protective factors such as pre-war years of stable family relationships and post war access to social support structures and public commemorations may have contributed to survivors' resilience and may explain absence of evidence for intergenerational effects of trauma (van IJzendoorn et al., 2003). According to Bar-On (1996), the study of transgenerational effects of the Holocaust is extremely complex because additional to the aforementioned variables (e.g., the impact of immigration, family separation), is the impact of personal process wherein different people react to situations in different ways. Bar-On (1996) concluded that the difference within and between people combined with other factors related to trauma and immigration make it "almost impossible to isolate the component of the Holocaust when attempting to investigate its multigenerational transmitted effect" (p. 237). In other words, impacts on present experience are compounded by numerous other components that are too difficult to isolate.

In summarising extensive research on Holocaust survivors and their children, Auerhahn and Laub (1998) also rejected the polarisation of researchers between those who stress negative effects on trauma and those who focus on survivor's strength and coping. They, as with Danieli (1985), viewed the responses of survivors and their children as heterogenous. Indeed, they view the ongoing debates amongst researchers as to the extent of the impact of the Holocaust, "as part of the continuing struggle of all of us to fully grasp the nature of massive psychic trauma" (Auerhahn & Laub, 1998, p. 22).

Parental Exposure to Trauma *Versus* Parental Coping and Recovery from Trauma: Experiences From Survivors of the Holocaust, the Khmer Rouge Regime and War Veterans

Lehrner and Yehuda (2018) offered another perspective. They suggested that the mixed findings may reflect the difference between assessing parental exposure to trauma, versus parental coping, noting that a parent's failure to recover from trauma mediates the impact on their children. For example, Letzeter-Pow et al. (2013) found that survivor parents' distress was related to greater distress in their children. In another example, parental PTSD is associated with

higher rates of PTSD, depression, and anxiety in children of Holocaust survivors compared to children with no parental PTSD (Yehuda et al., 2001). Children of Holocaust survivors who described their parents as “angry” “depressed” “worried” “anxious”, have been shown to display emotional difficulties and significant problems coping in adulthood (Isserman et al., 2011, p. 161).

In their review of literature on the intergenerational transmission of PTSD from war veteran fathers to their sons, Dekel and Goldblatt (2008) found that the first contributor to distress among their children is the father’s trauma and distress. The greater the father’s distress, the greater the children’s distress, manifesting for example, in anxiety, depression, behavioural problems and family problems (Dekel & Goldblatt, 2008). Problems in family functioning were characterised by controlling, overprotective demanding relationships with children (Dekel & Goldblatt, 2008). PTSD symptoms of emotional numbing, detachment and avoidance impacted parenting ability by diminishing the fathers’ capacity to interact with their child and thus to develop a meaningful relationship with them (Dekel & Goldblatt, 2008).

Dekel and Goldblatt’s (2008) review highlighted the need for research to examine other factors that mitigate or contribute to intergenerational traumatic distress such as the contribution of the social and cultural environment in which the family exists, including the role of wives/mothers in buffering the impact of veterans’ PTSD symptoms (Davidson & Mellor, 2001; Dekel & Goldblatt, 2008). An Australian study examining the intergenerational transmission of PTSD from Vietnam veterans to their children found that PTSD, not exposure to combat, is the source of disrupted family functioning (Davidson & Mellor, 2001). The strongest effect of PTSD was the emotional inaccessibility of the father, thus supporting the notion that emotional numbing in the parent with PTSD creates a barrier to effective emotional responsiveness within the family (Davidson & Mellor, 2001).

Studies with children of genocide survivors of the Khmer Rouge regime in Cambodia also found that the rate of PTSD among children is significantly related to the rate of PTSD in their parents (Kinzie et al., 1998). Kinzie et al. (1998) posited that symptoms of PTSD such as irritability, avoidance, startle response and nightmares impair a parent’s capacity to function either directly, through aggression and avoidance or indirectly through being exhausted and preoccupied. Comorbid issues such as family violence and substance abuse prevalent in the survivors’ community exacerbate severe problems with parenting.

In another study of trauma transmission among survivors of Pol Pot’s regime, Field et al. (2013) found that a mother’s PTSD symptoms were predictive of her daughter’s anxiety. Through interviewing both survivors and their daughters, Field et al. (2013) found that role reversal, where the parent turns to the child to have their emotional needs met, was the primary mechanism for second generation effects of trauma. Letzeter-Pow et al. (2013) similarly found

that children of Holocaust survivors set aside their needs in order to fulfil those of their parents and then re-enact these dynamics in the third generation of survivors. Thus, it seems the parental burden of trauma may be a mechanism by which trauma lingers (Letzeter-Pow et al., 2013). Field et al. (2013) recommended that future studies in the field could examine the nature of parents' communication with their child regarding past trauma because whilst open communication has been associated with better adjustment, disclosing about the past for emotional support, versus disclosing about the past for purposes of educating about the traumatic event per se, may have different consequences for the child's adjustment.

In analysing the narratives of Holocaust survivor parents and their children, Bowen et al. (2011) found the conversations about the Holocaust that honour the past, teach history, or respond to children's questions, contribute to healthier parent-child dynamics. Wolf (2019) found the nature of telling is varied and nuanced between the extremes of silence and open sharing. Below, I pick up on this theme as a mechanism for transmission of trauma. In Part 3 I raise the importance of sharing the story as a mitigating factor to trauma transmission.

A parent's communication with their child about the parent's trauma experience was of particular interest to me because the literature on "care" leavers and my conversations with key informants had indicated that shame precluded many "care" leavers from sharing their childhood history with their children. I wondered what children knew about their parent's history and how did this knowledge impact their experience of their parent?

I now move to exploring the trauma transmission literature in Indigenous populations to provide further evidence of the transmission of trauma.

Multigenerational Transmission of Trauma for Indigenous People

The traumatic impacts of colonialism are evident in the multigenerational transmission of trauma in Indigenous peoples (Atkinson, 2002, 2015; Atkinson et al., 2010; Myhra, 2011; O'Loughlin, 2009; Raphael et al., 1998; Walters, 2015). In their review of the extensive and pervasive ongoing intergenerational effects of dispossession, deprivation, and discrimination on the Stolen Generation⁷³, Raphael et al. (1998) described the multiple devastating effects of the forced removal of Aboriginal children from their families. The intergenerational impacts of removal from birth families are numerous and include: depression, emotional and behavioural disturbances in childhood, suicide, violence, early mortality, disproportionate rates of arrest and detention, substance abuse, child abuse and parenting problems (Atkinson, 2002; Raphael et al., 1998). As Atkinson (2015) observed:

⁷³ The term refers to the Australia's First Nations children who were forcibly removed from their families as a result of various government policies between 1910 and the 1970s (Human Rights and Equal Opportunities Commission (HREOC), 1997).

Our body, with its billions and billions of cells, holds this memory, which is our individual and collective history. This is the Dreaming. Thus, significant events get passed from one generation to another in both the collective conscious and collective unconscious. (p.266).

In order to survive, Aboriginal people had to suppress and deny their feelings of despair, distress, hopelessness and powerlessness (Atkinson, 2015; Raphael et al., 1998; Walters, 2015). Drawing parallels with Holocaust trauma, Walters (2015) argued that children from the Stolen Generation were left with the legacy of their parents' psychological absence and tortured silences. This pain becomes internalized and not dealt with because to deal with it feels like betrayal to other family members who also carry this pain (Atkinson, 2015). The denial leads to mental, emotional, and spiritual distress, where people "neither see nor feel their own experiences as harmful or that they are hurting others through their own damaging behaviours" (Atkinson, 2015, p. 264). Their children become emotionally chaotic, or numb, and as adults they are emotionally unavailable to their children, thus creating the 'trauma trails' that wreak havoc on families and communities (Atkinson, 2002).

Compounding parenting problems is the loss of parenting skills related to the stolen children being raised in institutional settings (Raphael et al., 1998). This had profound psychological impacts because the transmission of positive child rearing practices, knowledge, language, and culture that normally occurs within the family and community, was no longer possible (Myhra, 2011; Raphael et al., 1998).

In research that explored the intergenerational transmission of trauma among American Indians and Alaskan Native people, Myhra (2011) found that a generational "legacy of loss" continues because disrupted childhoods, early abandonment experiences, and a lack of positive attachment figures contributed to a lack of faith in trauma survivors' capacity to parent (p. 24). Through clinical observations emanating from her work with a Young Aboriginal Mother's Group, Osborn (2015) observed that the unprocessed trauma of dispossession, violence, loss of family, loss of language, and loss of culture, is passed on in unconscious ways such that Aboriginal women are reliving, through their children, the experiences of the past. Osborn's (2015) work demonstrated that the helplessness and demands of the young mother's new baby, reawakens the unmet dependency needs of the mother, leading to depression and rage. These women's early childhoods were compromised by inadequate parenting, abuse, poor education, and separation from parents (Osborne, 2015). Relationships with their mothers were difficult and there was an absence of positive role models with whom to identify. Consequently, a parent who has been deprived of adequate nurturing will have little to draw upon when nurturing her own baby (Osborn, 2015). The mothers in her group perceived themselves as inadequate

parents, their self-doubts undermining “their very fragile sense of confidence and faith in themselves” (Osborn, 2015, p. 208). Without adequate helpful expression (e.g., in ritual, dance, storytelling, art, therapy) where these anxieties can be released, understood and held, trauma can become unconsciously relived (Atkinson, 2015; Osborn, 2015). According to Milroy (2005), the transmission of trauma in Indigenous communities occurs via fractured parent-child attachments, which are impacted by parental mental and physical illness, addiction, and incarceration. A compromised parent-child attachment has profound impacts on parenting (Hesse et al., 2003). I will discuss this next in the context of a parent’s child abuse history, thereby bringing my focus to the experience shared by all the “care” leavers in my research.

Intergenerational Transmission of Trauma When a Parent has Experienced Child Abuse⁷⁴

The experience of child abuse has been extensively reported by survivors of institutional “care” (Australian Government, 2017a, 2017b; CLAN 2011; SCARC, 2004). The deleterious effects of child abuse have been widely documented, impacting victims across the lifespan and in multiple domains such as mental and physical health, social and emotional development, and parenting (Assink et al., 2018; Felitti et al., 1998; Nakazawa, 2015; van der Kolk, 2014).⁷⁵ Furthermore, a parental history of experiencing child abuse is considered an important risk factor for parents’ risk of abusing their own children (Alink et al., 2019; Assink et al., 2018). Whilst there is some evidence to the contrary (Kaufman & Zigler, 1987; Sexton et al., 2017), recent meta-analyses confirm the transmission of intergenerational abuse (Assink et al., 2018; Madigan et al., 2019; Savage et al., 2019). However, researchers acknowledge that understanding the intergenerational transmission process is complex and challenging, perhaps due in part to the challenge in determining causality for human behaviour (Widom et al., 2015). In their meta-analysis of intergenerational transmission of child abuse, Assink et al.’s (2018) research revealed that a parental history of child abuse increases the risk of abuse to children; however, they cautioned that low quality research investigating the transmission of trauma has created a “clouded picture” of the field (p. 141). Specifically, Assink et al. (2018) found that

⁷⁴ The academic literature sometimes refers to child abuse as “child maltreatment” (e.g., Assink et al., 2018; Alink et al., 2019). For consistency, I use the term ‘child abuse’ which includes the sexual, physical, emotional abuse, physical and emotional neglect of a child (Australian Institute for Health and Welfare, 2020).

⁷⁵ The Adverse Childhood Experiences (ACEs) study (Felitti et al., 1998) found a highly significant relationship between adverse childhood experiences (such as sexual abuse, physical abuse, and exposure to family violence) and depression, suicide attempts, alcoholism, drug abuse, domestic violence, as well as a range of physical diseases such as cancer, strokes, and heart disease. This is relevant research for the present study because based on the testimonies offered to the Royal Commission and to the 2004 Senate Inquiry, it is safe to assume that many adults raised in children’s homes were victims of interpersonal trauma perpetrated by those to whom their care was entrusted. The impacts of a life in children’s Homes as documented by SCARC (2004) and by Penglase (2005, p. 312) appear consistent with those of the ACEs study.

higher quality studies yielded smaller effect sizes of trauma transmission. Thus, results across studies can differ.

For example, a 30-year follow-up study which investigated whether individuals who have documented histories of abuse continue the intergenerational transmission of child abuse to their children (or someone else's children), found the strongest evidence for intergenerational transmission was for neglect and sexual abuse (Widom et al., 2015). In this cohort, little evidence was found for the transmission of physical abuse. Yet research by Yang et al. (2018) found that a maternal history of physical abuse increased the risk of physical abuse and neglect for children. Maternal depression was revealed to be a mediating factor (Yang et al., 2018). Savage et al. (2019) demonstrated that mothers with a history of childhood abuse have more difficulty with parenting behaviours.⁷⁶ Consistent with other studies, this study found that the impact of child abuse on parenting is mediated by problems in coping, including unresolved states of mind⁷⁷ which lead to frightening, confusing and disorienting parenting behaviours that emerge in the context of play interactions or emotional regulation (Berthelot et al., 2015; Dekel & Goldblatt, 2008; Hesse et al., 2003; Lyons-Ruth & Block, 1996; Zajac et al., 2019). These findings point to a history of child abuse as one risk factor among many others, (for example unstable relationships with others or teenage motherhood), that predicts troubled parenting (Assink et al., 2018; Madigan et al., 2014; Savage et al., 2019; Schofield et al., 2013).

A study of 40 women's perceptions of generational influences of incest on their skills, abilities and attitudes toward parenting revealed overarching themes of unbalanced development, disconnected lives, and disowned dramas (Armsworth & Stronck, 1999). Echoing other studies that examined the impact of trauma on parenting (for example, Dekel & Goldblatt, 2008), the participants reported that the most difficult part of parenting was their own emotional absence or unavailability to their children (Armsworth & Stronck, 1999). Issues in their parenting pertained to feeling inadequate, "handicapped", overwhelmed and helpless by their lack of skills and absence of parenting role models (p. 308). They described their parenting as "over controlling and over protective" and struggled with discipline, limit setting and boundaries (Armsworth & Stronck, 1999, p. 308). They also reported difficulties with closeness, including fear and dislike of being touched or having people dependent on them. Nearly half reported physically abusing their children whilst ten percent of the mothers had children who were sexually abused by others.

⁷⁶ E.g., harsh parenting, hostility, aggression, corporal punishment (Savage et al., 2019, p. 15).

⁷⁷ 'State of mind' refers to a parent's mental representation of attachment, which is shaped by a parent's early caregiving and attachment experiences and subsequently influences their parenting and interaction with their child (Zajac et al., 2019). For attachment theory see Bowlby (1988). Unresolved states of mind appear if a parent becomes disoriented or psychologically confused when discussing their experiences of trauma or loss (Zajac et al., 2019, p. 114). These unresolved states are related to unresolved trauma (Siegel & Hartzell, 2003).

When these women were asked what helped them with parenting, half responded by “doing the opposite” (Armsworth & Stronck, 1999, p. 309). Others used books, parenting classes, television models, counselling, increased self-awareness, support from friends and partners, and observing others in their attempt to learn positive parenting behaviours. Many participants described the power of “brief encounters” with kind or caring people as helpful because they offered a template for caring behaviour (Armsworth & Stronck, 1999, p. 309). Lieberman et al., (2005) identified these experiences as examples of the intergenerational transmission of nurturing care, whereby “angels in the nursery” influence parents to avoid repeating their traumatic past (p.504).

In their meta-analysis, Madigan et al. (2019) confirmed support for the intergenerational transmission of child abuse; specifically, that parents with a child abuse history are more than twice as likely to have children who also experience abuse. They also demonstrated support for homotypic and heterotypic transmission of trauma.⁷⁸ An exception to the intergenerational transmission was that a sexual abuse survivor was rarely found to be the perpetrator of sexual abuse towards their own child (Madigan et al., 2019). Other factors were revealed to perpetuate sexual abuse from one generation to the next, including a parent’s failure to recognize and appropriately assess cues of danger or threat and a parent’s inability to provide a supportive protective environment (Madigan et al., 2019; Martsof & Draucker, 2008; Wright et al., 2012). For example, in a qualitative study of 24 mothers who were survivors of incest and whose children had been sexually abused, Lev-Wiesel (2006) identified four types of mothers: the unaware mother, for whom the knowledge of her child’s abuse is a total surprise; the unwitting accomplice, who consciously or unconsciously denies her child’s abuse; the “common fate” mother, who is a victim as much as her victimized child, and the enabler mother who initiates the abuse of her child (p. 92). Lev-Wiesel (2006) proposed that dissociation was one of the mechanisms of trauma transmission because it is mobilized by the parent to avoid dealing with specific stressors that resemble the mother’s own history. Dissociation can therefore disrupt a parent’s caregiving by impairing the capacity to be emotionally attuned to the child’s needs (Bradfield, 2011a). The centrality of the dissociative process to the intergenerational transmission of trauma between traumatised mothers and their children is discussed by Bradfield (2011a, 2011b) and exemplified in his detailed case studies (2011a, 2011b). Dissociation as a coping strategy to endure child sexual abuse is not unique to women. Sigurdardottir et al.’s (2012) research with male survivors revealed that dissociation, emotional disconnection and detachment experienced during the trauma, led to lifelong relational problems and emotional disconnection from their children.

⁷⁸ An example of homotypic transmission is physical abuse to physical abuse; an example of heterotypic transmission is physical abuse to neglect.

Male survivors of child sexual abuse face particular challenges related to traditional notions of masculinity (Kia-Keating et al., 2005; Wark & Vis, 2018). Wark and Vis (2018) suggested that conformity to masculine norms of stoicism, self-sufficiency, emotional toughness, and the devaluing of relationships, contribute to survivor fathers' relational challenges with their children. The challenges were reported to manifest as emotional and physical distance from their children (Wark & Vis, 2018). Like other "care" leaver survivors of institutional sexual abuse, these parents lacked role models to show them how to be affectionate in an appropriate manner (O'Riordan & Arensman, 2007). A further contributor to feeling emotionally disconnected and distant from their children is a male survivor's fear of causing arousal either in themselves or their child (Sigurdardottir et al., 2012). This may be an internalised reaction to the "victim-to-offender discourse" inherent in cycle of violence theories and is a heavy burden for survivors to carry (Wark & Vis, 2018, p. 504). The literature indicates it plays a powerful role in the male survivor's perception of parenting (Wark & Vis, 2018).

Emerging across the studies is that it is *not* exposure to trauma per se, but a multitude of factors, including the parent's capacity to cope and recover, and the presence of supportive relationships that contribute to the intergenerational impacts of trauma from one generation to the next. Noted also are the exceptions – those who do not repeat their trauma of abuse with their children (Assink et al., 2018; Kaufman & Zigler, 1987; Madigan et al., 2019). There are growing calls for research to explore the factors that maintain the transmission of trauma, factors that disrupt it, and the mechanisms by which these processes occur (Alink et al., 2019; Madigan et al., 2019; Savage et al., 2019; Zajac et al., 2019). For psychiatrist Jeremy Holmes (1999), "Intergenerational transmission manifests itself as a *story* handed down and lived out by the protagonist in the family drama" (p. 125). This story may be conscious or unconscious. I now move to describe some of the mechanisms of how this 'story' may become transmitted across the generations.

Mechanisms of the Transmission of Trauma

As noted earlier, an ongoing challenge in the field of intergenerational transmission of trauma is the delineation between what is transmitted and the mechanisms by which the transmission occurs (Kellerman, 2001). Research that examines the process of transmission is scarce (Alink et al., 2019; Giladi & Bell, 2013; Schwerdtfeger et al., 2013). And although studies have shown associations between parental history of child abuse and transmission of trauma to the second generation, researchers argue for the need to understand the mechanisms of abuse (Alink et al., 2019; Widom et al., 2015). Despite these authors' contentions, my literature review revealed a number of studies and case histories that propose various mechanisms or processes

by which trauma may be passed on from one generation to the next.⁷⁹ Perhaps the difference of opinion is due to a limited cross-over between researchers and clinician-researchers; the writings of the latter informing much of the literature on mechanisms. Given my own experience as a psychodynamically oriented clinician, I focused my attention on psycho-dynamic frameworks which include the perspectives of attachment theory.⁸⁰ These perspectives are not mutually exclusive because as clinical practice and the literature suggests, there is considerable overlap between them. Underlying all the mechanisms I describe, is the child's longing for attachment with their parent (Bakó & Zana, 2018; Lijtmaer, 2017; Salberg, 2016).

Psychodynamic Perspectives

The consensus reached in intergenerational trauma theory suggests that "individual trauma that is not addressed, is transmitted across generations" (O'Loughlin, 2008, p. 180). That is, the memories, affects and representations of trauma, spoken or unspoken, may be absorbed by the children of survivors as if the trauma was their own (Bradfield, 2011b). If the working through of trauma is avoided or remains unresolved, by being pushed further and further below the surface, the parent's suffering may haunt succeeding generations (Charles & O'Loughlin, 2015).

In the seminal paper, "Ghosts in the nursery", Fraiberg et al. (1975), proposed that a mother's perception of her infant may become distorted by her own traumatic past and painful early experiences of helplessness and fear. The mother misconstrues her child's signals of need, interpreting that instead, as evidence of the child's 'badness' to which the mother, in turn, responds with anger and rejection. The child then internalises a sense of self as unworthy and undeserving of love, derailing the course of healthy development. Fraiberg et al. (1975) proposed that it was not the traumatic past that led to a repetition of the trauma but the absence (repression) of associated affect when the parent was telling the story of their past. Fraiberg et al. (1975) emphasised that it is the repression of the affects associated with terrifying early memories and the victim's identification with the perpetrator (aggressor), that provides the momentum for the enactment of punitive caregiving and lack of empathy. The repression is understood to be a defence against painful memories and feelings (Fraiberg et al., 1975). Thus, it

⁷⁹ Lehrner & Yehuda (2018) offer an overview of mechanisms.

⁸⁰ Attachment theory is recognized as a fundamental process affecting human development across the lifespan (Fonagy et al., 1993). It is based on principles developed by John Bowlby who argued that infant-mother (caregiver) attachments evolved in order to promote survival and for this to occur, the infant needed to maintain proximity to protective and responsive adults (Bowlby, 1969). The quality of these relationships shapes a person's sense of self, for example, as lovable with a sense of trust in others or as fragile with a distorted sense of self and others (Bowlby, 1973). These early relationships also shape people's mental representations of attachment which influences their behaviour during interactions with their children (Zajac et al., 2019).

is the mother's difficulty accessing, processing, and resolving the painful affects of her past, (i.e., their repression and isolation) that leads to the unconscious repetition of the past to the present and influences the quality of the parent-child relationship (Fraiberg et al., 1975). Fraiberg et al. (1975) suggested that past painful experiences need to be accessed, expressed, and processed so that the ghosts of the past can be released and no longer wreak havoc on the present.

When painful experiences remain unresolved, a host of difficulties ensue in parenting, including distorted maternal perceptions that lead to wounding projections (Cramer, 1997) and disruption in the parent-child caregiving system (Lyons-Ruth & Block, 1996). Unresolved loss seems the common emotional experience across all mechanisms.

Parental distortions and Projections

All projections are dependant on parents' own histories (Brazelton & Cramer, 1990; Hollis, 2013).⁸¹ Brazelton and Cramer (1990) posited that parents' tendency to project their unconscious material onto their infant, shapes the formation of the infant's self. Cramer (1997) offered numerous examples of the impact of a parent's unconscious projections when they are related to their unresolved painful historical experiences. Cramer (1997) likened parents' projections with ghosts from the past making their presence felt (through the parent's distorted perception) in the behaviour of the infant. Cramer (1997) observed that through the process of projection a baby is immediately assumed to have intentions and preferences:

We can state a general rule: the parents' complaints about their baby (or later about their child or teenager) are, at bottom, addressed to each parent's own parents. When a baby is born, the frustrations, the rancour, the resentments arising out of the parent's childhood relationships with his or her own parents are carried over onto the baby (p. 38).

The child becomes a screen onto which the parent projects their unresolved conflicts and negative attributions so much so that even when the child is the one with symptoms, "the cure often lies with the parents" (Cramer, 1997, p. 83). Accordingly, negative attributions and damaging interactions from mothers to their babies have their origin in disowned, unprocessed, and unresolved past experiences (Cramer, 1997; Fraiberg et al., 1975).

⁸¹ Projection is a process whereby what is inside a person is misunderstood as coming from the outside. In benign and mature forms, it is the basis of empathy, however in its malignant form, projected attitudes distort perceptions particularly when what is projected consists of disowned and highly negative parts of the self, including images we carry of our own parents (Cramer, 1997; McWilliams, 2020). Projection is a natural aspect of parenting because to understand their baby, parents apply a whole range of characteristics to him/her. However, this becomes problematic when what is projected is a hated or feared person from the past and "the baby suddenly seems like a ghost, taking on the disquieting shape of someone you loved or hated in the past and who now comes back to haunt you" (Cramer, 1997, p. 7).

A powerful example demonstrating the proposition that a baby becomes endowed with attributes and characteristics that belong to figures in the parent's past is provided by Mohler et al., (2001). In their detailed case study of an 8-week-old infant whose mother's perception of her was so distorted as to trigger impulses of abuse, Mohler et al., (2001) described how the re-experiencing of the mother's own encounters of an intrusive traumatising mother, impaired her capacity for empathy and the perception of the infant's needs. In this case, the impact of the mother's traumatic childhood experiences appeared unassimilated. The mother "talked about the experiences of terror and pain with a flat affect pointing to a high degree of dissociation" (Mohler et al., 2001, p. 262). Yet, she verbalised the fear that her infant was "exactly like her mother" and she spoke of feeling helpless and powerless against being tortured by her baby (Mohler et al., 2001, p. 263). The mother's projections of her internalised aggressive-intrusive representation of her mother onto her baby, led to a severely distorted perception of her baby and her baby's needs (Mohler et al., 2001). Without psychotherapeutic intervention, this mother was very much at risk of repeating the cycle of violence and abuse that she herself had been subjected to as a child. Clinical practice has demonstrated that when a parent is able to access the inner world of unspoken and painful fantasies, anxieties and memories, positive change occurs in the mother-child relationship and the child is seen for who she/he actually is (Cramer, 1997; Fraiberg et al., 1975; Lieberman, 2014).

Disruption in the Parent-Child Caregiving System

Researchers working within the field of attachment theory, for example, Berthelot et al. (2015), Fonagy et al. (1993), Hesse et al. (2003) and Lyons-Ruth & Block (1996) have operationalised the frameworks established by Fraiberg et al. (1975) and Cramer (1997). These researchers have found that unresolved fear dating back to childhood may leave parents with difficulties helping their children modulate fear, anger, or distress primarily through the repeated nonresponsive behaviours of the mother or through responses that are frightening, confusing or hostile, leading to a "second generation effect" (Hesse et al., 2003, p. 99; see also Lyons-Ruth & Block, 1996). These specific interactions are hypothesised to be a defence mechanism used by the mother to protect herself from re-experiencing fear, helplessness and rage associated with early traumatic experiences (Lyons-Ruth & Block, 1996). Empathic emotional contact with the infant is defended against to keep the mother from being flooded with unintegrated memories of her own earlier vulnerability and lack of protection (Lyons-Ruth & Block, 1996). To this end, unresponsive withdrawal, and unresponsive hostile-intrusiveness by the mother, serve to avoid activating her own unintegrated memories (Lyons-Ruth & Block, 1996). The mother's difficulties in responding to her child's needs derive from her own defences against acknowledging and understanding similar affect in herself (Fonagy et al., 1993). In turn,

the mother's defences have their origin in her history, which creates problems in how she interprets and responds to her child's needs (Fonagy et al., 1993). Fonagy et al. (1993) further hypothesized that a reflective self-function plays a central role in parenting stating that:

The parent's capacity to generate a psychological world for the infant is dependent on coherent representations of the mental world of self and other. If the parent's own attachment history was poor, that parent's willingness to contemplate the mental world of self and others may be defensively limited. The coherence of the parents' perception of their past derives from an unhindered capacity to observe and reflect upon their own mental functioning, to have a plausible view of themselves and their objects as human beings, thinking, feeling, wishing, believing, wanting, and desiring (p. 984).

Fonagy et al. (1993) concluded that compromised reflective self-function, later conceptualized as the absence of mentalisation,⁸² may be an indicator of the mechanism by which a caregiver is predisposed to transmit their own trauma to their offspring. More recently, unresolved trauma and the absence of *trauma specific* reflective functioning was found to play a key role in the intergenerational transmission of trauma with mothers who had a history of child abuse and neglect (Berthelot et al., 2015). It was the absence of mentalisation about trauma (and not attachment relationships) that predicted infant attachment disorganization (Berthelot et al., 2015).⁸³ As per Hesse et al.'s (2003) findings, Berthelot et al.'s (2015) research supported the notion that it is not the experience of trauma per se that is problematic, but the absence of mentalisation about it that underlies the risk of intergenerational transmission of trauma. Unresolved trauma and inadequate trauma-specific reflective function makes mothers more vulnerable to failures in responding congruently to their infants (Berthelot et al., 2015). When trauma related memories or affects are triggered, mothers with unresolved trauma are vulnerable to failures in adequate modulation of their baby's distress.

This failure results in the infant's internalization of their mother's re-experience of unmentalised trauma, experienced as a feeling of "badness" that cannot be mitigated by reassurance (Berthelot et al., 2015, p. 209). A complex process, through projective

⁸² See Fonagy & Allison (2012) for an overview of the concept of 'mentalisation'.

⁸³ An infant who is repeatedly frightened by their caregiver is subjected to an unresolvable paradox; the infant is biologically programmed to seek proximity with their caregiver (Bowlby, 1969) yet, is left with little option but to avoid them when they are the source of the terror (Hesse et al., 2003). Disorganised/disoriented attachment is evidenced in infants who display a wide range of odd, conflicted behaviours in the parent's presence such as sobbing with their head leaning on a wall, gaze avoidance, rocking, freezing with a trance like expression and falling to the floor (Hesse et al., 2003, p. 60).

identification,⁸⁴ attempts to regulate this inner experience, however, this process is also considered a mechanism of intergenerational trauma transmission (Berthelot et al., 2015)⁸⁵ and is exemplified in the case studies where mothers of infants feel terrorised by their babies, or when parents come to think of their children as “vicious”, “a monster”, “the devil”, and “evil” (Lieberman, 1999, p. 745). In essence, the child incorporates the projections of the mother which, in turn shape the child’s sense of self, and the child sees themselves the way their mother sees them, and they behave in the way their mother expects them to behave (Cramer, 1997; Lieberman, 1999).

A further example of the impact of projective identification on the second generation was found by Rowland-Klein and Dunlop (1998) in research with six Jewish women who were children of Holocaust concentration camp survivors. The authors suggested that trauma survivor parents may “unconsciously use their children as a means of psychic recovery” by splitting of the unwanted part of themselves, which are projected into the child and introjected by the child as though the child themselves had experienced the (parent’s) trauma (Rowland-Klein & Dunlop, 1998, p. 367). The child then thinks, feels, and acts in accordance with the projection and responds with compliant behaviour associated with enmeshment and individuation problems (Rowland-Klein & Dunlop, 1998). De Graaf (1998) argued that through the process of projective identification, children “have had to pay the price” for the harshness or deprivation that was inflicted upon their parents in the past (p. 242). These unconscious processes make it difficult for a child to form a separate self, a process already impeded by the children’s common experience of survivor guilt (Ancharoff et al., 1998; Hass, 1990). Identification with guilt allows the child of trauma survivors to connect, feel close to and understand their parents (Ancharoff et al., 1998). Traumatized parents may otherwise be unreachable to their children.

These findings echo research that suggests, the parent’s challenge of coping with their trauma history, rather than trauma exposure per se, is more predictive of distress in children (Dekel & Goldblatt, 2008; Field et al., 2013). These studies confirm that dysregulated and traumatized parents can be frightening to their children, not only because they may direct anger,

⁸⁴ Projective identification describes the process by which a part of the self that is unwelcome, e.g., anger, hatred or other bad feelings, is denied and instead, is seen in another person who is then pressured or provoked to take on these feelings (Hinshelwood, 1989, p. 398; see also Berthelot et al., 2015).

⁸⁵ Berthelot et al. (2015) elaborated that the internalization of unmentalised trauma leads to an “alien self” whereby the person experiences distress (e.g., feelings of badness) felt to be both “within the self and yet also feels inexplicably independent of other aspects of subjectivity” (p. 209). The researchers suggested that when people experience these moments, they experience feelings of derealisation and dissociation. The unmetabolised distress leads to intolerable experiences of internal incoherence that can only be regulated through projective identification where the “alien parts of the self” are lodged into another (Berthelot et al., 2015, p. 209). The other is provoked (unconsciously) to become the disowned ‘alien’ part and in this way the “persecutory self-experience can be actualized as a persecution, and the internal sense of feeling tortured is exchanged for a feeling of being victimized” (p. 209). The cycle of trauma continues.

punitiveness, and unpredictability towards their child, but also because a parent who is traumatised, is also emotionally compromised. The parent may not be available to help their child with self-regulation, self-soothing and mentalisation of thoughts and feelings (Lieberman, 2014; Salberg, 2016). Given that “care” leavers have been identified as survivors of trauma (Murray & Rock, 2005), I wondered about the impact of their distress on their parenting.

Clinical interventions advise to consider helping parents develop an awareness of the impact of their trauma on the self and their parenting (Berthelot et al., 2015). However, this inevitably involves a person speaking about their past; something many traumatised people have not done or are unable to do without distress.⁸⁶ The silence that follows trauma is well documented and perhaps, most poignantly exemplified by testimonies to the Royal Commission where survivors took an average of 24 years to disclose their childhood sexual abuse trauma (Australian Government, 2017d).⁸⁷ This brings my attention to silence as another possible mechanism of the transmission of trauma.

Silence

Testimonies made to the Royal Commission and to the 2004 Senate Inquiry revealed that many “care” leavers kept their history in institutional “care” a secret. Embarrassment and shame were cited as most common reasons for being unable to disclose their experiences to others including husbands, wives, and children. Contributing to the secrets and silence may have also been a “conspiracy of silence”; a term coined by Danieli (1998) whose research with Holocaust survivors uncovered a pervasive negative societal reaction to their Holocaust experience, marked by indifference, avoidance, repression, and denial.⁸⁸ Holocaust survivors’ stories were perceived as too horrifying for people to listen to; it was easier to ignore or deny them (Danieli, 1998). According to Danieli (1998), the silence intensified the survivors’ sense of isolation, loneliness and mistrust of society and it made the task of mourning massive losses impossible. The confrontation of silence and denial reminded me of a scene in the film ‘Oranges and Sunshine’ where the community does not want to believe the abuse suffered by the children living in the orphanage (Loach, 2010).⁸⁹ Dr Joanna Penglase was impassioned when she told me “No one wants to know! They say that we were lucky to get looked after. We were bad kids with

⁸⁶ See de Graaf, 1998; Rogers, 2006 for examples.

⁸⁷ Survivors who spoke to the Royal Commission took, on average, 23.9 years to tell someone about the abuse and men often took longer to disclose than women (the average for females was 20.6 years and for males was 25.6 years), whilst some victims never disclose (Australian, Government, 2017d, Vol 4, p. 9).

⁸⁸ Danieli’s (1998) research with Holocaust survivors in the late 1960s uncovered a “conspiracy of silence” between Holocaust survivors and society in general (p. 4).

⁸⁹ “Oranges and Sunshine” is a film that chronicles the plight of British child migrants sent to Australia under the British child migrant scheme in the mid-20th century (Loach, 2010).

bad parents”.⁹⁰ Prior to the Royal Commission, and Kevin Rudd’s poignant 2009 apology there was a general indifference and unwillingness to engage with the deeper issues of consequences of “care” in 20th century Australia (Penglase, 2005).

Silence is therefore important to explore because it is a central feature in “care” leavers’ experiences, and it has been identified as a mechanism for the transmission of trauma (Abrams, 1999).⁹¹ Psychoanalysts have long held that family secrets can occupy a potent space in a child’s internal world (Matthelin, 1999). As psychoanalyst Ruth Lijtmaer (2017) remarked, “what haunts are not the dead, but the gaps left within us by the secrets of others” (p. 282). I now move to describing the intergenerational impact when a parent remains silent about their trauma history.

Symptoms as the Voice of Unconscious Frozen Trauma

According to French psychoanalysts, Davoine and Gaudilliere (2004), “Whereof one cannot speak, thereof one cannot stay silent” (title page). They argued that disorders such as schizophrenia, psychosis, pathological or oppositional behaviours may be induced through the severance of social links and the transmission of unspoken trauma from generation to generation. They suggested that where individual people’s and cultural groups’ subjectivities have been disrupted, disregarded and unmetabolised, an “anaesthesia of several generations” occurs (Davoine & Gaudilliere, 2004, p. 50).

In intergenerational trauma theory, symptoms are seen as the voice of this unconscious frozen trauma which seeks expression through the symptomatic family member (Abrams, 1999). Francoise Dolto, a French paediatrician and psychoanalyst believed that things left unsaid can create things permanently silenced – “murdered” – inside the child, which appear in the form of symptoms (Matthelin, 1999, p. 8). Australian psychiatrist, Earnshaw (1998), similarly wrote that when undigested experiences are “buried” in parents’ lives, their children may behaviourally or emotionally express the “unfinished business which has never been verbalised” (p. 7). This is akin to Carl Jung’s statement that “the greatest burden a child must bear is the unlive life of the parents”, where he spoke to the notion that the place where the caretaker’s development was hampered, will become an internal paradigm in which their child also becomes stuck (Johnson & Ruhl, 2009, p. 23).

⁹⁰ Personal communication, 14th June 2015.

⁹¹ See the following for further examples of the impact of silence in the intergenerational transmission of trauma (Ancharoff et al., 1998; Charles & O’Loughlin, 2015; Coles, 2011; Danieli, 1988; Davoine & Gaudilliere, 2004; Easter, 2016; Hollis, 2013; Matthelin, 1999).

Anniversary Dates

Some authors have observed that these inherited unprocessed traumatic experiences erupt in the offspring around the same age that the parents were when the undigested trauma occurred (Earnshaw, 1998). Crises therefore are not a 'new' event but "precisely-timed re-plays of earlier crises in families" (Earnshaw, 1998, p. 42). Like Earnshaw (1998), French Professor of psychology, anthropologist, and psychoanalyst, Schutzenberger (1998), found that events in the second or third generation appear to occur at 'anniversary' dates leading to the concept of "anniversary syndrome" whereby the age of the parent and the age of the child at the time of both their traumas, is the same (p. 98).

The Unknowable and the Unthinkable

In their book *Fragments of trauma and the social production of suffering* (2015), researchers and psychoanalysts Marilyn Charles and Michael O'Loughlin begin by stating that because trauma fragments memory (van der Kolk, 2014), telling the story of what happened is impeded by what is unknowable and unspeakable. Their book covers a diverse array of sociocultural situations that exemplify "the terrible toll that trauma takes when there is no one with whom the trauma can be acknowledged and worked through" (Charles & O'Loughlin, 2015, p. 3). They assert that what is unresolved, "lives on in the unconscious, and it is precisely those memories that cannot be articulated that can most impede growth" (Charles & O'Loughlin, 2015, p. 4). Where staying silent may have at one stage been protective, its continuation becomes annihilative because what is silent and unacknowledged, remains unresolved and, what is unresolved (mourning), on a personal level inhibits a child's capacity to construct a coherent sustainable sense of self (Charles & O'Loughlin, 2015).⁹²

O'Laughlin (2008) argued that trauma "misshape[s] the parental psyche" and it is through interaction and identification with this parental psyche that the child develops a sense of being shaped around the trauma (p. 184). The impact of this identification unfolds across generations. Clinical case studies illustrate how traumatic, unremembered experience, unspoken or unintegrated trauma in one generation can affect unconscious fantasies and unconscious identifications with ancestors in the second generation, manifesting for example in parenting problems, psychic breakdowns, and uncontrollable violence (Coles, 2011; Easter, 2016; Hollis, 2103; Matthelin, 1999; Rogers, 2006). The child's symptoms serve as a form of speech (Abrams, 1999). These case study examples also demonstrate that when a child perceives their parent as able to tolerate the range of affect required to confront and integrate their trauma, the child

⁹² The adaptive function of remaining unaware or 'splitting off' what is intolerable, is discussed in Goldsmith et al. (2004).

may stop experiencing and expressing those affects and thus, the child's symptomatic behaviour resolves.

Attachment processes are the vehicle through which a silence, born of trauma, is transmitted from parent to child (Salberg, 2016). Children are always searching for attachment. In order to survive, they are exquisitely attuned to their parents' affects and gestures, they pick up their sadness, dissociative gazes and non-verbal signals (Mohler et al., 2005). The parental trauma is witnessed wordlessly by the children (Bako & Zana, 2018). In the silence, the children have no clear insight into what is happening and because mentalization has failed there is no continuous narrative and no reflection (Bako & Zana, 2018). This occurs because some traumas are so hard to bear, they become non-verbalisable, or as Garon (2004) articulated, they become "unspeakable, unnameable and unthinkable" (p. 88). The unconscious issues of prior generations may live inside a child as an "alien transplant" (Garon, 2004, p. 88).

Filling in the Gaps

Silences create an emotional climate that compel a trauma survivor's child to live a hypervigilant life where "nothing is said, but the child registers the mother's reactions and knows 'something' is wrong" (Kaplan, 1995, p. 231). Without a story to understand their parents' behaviour, children "fill in" the gaps (Lijtmaer, 2017, p. 282). In their ever-pressing search for attachment and the need to feel close to their parents, children may fantasise about the uncommunicated material in their parent's silences (Ancharoff et al., 1998; Kaplan, 1995; Lijtmaer, 2017). Their fantasies may be as, or more, horrifying than accurate information (Ancharoff et al., 1998). Either way, the child is left with a sense of void and mourning for a past they do not know (Ancharoff et al., 1998).

According to Ancharoff et al. (1998), silence is maintained by two key processes: First, children who are empathically attuned to the survivor parent's distress, avoid asking questions that they believe will trigger further distress.⁹³ Second, a parent's behaviour, (such as extreme anxiety, outbursts of rage or flashbacks), may inhibit discussion about sensitive issues, leading to family members colluding to maintain the silences in order to protect themselves and the survivor from post-trauma reactions. Lieberman (2014) reminds us that dysregulated and traumatized parents can be very frightening to their children, who have little option but to helplessly witness their parent's anger, punitiveness and unpredictability. Thus, the psychological presence of a parent's trauma is felt despite a parent's silence about their experiences (Danieli, 1988).

⁹³ See also Wiseman et al. (2006).

The Transgenerational Atmosphere

The literature review thus far has demonstrated that children's symptoms and behaviour cannot be viewed independently of their parents' histories. Children and families exist within what Bako and Zana (2018) termed a "transgenerational atmosphere" whereby the influence of past traumatic events is felt in the present; space and time are distorted, and the original threat is experienced as existing in the here and now (Bako & Zana, 2018, p. 273). In this way, the past is not really the past. It is omnipresent and as one "care" leaver commented, "I can assure you that the treatment of those of us who survive will not be 'in the past' as long as one of us draws breath, for we suffer the consequences every second of our existence" (Penglase, 2005, p. 309).

Some survivors are able to split their anxiety from their conscious daytime lives, delegating them to the unconscious where they emerge at night (Bako & Zana, 2018, p. 277). This form of "double existence" occurs for the children too, where loneliness and suffering exist in parallel with mature well-functioning relationships and outward successes (Bako & Zana, 2018, p.277). According to Bako and Zana (2018), when children are raised in a transgenerational atmosphere, the ordinary process of developing a separate identity is impaired. The children of survivors of trauma "receive identities as a heritage of the transgenerational atmosphere"; that is, they internalize their parent's intrasubjective world as a "we experience". This can cause them to "experience suffering, loneliness, and anxiety as organic parts of their [life]" (Bako & Zana, 2018, p. 275). Maintaining the transgenerational atmosphere is painful but it serves unconscious benefits for a traumatised family: sharing the loss and anxiety can become "a means of connection and attachment" to an otherwise unreachable parent (Bako & Zana, 2018, p. 284).

Over-disclosure

The final mechanism I overview is the antithesis of silence – over-disclosure or compulsive telling. Over-disclosure from a parent about their trauma experience becomes problematic if the sharing occurs with another who is not equipped to cope with the experience being shared (Ancharoff et al., 1998). Whilst children have different levels of knowing or awareness of their parents' traumatic experiences, direct disclosure may traumatise children if it is not done in age-appropriate ways and in doses that permit children to listen to experiences and receive appropriate parental support (Ancharoff et al., 1998). For example, Armsworth and Stronck's (1999) research showed mixed responses of children to their mother's disclosure of incest. Whilst some children were empathetic and expressed relief for finally knowing what they had suspected, others became upset, angry, backed away and took on the abuse as their own issue. Reasons for the variance in responses were not provided, however, given the mothers' experiences of feeling emotionally unavailable to their children and multiple stressors in their

lives, it is possible that perhaps, disclosures made to their children were not accompanied by the support needed by the children.⁹⁴

Ancharoff et al. (1998) suggested that because trauma survivors have often not sufficiently integrated their experiences, they can have difficulty in choosing how much to disclose and how to modulate the child's affect which may be one of horror. Graphic disclosures may be made by the parents to prepare the children to survive a world where there is no trust and danger is omnipresent (Ancharoff et al., 1998). Over-disclosure may also occur in the service of role-reversal parenting whereby the parent turns to the child to have their emotional needs met (Field et al., 2013). The child in turn, becomes overly burdened by responsibility for their parent's emotional welfare and curtails their own needs in order to care for their parents (Bar-On et al., 1998). Several studies have revealed that role-reversal parenting is a mechanism for the transmission of trauma from parents to children (Danieli, 1985; Field et al., 2011, 2013; Hass, 1990).⁹⁵ Over-disclosure does not seem to take the listener into consideration (Bowen et al., 2011). The parent may seem to be 'stuck in the past' and/or have a personal need to "unload" (Bowen et al., 2011, p.211). Both these motivations can lead to children feeling overwhelmed and can be detrimental to family relationships (Bowen et al., 2011).

The importance of family communication about traumatic experiences has been raised by a number of authors as an important point for further research (Field et al., 2013; Giladi & Bell, 2013; Wolf, 2019). Talking about the trauma per se is not predictive of healthy family dynamics; rather, it is the manner of sharing and the motivation to share that are important considerations with respect to family communication (Bowen et al., 2011; Wolf, 2019). Based on my literature review, I became very interested as to what "care" leavers shared with children, how much they shared, and the impact sharing had on their relationships with children. Communication is explored in Part Three of this literature review.

Summary of Part Two

In Part Two of this literature review I have explored the evidence for the intergenerational transmission of trauma and provided an overview of some of the psychodynamic mechanisms by which the trauma may be transmitted. The literature has offered much support for evidence of intergenerational trauma in families where parents have survived genocide, combat, colonialism, and child abuse (Danieli, 1998; see also Atkinson, 2002; Cramer, 1997; Fraiberg et al., 1975; Hass, 1990; Lyons-Ruth & Block, 1996; O'Loughlin & Charles, 2015).

⁹⁴ For example, more than half of the mothers interviewed described creating situations that were impulsive, abusive or re-enactments of their own past (Armstrong & Stronck, 1999, p. 308).

⁹⁵ Role reversal was characterised by parental helplessness, incompetence, use of guilt, demands for attention and relating to the child as a peer (Field et al., 2011, 2013).

Clinical vignettes and personal stories have eloquently documented the intergenerational impacts of a parent's trauma (Abrams, 1999; Bradfield, 2011; Coles, 2011; Mohler et al., 2001). I have focused on psychodynamic perspectives related to parental distortions and projections, disruption in the parent-child caregiving system, the impact of silence about a parent's trauma history, and over-disclosure. Although I have presented them as 'discrete' mechanisms, numerous case studies based on clinical practice reveal that these processes do not occur in isolation. They are dynamics that occur in a transgenerational atmosphere in the context of a child's ongoing need to maintain a connection with their caregiver.

Although there is an abundance of evidence for the intergenerational transmission of trauma, there are studies that suggest it is "imprudent" to assume parents cannot break the cycle of trauma, whether the trauma has its genesis in war or child abuse (Madigan et al., 2019, p. 40; see also Kellerman, 2001). Researchers caution that whilst a parent's history of child abuse is a substantial risk factor for second generation abuse, the association is far from deterministic and there are opportunities to break this cycle, for example, with social support and supportive relationships (Assink et al., 2018; Madigan et al., 2019).

Indeed, most of the "care" leaver parents with whom I spoke seemed to lead lives that were markedly different to their families of origin. Most of their children recalled fond memories of their parents and their childhood. I was thus compelled to look at the literature on breaking the cycle of trauma, which I now discuss.

Part Three: Breaking the Cycle of Intergenerational Trauma

Introduction

My interviews with parents and their children seemed to reveal that alongside the hardship related to the impact of trauma, there was another, more hopeful and optimistic story. Whilst all parents spoke about the distress of their traumatic childhoods, it was of great interest to me to understand what led them to not repeat the past; to not abuse or abandon their own children as they had been. Contrary to what I had expected based on the literature and my clinical experience, the cycle of intergenerational trauma appeared to have broken for most families I interviewed. As Blakemore et al. (2017) found in their review of the impact of institutional child sexual abuse that, "Not all those who experience institutional abuse go on to experience poor outcomes" (p. 43). I needed to relook at the literature to understand the factors that can buffer against the transmission of trauma. Thus, Part Three of this literature review explores the factors, which are sometimes referred to as mechanisms⁹⁶ that may mitigate the impact of a parent's trauma on their children. These factors are sometimes characterised in the

⁹⁶ For example, see Braga et al. (2012).

literature as ‘protective factors’ or ‘resilience promoting’ (Woods-Jaeger et al., 2018, p. 772; see also Braga et al., 2012).⁹⁷

The need for further examination into identifying protective factors that break the cycle of trauma has been recommended by several researchers (Alink & Cyr, 2019; Madigan et al., 2019; Woods-Jaeger et al., 2018; Zajac et al., 2019). The stories emerging from my interviews reflected the notion that “personal distress and growth often co-exist”; however, this is not particularly prevalent in research (Farber, 2017, p. 65; Sheridan & Carr, 2020). In exploring the literature on breaking the cycle of intergenerational trauma, several factors appear to be identified as contributing to its disruption. Their presentation as distinct factors is artificially made for the convenience of description. They occur interdependently, for example, telling stories about one’s childhood occurs in a family context of open communication. I discuss each of these below and I note that the literature in this area has a focus on Holocaust survivors, their offspring and child abuse survivors.

Open Communication and Support

I begin with the Transcending Trauma Project (TTP) which was dedicated to identifying coping strategies that enabled survivors of the Holocaust to continue to live and love after the horror they endured (Goldenberg et al., 2011). This study is unique because it involved interviews with at least two generations from one family. Extensive life interviews of 50 intergenerational survivor families yielded a comprehensive understanding of the recovery process and intergenerational impacts of trauma – both positive and negative.⁹⁸ The project explored the gap in the research between how survivors of trauma seem to be typically portrayed, for example as suffering from some kind of clinical pathology, compared to those who did not show psychopathology and who seemed able to cope and adapt after the end of the second world war.

Through intergenerational interviews, the authors analysed patterns of parenting and found three family patterns: positive, negative and mixed families (Isserman et al., 2011).⁹⁹ Notably one third of families could be described as having strong, positive, and healthy intergenerational relationships with positive impacts on the child’s psychological wellbeing (Isserman et al., 2011). These families were characterised by healthy parent-child relationships

⁹⁷ I deliberately did not explore resilience literature because I was specifically interested in the impact of a parent’s institutional “care” trauma on their parenting and it was therefore beyond the scope of my thesis to explore resilience per se.

⁹⁸ Participants included survivors, their spouses, children and grandchildren.

⁹⁹ Almost half of the families interviewed could be described as “Mixed families” and one quarter were “Negative families”. Negative families could not overcome the negative impact of parental trauma, whilst in mixed families, parental anxiety and anger adversely affected the children; effects which were mitigated by the positive aspects of parenting (Isserman et al., 2011).

that were close, empathic, validating and expressed in positive terms such as “loving and caring” (Isserman et al., 2011, p. 159). Children described their parents’ marriage as relatively trouble free. They conveyed feelings of respect, admiration, and empathy towards their parents whom they portrayed as supportive and positive role models able to transmit their positive values to the children (Isserman et al., 2011).

Braga et al. (2012) found that parents who were able to work through their Holocaust experiences through, for example, developing personal narratives and stories and maintaining a defence of universal values (such as tolerance and respect for differences), were able to transmit patterns of resilience to their children. These patterns were associated with artistic creation, a commitment to defending universal humanist values, a search for knowledge about the Holocaust and a mirroring of their parent’s patterns of resilience (Braga et al., 2012). These families, like the positive families in Isserman et al.’s (2011) research, had developed communication styles characterised by openness and love, including the use of humour as a healthy psychological resource (Braga et al., 2012). The positive impacts of parents using creativity to describe their painful histories as an adventure or with humour, has been identified by others (Bonnano, 2004; Wolf, 2019). Like Bonanno (2004), Wolf’s (2019) research revealed that the use of humour is a strength; communicating a parent’s ability to cope by not letting the past overwhelm them. This is important because intergenerational narratives that acknowledge a family’s challenges and illustrate the parent’s capacity to overcome them, have positive effects on the wellbeing of children (Merill & Fivush, 2016).

Communication (or lack thereof) is a repeating theme in the literature, and I discussed it earlier as a mechanism of trauma when there is silence or over-disclosure about a parent’s trauma history. Research with Holocaust survivors has revealed that open verbal communication, from parents to their children, about the Holocaust experiences is a protective factor against the transmission of trauma associated with lower psychological distress in the second generation (Braga et al., 2012; Giladi & Bell, 2013; Wolf, 2019). With respect to parents who had experienced adverse childhood events (ACEs), Woods-Jaeger et al. (2018) identified open communication, love and support as key factors that can break the cycle of intergenerational trauma.¹⁰⁰ In-depth interviews with these vulnerable parents further revealed, that having aspirations for their children, and preparing them for the threat of ACEs in the future were “resilience promoting factors” that parents engaged to break the cycle of adversity (Woods-Jaeger et al., 2018, p. 778).

¹⁰⁰ Adverse Childhood Events include experiences of abuse, neglect and family violence (Felitti et al., 1998). In addition to having experienced ACEs, the participants in Woods-Jaeger et al. (2018) study were financially vulnerable.

Commitment to Protect Children

Qualitative studies with parents who have survived child sexual abuse and adversity, have shown that a commitment to protect their children from abuse has been critical in ‘stopping the cycle’ of abuse and violence (Draucker et al., 2011; Martsof & Draucker, 2008). Parents who were able to ‘stop the cycle’ did not expose their children to abusive family members, they provided advice about safety, were open about risk and danger, taught their children to be assertive and provided nurturing and stable home environments (Draucker et al., 2011; Martsof & Draucker, 2008). They were open with their children about their emotions and experiences and encouraged their children to do the same so that their children knew they could approach their parent if they were being hurt (Wright et al., 2012).

These findings are consistent with those by Murray et al. (2009), whose “care” leaver parents were adamant their children would not suffer as they had when they were younger. For male survivors of child sexual abuse, avoiding the cycle of violence involves challenging traditional masculine ideas about extreme self-reliance and disconnection from their feelings (Kia-Keating et al., 2005). To change intergenerational patterns of abuse, male survivors made conscious choices to not become perpetrators (Kia-Keating et al., 2005). They connected with their own feelings; they asked for help, shared feelings about their trauma histories and accepted their pain and vulnerability (Kia-Keating et al., 2005). The development of insight into how childhood abuse has affected one’s life, has been associated with personal growth (Easton et al., 2013; Farber, 2017; Sheridan & Carr, 2020).

In their literature review, Wark and Vis (2018) identified fatherhood as a healing experience and a potential source of strength for male survivors of childhood sexual abuse. For example, Draucker et al. (2011) reported that their participants viewed passing on a non-abusive legacy to their children as one of the ways they transcended their childhood sexual abuse experiences. Contributing to these parents’ capacity to pass on a non-abusive legacy were several factors: ongoing support from others, a personal resolve to end the legacy of abuse and to make a difference in the lives of others (Draucker et al., 2011). The latter has been associated with the development of self-worth and the amelioration of some of the effects of one’s own trauma (Sheridan & Carr, 2020).

Since a parent’s recovery from trauma has a critical impact on the wellbeing of their children, exploring the literature for what has been helpful for abuse survivors to their healing process can provide important information in terms of factors that can mitigate intergenerational impacts. I discuss this next.

Working Through the Trauma Experience

Commitment to the task of recovery by working through the trauma experiences is a common theme amongst parents who want to parent differently to how they had been parented (Draucker et al., 2011; Rubin, 1996; Thomas & Hall, 2008; Wright et al., 2012). For example, mothers who developed a greater understanding of the impact of their abuse history on their lives, were more realistic in their expectations of their children, more balanced in their responses as parents and evaluated themselves as healthier women and mothers (Wright et al., 2012). Berthelot et al.'s (2015) research provided evidence to support the significance of a parent's capacity to reflect on their trauma history on the power to interrupt the intergenerational transmission of trauma. These authors suggest that parents with histories of child abuse trauma could be helped to develop an awareness of its impact on the self and on parenting, and to reflect on the challenges parenting represents (Berthelot et al., 2015). This perspective is in line with the research that maintains that 'exorcising the ghosts' of a parental trauma history is a crucial component of interrupting trauma transmission (Cramer 1997; Davoine & Gaudilliere, 2004; Fraiberg et al., 1975; Hollis, 2013; Mohler et al., 2001; O'Loughlin & Charles, 2015).

Working through can take the forms of psychotherapy, artistic creation, cultural rituals, commemorative experiences, and advocacy groups (Braga et al., 2012; Lehrer & Yehuda, 2018; Rogers, 2006; Sheridan & Carr, 2020; Spiegelman, 2003). Disclosing abuse has also been shown as critical in helping survivors reconstruct their trauma narrative, reclaim agency, develop insights and new meanings¹⁰¹ and improve health (Easton et al., 2015; Pennebaker & Smyth, 2016). Disclosure for helping others who have been abused, or may be at risk of abuse, is associated with personal healing and transcendence from childhood trauma (Draucker et al., 2011; Easton et al., 2015; Sheridan & Carr, 2020). As Holocaust researchers note, 'telling' can become a "means of release from being 'stuck in time', a means of transcending a sense of permanent victimhood ... a process of empowerment" (Bowen et al., 2011, p. 220). Many "care" leavers revealed that their testimonies to government inquiries and/or their participation in research was motivated by their hope that by telling their stories, abuse could stop, and the lives of vulnerable children would be improved (Australian Government, 2017a; Branigan et al., 2008; Penglase, 2005; SCARC, 2004). One "care" leaver said that giving evidence to the Royal Commission was "The best therapy I can give myself. It's healing...it felt good. I felt like I was doing something on behalf of all the other Homies" (CLAN, 2016, p. 23).¹⁰²

¹⁰¹ Easton et al., (2015) offered the following examples to indicate "insights and new meanings": capacity to name the experience as abuse; an understanding the effects of abuse and the capacity to attribute responsibility for the abuse on to the perpetrator (p. 167).

¹⁰² 'Homies' and 'Wardies' are other names by which former state wards, foster children and those who grew up in institutional "care" use to refer to themselves (Sheedy, 2005, p. 65).

Transformation and Transcendence

Rubin's (1996) 'Transcendent Child' offers inspiring stories of triumph over cruel abusive childhoods and shows that early adversity need not lead to a repetition of abuse and chaos. Those who transcend their history refuse to be defined by it (Hunter, 2007; Rubin, 1996). They refuse to be seen as victims; instead, they try to learn from their experiences (Rubin, 1996; Thomas & Hall, 2008). The literature emphasises that transcending does not mean denying victimisation or the absence of fragility and psychological distress (Farber, 2017; Rubin, 1996; Sheridan & Carr, 2020; Thomas & Hall, 2008). Rather, it reflects a perspective where the survivor does not let their history dominate their life (Rubin, 1996). This approach to one's childhood trauma corresponds with "narratives of transcendence" that emerged from Hunter's (2007) interviews with adults who had experienced child sexual abuse (p. 14). Those with "narratives of transcendence" refused to be defined by their childhood experiences; refused to be perceived as victims or survivors; and they were defiant in their refusal to be defined by their histories (Hunter, 2007, p. 16).

Hunter (2007) distinguished these narratives from the "narratives of transformation" told by people whose sense of self was linked to overcoming their childhood adversity (p. 14). Narratives of transformation were told by survivors who sought to make meaning of their abuse experiences by becoming protectors of others and helping break the cycle of abuse for future generations (Hunter 2007). These people were aware of the adverse impacts of abuse on their lives but did not feel their lives had been ruined by them. Rather, they had been "transformed by them", learning from them and using them to fuel their sense of seeking justice, for themselves or others (Hunter, 2007, p. 16).

Hunter's (2007) participants' narratives moved beyond the dichotomous discourse of victim or survivor. Trauma survivors present with a mix of vulnerability and resilience (Isserman et al., 2011; Kellerman, 2001; Sheridan & Carr, 2020; Thomas & Hall, 2008). The hauntings of childhood distress coexist with the will to grow. Emerging from the literature is the meandering path of the healing process. Working through childhood abuse is neither orderly, nor predictable. The life trajectories of those who survived severe trauma suggest a dynamic and complex movement between positive changes, personal growth, setbacks that impede the recovery process and ongoing distress (Draucker et al., 2011; Farber, 2017; Martsolf & Draucker, 2008; Rubin, 1996; Sheridan & Carr, 2020; Thomas & Hall, 2008; Wright et al., 2012;).

Generativity

A common theme shared amongst survivors who had worked through or overcome their childhood adversity, is the pursuit of justice, or what Draucker et al. (2011) identified as altruistic behaviour (see also Braga et al., 2012; Easton, 2015; Hunter, 2007; Rubin, 1996). Altruistic

behaviour is associated with a commitment to improve the lives of others, including advocacy, volunteering activities and speaking publicly about one's childhood adversity in order to help others who have been abused or disadvantaged (Braga et al., 2012; Draucker et al., 2011; Martsof & Draucker, 2008 Sheridan & Carr, 2020). The relevance of this factor to my research is that it seems to help a survivor's healing process; even if that healing process is cyclical and complex. Importantly, it has been further associated with passing on an abuse-free legacy to the second generation (Draucker et al., 2011; Martsof & Draucker, 2008; Thomas & Hall, 2008).

Some scholars have described altruistic behaviour born of adversity, as redemptive and generative (Mc Adams & McLean, 2013). Stories of redemption, where the negative experiences of early life are in some way 'redeemed' or salvaged by the good that has followed offer a "second chance" to those who have suffered (McAdams, 2006, p. 88). Closely related to redemption is generativity, which is "an adult's concern for and commitment to promoting the development and well-being of future generations" (McAdams, 2006, p. 81). Generative adults studied by McAdams (2006) described enjoying childhoods with special advantages where they felt blessed. However, other studies with child abuse survivors have shown that, even when adults did not experience blessed beginnings, some were able to engage in pro-social, compassionate, and generative acts (Draucker et al., 2011; Easton et al., 2015; Hunter, 2007; Sheridan & Carr, 2020; Thomas & Hall, 2008). The common link seems to be that helping others provides meaning for the suffering endured. As Frankl (1959) had observed, "Suffering ceases to be suffering in some way at the moment it finds a meaning" (p. 179).

Research into the relationship between life stories and adaptation has shown that those who find redemptive meanings from their suffering and adversity and whose life stories feature themes of personal agency, tend to enjoy higher levels of psychological wellbeing, maturity and generativity (McAdams & McLean, 2013).¹⁰³ The critical aspect of redemptive life stories is that it is not about what actually happened but rather, about the meaning the narrator made out of the negative experience (McAdams, 2006, p. 89). This seems akin to what trauma literature recognises: that it is not exposure to trauma per se but *how* the survivor coped with their distress that is "crucial" to the mental health outcomes observed in their children (Lehrner & Yehuda, 2018, p. 23).

Acts of advocacy and seeking justice are thus helpful in promoting agency in survivors of trauma (Hunter, 2007). Moreover, Lehrner and Yehuda (2018) argue that embitterment as a response to trauma, may galvanise survivors into creating community level responses for healing and recovery, where the community can bear witness to the suffering incurred (Lehrner &

¹⁰³ Agency is defined as the degree to which the narrator is able to affect change in their life and highly agentic stories emphasise individual accomplishment and ability to control one's own fate (Mc Adams, 2016, p. 41).

Yehuda, 2018).¹⁰⁴ These opportunities for justice seeking promote agency and dignity, and allow survivors and their children “to turn anger and helplessness at injustice into self-efficacy” (Lehrner & Yehuda, 2018, p. 27). The development of CLAN, its successful lobbying for the 2004 Senate Inquiry and the Royal Commission, seem pertinent examples of “care” leavers’ ongoing efforts for public recognition of their suffering and the desire for justice; countering perhaps longstanding experiences of helplessness and powerlessness.

When I considered that acts of advocacy and justice seeking might be helpful for the children of trauma survivors, I began to contemplate the stories that “care” leavers may have shared with their children about how they grew up. Otherwise known as intergenerational narratives, these seemed particularly relevant to explore given the critical role an *absence* of communication about a parent’s trauma history seems to play in the transmission of trauma (Danieli, 1998; Davoine & Gaudilliere, 2004; Merrill & Fivush, 2016; Wiseman et al., 2006).

Sharing the Story of Trauma With One’s Children

Research with Holocaust survivors has indicated that open communication from parent to child about their trauma experience is a protective factor against the transmission of trauma (Braga et al., 2012; Giladi & Bell, 2013; Wolf, 2019). Braga et al. (2012) found that the manner by which the traumatic messages were conveyed had a distinct impact on their children. Specifically, when communication about the Holocaust was associated with the defence of universal values, social or political activism, a search for social support networks and cultural rituals, it led to the development of resilience mechanisms that children used to work through their parent’s traumatic experiences. This took the form of artistic creations, field visits, search for knowledge about the Holocaust, a sense of belonging and the development of humanist values (Braga et al., 2012). Kliger and Hollander-Goldfein (2011) suggest that the intergenerational sharing of stories of traumatic events can transform trauma if they impart personal teachings that are later integrated by children into “life lessons” (p. 223). As noted by others (McAdams 2006; Wolf, 2019), the historical accuracy of what occurred is less important than the ways in which the traumatic event and its survival are remembered, told, and integrated (Kliger & Hollander-Goldfein, 2011).

A parent’s motivation for sharing their trauma history also impacts family dynamics. In their exploration of whether and why Holocaust survivor parents spoke to their children about the Holocaust, Bowen et al. (2011) identified three major categories of motives for telling. The first category of motives was more fact based, for example honouring the past, self-revelation or to respond to children’s questions. The second category of motives was “other-related” and

¹⁰⁴ Embitterment includes feelings of having been profoundly wronged; having righteous anger and a desire for justice or vengeance (Lehrner & Yehuda, 2018, p. 27).

included, teaching history, teaching a life lesson,¹⁰⁵ fulfilling an obligation to a dead family member, instilling courage, encouraging preparedness of prejudice and nurturing appreciation of current advantages (Bowen et al., 2011, p. 205). The third category was sharing that seemed excessive to the listener and did not seem to take the listener into consideration. Here, the survivor seemed “stuck” in time and shared to “unload” (Bowen et al., 2011, p. 205). Of these motivations, it was the first category that seemed to contribute to healthier relationships between survivor parents and children because this type of sharing allowed the trauma survivor to feel known as a full human being, not defined exclusively as a trauma survivor (Bowen et al., 2011). In these families, the telling was appropriately shared in that the information was conveyed naturally, not in a compulsive, un-loading manner, thus allowing the listener to be moved without feeling pressured (Bowen et al., 2011). Accordingly, it is the how and why one talks about of their experiences that is more important than talking per se (Bowen et al., 2011).

Wolf (2019) expanded on the nuances of telling by exploring how, what and when stories were told from Holocaust survivor parents to their children. Wolf’s (2019) findings challenge the paradigm of trauma transmission and pathology in the second generation of Holocaust survivors. Her research with children of Holocaust survivors revealed that their parent’s stories about their trauma do not dominate all other memories. Amongst the memories of their parents’ traumas were also affirming memories such as joy, affection, humour, and love. From Wolf’s (2019) study emerged a picture beyond one of trauma and victimisation in the second generation. The way stories were told was critical to how they were received by the children. Many parents controlled what they told their children, imparted age-appropriate information and used creativity and humour to turn their histories into an adventure (Wolf, 2019). Wolf (2019) challenged the dichotomy of telling (silence or over-disclosure), that is typically portrayed in the trauma literature. Her findings suggest there is nuance and variance in how much parents tell, how and when they tell it. Telling was not a static event; it was dynamic and creative, with parents changing their strategy of telling across time, depending on their child’s age (Wolf, 2019).

Wolf’s (2019) research revealed that stories were often woven into everyday life conversations. The stories did not negate the trauma experienced by survivors; however, the trauma did not seem to overshadow the messages of triumph, strength and gratitude conveyed by the parents. The children in Wolf’s (2019) study did not appear to have been overwhelmed or emotionally damaged by hearing about their parents’ experiences. Rather, parents’ narratives were deeply appreciated by their children, many of whom described learning positive life lessons

¹⁰⁵ Including instilling courage, encouraging preparedness for threat or nurturing gratitude (Bowen et al., p. 205).

such as the importance of helping others, generosity, resilience, persistence, humour, and compassion (Wolf, 2019).

Sharing the stories was also helpful for parents. Wolf (2019) contends that survivor parents who shared their story may have been exerting their agency in the telling and contributed to a more open and positive communication style between parents and children. Importantly, Wolf (2019) argues that the increase in parental agency, the thoughtful and considered telling, and the creative ways in which stories were told, may have interrupted the transmission of trauma. In this regard, Wolf (2019) contributed to the field a possible mechanism for the disruption or lessening of trauma from parents to children; that sharing memories of trauma may affirm, rather than disturb family relationships.

The research I've described thus far is related only to Holocaust survivors because as Merrill and Fivush (2016) note, the research on intergenerational narratives of trauma is limited. Drawing on their research with families without traumatic histories, Merrill and Fivush (2016) found that adolescents who can tell a "coherent" narrative about the parent's childhood experiences and are able to take the perspectives of their parents when telling these stories, show higher levels of wellbeing than adolescents who cannot do this to the same extent (p. 85).

¹⁰⁶ This may be related to social processes, such as rituals and traditions, that occur in families who tell stories about family history; this seems to bond family members which then contributes to the adolescents' wellbeing, stability and sense of security as a member of their family (Merrill & Fivush, 2016, p. 85).

Regarding difficult or traumatic family histories, Merrill and Fivush (2016) speculated that it may not be beneficial for children to know details of their parent's histories. Instead, there may be "an optimal amount of conflict in a story that is accessible to a child's understanding, with too little being not compelling and too much being too difficult to grasp" (p. 85). As with others (Bowen et al, 2011; Wolf, 2019) Merrill & Fivush (2016) recommended further research on the impact and nuances (e.g., motives, content, focus of stories) of intergenerational narratives when parents have experienced a traumatic past.

I considered the exploration of what a parent shared with their child as important to my research for two primary reasons: First, because sharing or not sharing seems central to the transmission or disruption of intergenerational trauma impacts; and second, interviews with parents *and* their children would require *some* knowledge of parental experience. I was curious therefore to understand, what children knew and the impact this had on them. Outside of

¹⁰⁶ Coherence includes context (time and place), chronology (sequencing events in temporal order) and theme (maintain and elaborating on a topic) and emotional content (Merrill & Fivush, 2016, p. 84). Wellbeing was defined as higher levels of identity development, higher self-esteem, and lower behavioural problems (Merrill & Fivush, 2016, p. 84).

children, disclosing one's history to family, friends and significant others can be a turning point in a trauma survivor's healing trajectory, enabling the survivor to directly address their abuse and commit to healing (Easton et al., 2015). This brings us to the importance of positive personal relationships as a powerful antidote to early relational injuries.

Supportive Relationships

Stable, supportive relationships with others, especially friends, partners, and their extended families, have been found to serve as protective factors in disrupting the cycle of abuse and as central to positive adaptation in adulthood for "care" leavers (Bethell et al., 2017; Murray et al., 2008a; Schofield et al., 2013; Sheridan & Carr, 2020). Child abuse survivors who reported more emotional intimacy, relationship satisfaction, support, and warmth in relationships with others, were less likely to abuse their own children when compared to child abuse survivors who did not report having supportive relationships (Schofield et al., 2013). Whilst causal factors were not explored in Schofield et al.'s (2013) meta-analysis, their findings add to research that has already identified stable, safe, nurturing relationships between intimate partners, and between mothers and their children, as helpful in reducing intergenerational abuse (Jaffee et al., 2013; Thornberry et al., 2013). Connections with others hold great significance for survivors of abuse, signalling turning points in the healing process (Easton et al., 2015; Kia-Keating et al., 2005; Murray et al., 2009; Quinton, et al., 1984; Sheridan & Carr, 2020; Thomas & Hall, 2008). Survivors have described the significance of these important relationships as "transformative, uplifting and healing" (Easton et al., 2005, p. 159).

Stable and non-abusive relationships allow survivors of abuse to connect with others, ask for help, share their feelings about their trauma histories, thus experiencing feelings of belonging, love and care (Kia-Keating et al., 2005; Murray et al., 2008a; Murray et al., 2009; Sheridan & Carr, 2020). Studies with adults raised in institutional "care" have shown that a supportive spouse or continuously caring person can have a critical influence on a "care" leaver's life, providing a sense of security and facilitating personal growth (Murray et al., 2009; Perry et al., 2006; Sheridan & Carr, 2020). These corrective experiences can, to some degree, compensate for the relational injuries incurred by growing up in an institution (Murray et al., 2009; Perry et al., 2006; Sheridan & Carr, 2020).¹⁰⁷ A corrective emotional experience may help a survivor cultivate the capacity to love well, despite exposure to early childhood adversity (Rubin, 1996).

¹⁰⁷ Relational injuries include compulsive self-reliance, shutting down to survive, difficulties with trust and a suppression of the ability to express love and show affection (Maunder, 1994; Pengelase, 2005; SCARC, 2004).

With respect to intimate partners, a healthy co-parent can mediate the negative impact of an emotionally distressed parent on the child particularly when there is a moderate, (not high), level of marital distress between parents (Hollander-Goldfein et al., 2011b). In their study of 50 intergenerational dyads, Hollander-Goldfein et al., (2011b) found that for a small cohort of families, children's positive experiences with their non-distressed parent helped them overcome the negative impact of their distressed parent.¹⁰⁸ The authors do not deny the negative impacts of a parent's anger or depression on their child; rather, they highlighted the impact of the nurturing parent in providing a foundation from which the children could draw the emotional resources to cope with challenges in adulthood (Hollander-Goldfein et al., 2011b). Critical for the modulation of the distressed parent's negative reactivity, are the characteristics of the healthy mediating parent, which included being able to establish closeness with their child, show empathy, validation, express love, and affection, and have open communication (Hollander-Goldfein et al., 2011b).

These findings are important because they suggest that a supportive partner may facilitate a vulnerable parent's relationship with their child (Hollander-Goldfein, et al., 2011b; Jaffee et al., 2013). Furthermore, the child's capacity for empathy towards their traumatized parent is influenced by the extent of positive parenting they have received (Hollander-Goldfein et al., 2011b). This reduces the double victimisation that can be experienced by a survivor parent: first by the perpetrators of childhood abuse, then by the abandonment of their children (Hollander-Goldfein et al., 2011b). Although the Hollander-Goldfein et al., (2011b) study was with Holocaust survivors and their children, the relevance to "care" leavers is that "care" leaver parents speak of profound insecurities with parenting, including a "fear of rejection [by their children] that never leaves" (Penglase, 2005, p. 315).

Research with Australian "care" leavers has also revealed that supportive partners can offer emotional and practical support, as well as a "buffer" between "care" leaver parents and their children when difficulties were experienced (Murray et al., 2009, p. 111). The bond between partners helped "care" leaver parents be "good enough parents" (Murray et al., 2009, p. 112). Supportive others may also provide positive parenting examples, moderating the risk of abuse towards one's own child (Schofield et al., 2013). Australian "care" leavers for example, described drawing on their spouses, in-law-families, and friends for guidance on parenting (Murray et al., 2009). These studies reflect that working through the relational injury that occurs as a result of childhood abuse, requires healthy human connections and a relational approach, with felt experiences of safety and trust (Bethell et al., 2017; Herman, 1992; Sheridan & Carr, 2020). I conclude this review with a "care" leaver's perspective because it encapsulates several

¹⁰⁸ Emotionally distressed parents were those who were described as "angry" or "depressed" (Hollander-Goldfein et al., 2011b, p. 177).

of the factors I have discussed above. When this “care” leaver was asked by an interviewer whether CLAN and the Royal Commission have had a big impact on his life, he was resolute:

My word. The last five or six years, I’ve been able to tell my kids that I love them, even my eldest son who is nearly 40. I’ve never been able to show much emotion. I stopped drinking and fighting and arguing. I haven’t argued with anyone in a long time. Relationships are very, very important (CLAN, 2018, p. 10).

Summary of Part Three

My review of the literature on breaking the cycle of trauma transmission revealed that many researchers endorse this as an area that requires further exploration (e.g., Alink et al., 2019; Madigan et al., 2019). This is certainly the case for Australian institutional “care” leavers for whom the impact of institutional “care” on their parenting has only relatively recently been identified as an important area that needs further understanding (Australian Government, 2017a; Murray & Goddard, 2014; Penglase, 2005). To this end, I explored literature in the field of overcoming early childhood adversity, (specifically child abuse, as well as research with ‘second generation Holocaust survivors), that challenged the notion of the inevitability of the transmission of trauma. My literature review revealed the following factors as helpful in mitigating the transmission of trauma or breaking the cycle of abuse: Open communication and support, commitment to protect children, working through the trauma experience, transformation and transcendence, generativity, sharing the story of trauma with children, and supportive relationships. The presence of these factors in a family’s life does not imply the absence of psychological distress for either the parent or the child. Survivors of abuse were rarely free of the impacts of their history; yet to assume a gloomy generational prognosis seems premature. Overall, research on breaking the cycle of trauma, provides evidence of potential contextual and interpersonal resources that could be cultivated to help alleviate its generational transmission.

Summary of the Literature Review

This literature review began with an overview of research conducted with adults who were raised in institutional “care” in Australia and overseas. Whilst there are some exceptions, the literature and several government inquiries suggest significant adverse long-term impacts on subsequent development across all domains including parenting. The impact of institutional “care” on parenting was the central question of this thesis. Inevitably, government inquiries and research indicate that “care” leavers love their children but many feel anguish and pain that, as parents, they have failed and damaged their children (Australian Government, 2017b; Penglase,

2005; SCARC, 2004). Therefore, exploring the intergenerational impact of institutional “care” on parenting is particularly relevant for this population.

The literature review thus turned to providing evidence of the intergenerational transmission of trauma. Mechanisms that contribute to the transmission of trauma were explored from a psychodynamic and relational perspective that draws from Holocaust survivors’ literature and studies with child abuse survivors. Whilst there is a voluminous body of literature to suggest an inevitability of transmission of trauma to the second generation (e.g., Danieli 1998) there are those who argue that to assume damage to children is overly simplistic (e.g., Lehner & Yehuda, 2018). There seems to be no consensus reached conclusively in one direction or another. Rather it appears that a parent’s failure to recover or work through their trauma mediates the impact on the children (Braga et al., 2012; Lehner & Yehuda, 2018). Those who have experienced significant trauma show a mix of progress and struggle, strength and vulnerability, growth and distress (Braga et al., 2012; Easton et al., 2015; Sheridan & Carr, 2020; Thomas & Hall, 2008). My interviews revealed the emergence of these themes, with indications that for most families, the cycle of intergenerational trauma appeared broken. Hence, the final part of this literature review drew from studies with child abuse survivors and Holocaust survivors’ offspring to explore the factors that appear to mitigate the risk of trauma transmission.

Finally, the literature review revealed a dearth of qualitative research with “care” leavers and their children. Concerns about the impact of institutional “care” on the ability of “care” leavers to successfully parent and raise families were raised by the Royal Commission and the 2004 Senate Inquiry. These concerns were further reinforced by my key informants. My research aimed to build on a nascent understanding of the generational impacts on parenting when a parent has been raised in institutional “care”. I aimed to explore this topic through in-depth interviews with both a “care” leaver parent and one of their children. In the next chapter I discuss my methodology and provide rationale for my choice of methods and analysis.

CHAPTER 3: Methodology

Introduction

This chapter presents the methodological approach to my research and begins by describing the research aims and questions. I then go on to discuss my personal stance and the strategies I employed to maintain reflexivity. I move to describing narrative inquiry and the psychosocial approach, followed by a discussion about the method used to gather my data, namely the free association narrative interview (FANI) and the approaches used to analyse and interpret the data. I finish the chapter by discussing validity in qualitative research and the ethical considerations of researching a vulnerable population group.

Research aims

Following on from the rationale for my research, which was discussed in Part Four of the Introduction Chapter, this research is situated in the gaps identified by the Royal Commission, Smith (2015) and by Murray and Goddard (2014). Here it was identified that little research has been conducted on the impact of institutional “care” as an intergenerational process and on the dynamics of risk and protective factors across the life span for people who grew up in institutional “care”.¹⁰⁹

My research aims to explore the intergenerational impact of growing up in institutional “care”, pre-1974, on survivors’ parenting and the relationships they have with their children. I want to understand what may have contributed to or moderated these intergenerational impacts. It is anticipated that the findings may be helpful to and informative for agencies and clinicians in their work with institutional “care” leavers, their families, and other survivors of childhood trauma.

Research Questions

I sought to explore the intergenerational impact of Australian institutional “care” on parenting, through the following questions:

1. How did growing up in Australian institutional “care” affect survivors’ parenting and their relationship with their children?
2. How do the children of “care” leavers understand their parent’s experience of life in institutional “care” and its impact on how they were parented?

¹⁰⁹ Whilst I was not specifically researching risk and protective factors, the higher order analysis I conducted yielded factors which I describe as ‘contributing’ and ‘moderating’ (I have borrowed the terms ‘contributing’ and ‘moderating’ and ‘factors’ from Dekel & Goldblatt (2008, p. 281) and Alink et al., (2019, p. 3). These terms seem to correspond to ‘risk’ and ‘protective’ factors.

3. To what extent did a parent's traumatic experience of institutional "care" impact their child?

My Methodology Journey: Choosing the Approach

Qualitative Methods: A Brief Introduction

The study of people's lived experiences is particularly relevant to this population of "care" leavers and their families. Here, research practices that aim to provide rich descriptive accounts of the phenomenon under investigation, lead to qualitative research approaches that appreciate that societies and communities do not exist in an objective observable form but rather, that they are experienced subjectively by individuals who give them meaning by the way they behave (Savin-Baden & Major, 2013). Knowledge is not neutral, human beings are complex, behaviours are always context bound and not always predictable (Savin-Baden & Major, 2013). By learning about social worlds through using methodologies that describe and explain peoples' experiences, behaviours, interactions and social contexts, qualitative researchers acknowledge that values, passion and politics are important in the research encounter and that researchers are not only people who conduct research with others, but who also learn alongside them (Reason & Rowan, 1981).

The researcher's assumptions about the world are illuminated in qualitative research; as are their interpretations and analysis of data (Riessman, 2008a; Wertz, 2011). Hence, we are advised to "think consciously and critically about how we as interpreters constitute the narrative texts that we then analyse" (Riessman, 2008a, p. 22). Our personal stance and positionality are of critical importance, requiring reflection on our roles and responsibilities as subjects and engaged observers, participants, and translators (Savin-Baden & Major, 2013).

When I embarked on my research, I soon realised that the choices I made regarding the research approach, could not be divorced not only from what I wanted to find out, but also my own perspectives, values and professional practice. In the Introduction Chapter, I addressed my positionality through the process of describing of how I came to select my research topic. In Chapter 3, I further expand on the influence of my personal stance and personal position with respect to my choice of research approach, and collection and analysis of the data (Savin-Baden & Major, 2013); demonstrating this process through writing about the journey I took to select my research approach.

Personal Stance

My decision to use a qualitative approach has its roots in my academic, personal and professional life experiences. Twenty-five years ago, as a psychology undergraduate, I had to participate in several questionnaire-based research protocols. I found them reductive and an

inadequate representation of my thoughts or feelings about the subject matter under investigation. Rating scales for example, did not allow me to expand or explain my responses. I experienced them as constraining because they did not capture the reasons behind my choices, the nuances or the exceptions to my experience. My work as a psychologist specialising in child abuse and my own therapy (a five-year psychoanalysis), added another dimension to my beliefs and understanding of the world; reinforcing that both our childhood and the unconscious aspect of our nature - a storehouse for all our experiences - have a tremendous influence on our lives and interactions with others.

Through years of receiving and offering therapy, I have learnt that the content and the extent of what people share of themselves is determined by their experience of emotional safety in the interviewer's presence. I am also aware from my training in non-verbal therapies, that words can be limiting and may not adequately describe a person's experience. It was a natural step therefore for me to choose an approach where I could engage in in-depth interviewing to understand "care" leavers' experiences. Epistemologically, I sought an approach that respects the relativity of truth, appreciates the joint and interactional subjectivities of researcher and participant and which allowed me to draw on my psychodynamic roots to understand peoples' lived experience (Josselson, 2011a).

Reflexivity

Reflexivity in qualitative research is a process of exploration and self-examination, that helps researchers consider their position and influence on their research and how they have constructed and imposed meanings on their research (Alvesson, 2013). The process of reflexivity helps the researcher appreciate that they are integral to and integrated in their research and ensures the researcher's positionality is not detrimental to the research (Savin-Baden & Major, 2013). Principles of reflexivity require the researcher to make explicit their deep-seated views, judgements, history, and personal experiences that will influence and affect the research process (Carpenter, 2013; Wertz et al., 2011). For Hollway and Jefferson (2013), a psychoanalytic epistemology also adds to the development of researcher reflexivity because the researcher's "own emotional responses" during and after the interview can be used to uncover themes, issues or particular accounts from participants that may have otherwise gone unnoticed (Hollway & Jefferson, 2013, p. 159).

I used several strategies for maintaining reflexivity. I paid attention to and was reflexive about locating myself in relation to the participants (Michell, 2019; Savin-Baden & Major, 2013). I introduced myself to participants as a researcher and a psychologist who treats children who have been abused, thus I hold a deep appreciation of how challenging and devastating childhood can be for many people. I aimed to establish a genuine rapport and reciprocity where I was

authentic, offered self-disclosure, respect and held to a commitment to involve the participants in the shared meaning making and story construction (Carpenter, 2013; Savin-Baden & Major, 2013). Perhaps my openness about my work enhanced rapport building because it may have positioned me as Michell (2019) notes, an “ally” (p. 214).

I deepened my reflexivity by writing ethnographic style field notes where, after each interview, I noted my feelings, reflections, participant observations, and any themes that appeared to emerge (Savin-Baden & Major, 2013). This style of field notes supported me in becoming more aware of what might have been rendered insignificant in other styles of reflecting on data (Elliott et al., 2012). Frosh (2010) maintains that the researcher and the research activity are part of the production of knowledge. Thus, field notes that record the researcher’s subjective responses to the setting, interview relationship, and supervision, allow for researcher subjectivity to be thought about, explored, and used to further research knowledge (Elliott et al., 2012).

I noted any free associations, internalised reflections, surprises, thoughts, intuitions, somatic sensations, concerns, and curiosities that arose related to pre, post and during the interview encounter (Hollway & Jefferson, 2013). I also kept a reflexive journal where I documented the entire research process: from the initial choice of research topic and methodology, through to meetings I had with key informants, reflections on the literature I was reading, the development of my ideas and the impact of my worldview on the entire research process (Myhra, 2011). I made ongoing reflections about the ways in which unconscious forces shaped the research environment and my interpretations (Clarke & Hoggett, 2009).¹¹⁰ I shared my reflections and tentative interpretations with my thesis supervisor, Dr Peter McKenzie, to ensure, as Finlay (2003) cautioned, that I did not “run the risk of letting [my] unelucidated prejudices dominate [my] research” (p. 108). I critically reflected on the decisions I made during the research and discussed these with my thesis supervisor.

My field notes and reflexive journal proved very helpful for the following reasons: First, because of the time that had lapsed from interview dates to analysis of data, the field notes took me back to the contemporaneous feeling toned experiences I had pre, during and post interviews. Second, as Jervis (2009) had cautioned, researchers should make interpretations based on their feelings and somatic experiences only if these are supported by other evidence within the research material. Using field notes I could record and process these experiences, externalise them and reflect upon them. I was then able to cross reference and validate my

¹¹⁰ Perhaps my own unconscious bias was most evident when I was ‘surprised’ that trauma had not been transmitted across each family in my research. This led me to a second literature review of research that explored breaking the intergenerational cycle of trauma.

feelings by 'checking in' with the participants during the second interviews and when I was analysing the interview transcripts.

Finally, Wertz et al. (2011) advised that reflexivity can also focus on the social and political situatedness and implications of the research. To this end, I addressed the current socio-political climate in Chapter 1, and I acknowledge that the stories participants shared with me about their lives, are considered against a socio-political context where survivors were heard and believed, in inquiries that sought to hear from them (Swain, 2014c).¹¹¹

Narrative Inquiry

Narrative is central to the human experience (Riessman, 2008a). As M. Murray (2015) observes, "We are born into a narrative world, live our lives through narrative, and afterwards are described in terms of narrative" (p. 85). Narrative inquiry is grounded in hermeneutics, phenomenology, ethnography, and literary analysis, drawing upon all or some of these philosophies to capture the lived experience of people in terms of their own meaning making (Josselson, 2011a). Epistemologically it "respects the relativity and multiplicity of truth", relying on the work of philosophers such as Heidegger, Ricoeur, Husserl, Dilthey, Wittgenstein, Bakhtin, Lyotard, MacIntyre and Gadamer (Josselson, 2011a, p. 225). Narrative brings order and meaning to our lives as we tell stories about our lives to ourselves and to others (M. Murray, 2015). Narrative truth is not a factual record of what happened, but how it is understood and organized by the narrator (Josselson, 2011b). Narratives are shaped by a multiplicity of social, cultural, and psychological forces both conscious and unconscious (Hollway and Jefferson, 2013; M. Murray, 2015). Since the 1980s, the emphasis national inquiries have placed on hearing from survivors (Swain, 2014c), reflects that "story telling occurs at a historical moment with its circulating discourses and power relations" (Riessman, 2008a, p. 8).¹¹²

My choice of narrative inquiry methodology was partly shaped by my professional interest as a psychologist and trauma therapist, where I have observed the value and significance of people being able to tell and construct stories of their lives. Conversations with key informants, further confirmed that a deeper understanding of the impact of institutional "care" on parenting could be best accomplished through storytelling. Narrative inquiry seemed a natural choice as a way of gathering data for topics where story telling is central to understanding and for capturing the life experiences of a small number of individuals (Creswell,

¹¹¹ Several participants told me that they had felt able to talk about what happened to them because they had been treated so well when giving evidence at the Royal Commission.

¹¹² As Swain (2014c, p. 9) observed:

The practices of individualising accusations of sexual abuse, discrediting witnesses and minimising reporting in the interests of public morality were successful only while inquiries looked to experts rather than victims for the answers to the problems they were addressing. The inquiries since the late 1980s, which have actively sought survivor testimony, have broken open such silences.

2007; Savin- Baden & Major, 2013). Accordingly, as Riessman (2008b) states, “There is no single way to do narrative research, just as there is no single definition of narrative” (p. 155). Hollway and Jefferson (2013) argue that “to grasp a person through the ‘whole’ of what we know about him or her does not have to imply that he or she is consistent, coherent or rational” (p. 65). The importance of holding this in mind became salient when I conducted interviews that often meandered without any apparent connection between the sequence of events narrated.

Murray and Goddard (2014) also suggest that research with, and helpful to adult “care” leavers, requires a qualitative approach that encompasses “narrative accounts of individual lives to trace the connections between past and present” (p. 105). They argue that despite the possible concerns arising from individuals’ recollections of past events, a retrospective approach is also useful for informing policy and practice. Furthermore, they argue, that the engagement and involvement of “care” leavers in research is critical for a deeper understanding that can inform policy and address social justice concerns regarding the outcomes of “care”. Thus, a narrative framework allowed me to not only honour, but also, engage with participants in the storytelling process where they could talk with me about “their experiences and feelings using their own words” (Michell, 2019, p. 214).

The Co-Construction of the Story

A narrative approach attends to the relational and sociocultural context in which the narrative is constructed (M. Murray, 2015). Whilst the narrator is the protagonist of the story, there is a recognition that stories are socially mediated, indeed, a “joint production of narrator and listener” (Chase, 2008, p. 65). The researcher acknowledges the mutual construction of story via the process of interpretation, re-interpretation, and the “re-storying” of the narrative whereby the researcher reorganises the story into some kind of framework (Creswell, 2007, p. 56; see also Savin-Baden & Major, 2013).¹¹³ As Mishler (1986, cited in M. Murray, 2015, p.93) had noted:

The interviewer’s presence and form of involvement – how she or he listens, attends, encourages, interrupts, digresses, initiates, topics and terminates responses – is integral to a respondent’s account. It is in this specific sense that a ‘story’ is a joint production.

Chase (2008) maintained that the narrative researcher may need to invite stories because some interviewees may need the invitation. This was of particular relevance to my

¹¹³ I did this throughout the interviews by clarifying with my participants my perceptions of their narrative, providing a summary or a reflection, checking in and by sending “care” leavers their Life Story/Pen Portrait for amendment and further commentary by them.

research with a vulnerable population who have felt excluded from the Australian historical landscape (Musgrove, 2013). A narrative inquiry approach allowed me to create a safe psychological space for the interview to unfold and to hear the voices of those who may otherwise remain unheard (Creswell, 2007). Again, this was pertinent for my engagement with participants, given the emphasis on the unsayable and silenced experiences of trauma survivors. By showing my deep interest through gentle invitation, many participants came to tell me stories that had been driven into shame's silent prison; stories they had rarely or never shared before.

For a narrative inquiry, the context (relational and environmental) in which the narrative is constructed is important. This fitted well with my clinical experience and with what is known about the interpersonal neurobiology of intersubjectivity, and its impact on the therapeutic relationship and interpersonal regulation (Schoore, 2012).¹¹⁴ Simply put, who we are and how we are, affects the other: their sense of safety and thus their internal affect regulation.

In the research relationship, "the researcher is implicated at every stage, often unintentionally, in what can and cannot be thought and said" (Hollway & Jefferson, 2013, p. 151). Thus, attention is paid to the unconscious intersubjective dynamics in the interview in the production and analysis of data (Hollway & Jefferson, 2013). My relationship to what was being told, for example, the tears that welled in my eyes, the deep breaths the participant and I would simultaneously take together, affected the production of data. As Hollway and Jefferson (2013) assert, the telling of the story is mediated by the dynamics of the relationship formed between the teller and the listener. The context in which the telling occurs is important because it aids (or inhibits) the comfort level of the teller. For example, holding the interviews in people's homes, somewhat, balanced the power dynamics between the researcher/authority figure and the participant. In their comfort zones (their home) the participant could be 'in-charge' of the setting – an empowering and counter experience to that of childhood. Furthermore, they could anchor themselves with rituals that they find helpful, for example, sitting on their 'usual' couch, making a cup of tea or showing me around their homes.

Multiple Expressions and Voices

Narrative inquiry also offered the flexibility of allowing stories to be gathered and expressed through multiple sources such as letters, diaries, photographs, and memory boxes (Creswell, 2007). This was particularly relevant for "care" leavers because the use of verbal language was not always the best or safest medium for communicating a painful history. As van der Kolk (2014) has demonstrated, traumatic events are not only difficult to speak about; they are sometimes impossible to express through talking alone. The option to draw upon other

¹¹⁴ See Schoore (2012, p.101 - 109) for elaboration on the importance of attunement and deep emotional contact for affect regulation and safety in a relationship between two people.

materials as other forms of telling, was particularly critical in understanding the participant's stories (Musgrove et al., 2019). For example, one participant, put all his "care" records in my hands and asked me to read them before he engaged in the interview process. As my key informant, Dr Frank Golding, informed me, children raised in institutions do not have an "archive of family history found in old shoe boxes under the bed".¹¹⁵ They have what was written about them by the authorities, in files that were often inadequate, incomprehensible or with incorrect information (Murray et al., 2008b; Murray & Humphreys, 2014; Swain & Musgrove, 2012). Yet even these stories became intertwined and influential in shaping participant's stories. Dr Golding told me, what was written by authorities "stuck", and it was always written from the perspective of the writer.¹¹⁶ It may or may not be correct; yet, as Dr Golding told me, the "care" leaver could not 'correct' the story from the 'authority'.¹¹⁷ What was written could not be undone.

Life Story/Pen Portrait

Narrative inquiry was compatible with "care" leavers' need to tell their story; for it to be heard, and for them to amend it if needed. Therefore, as part of the research process, I incorporated the concept of writing a Life Story/Pen Portrait for each participant (Hollway & Jefferson, 2013). Dr Joanna Penglase had advised me that the Life Stories would be appreciated by people whose life story is not reflected upon through everyday family banter.¹¹⁸ I borrowed the concept of a "Pen Portrait" and its significance, from Hollway and Jefferson (2013, p. 65).¹¹⁹ The Life Stories/Pen Portraits are in Appendix A to I.¹²⁰

The Life Story/Pen Portrait helps the researcher grasp the form of the participant's narrative and aids in a holistic analysis of the data (Hollway & Jefferson, 2013). It is situated within Hollway and Jefferson's (2013) holistic interpretative approach which follows the Gestalt principle that the whole is greater than the sum of the parts. I obtained each participant's broader context of their lived experience to avoid reducing their lives to their traumatic experiences only (Bradfield, 2011a). The Life Story/Pen Portrait is descriptive and "provides enough information against which subsequent interpretations could be assessed" (Hollway & Jefferson, 2013, p. 65). It serves to give the reader who does not have access to the raw data, a

¹¹⁵ Personal communication, 25th February 2016.

¹¹⁶ Personal communication, 25th February 2016.

¹¹⁷ Personal communication, 25th February 2016.

¹¹⁸ Personal communication, 14th June 2015.

¹¹⁹ Based on advice from my key informants, I referred to Pen Portraits as 'Life Stories' when I spoke to the participants because 'every day' language seemed more appropriate. Pen Portraits and Life Stories are the same product in my research.

¹²⁰ Identifying details in the Life Stories/Pen Portraits attached in the Appendix have been changed to preserve anonymity.

“grasp” of the participant through the ‘whole’ of what I knew about them (Hollway & Jefferson, 2013, p. 65).

The Life Story/Pen Portraits incorporated the trauma experienced by “care” leavers as told to me by them. I acknowledged their individual strengths and the heroic effort it takes to live alongside the haunting shadow of their memories. This aspect of my methodology seems supported by recent research which underscored the clinical importance of supporting “care” leavers to construct narratives that embrace their strengths whilst acknowledging their continued vulnerabilities and suffering (Sheridan & Carr, 2020).

The use of a Life Story/Pen Portrait also had its roots in my professional experience where I had witnessed children’s delight and the therapeutic benefit of having me co-create (with them and their caregiver) their story from birth, particularly when those children were in out-of-home care. Given the history of poor record keeping of “care” leavers’ histories (Sheedy et al., 2017; Swain & Musgrove, 2012) and to minimise disenfranchisement from the research process, I shared the Life Story/Pen Portrait with the participants.

The Life Story/Pen Portrait served several purposes: First, given the poverty of institutional records, it aimed to provide the “care” leaver participants with their biographical story based on their interviews with me. Through conversations with the key informants, I had come to consider all that was *not* written in the institutional records; the holes, gaps and absences of the interior life of “care” leavers when they were children. Thus, their childhood feelings are woven through the Life Stories. The Life Story/Pen Portrait was also my offering of my gratitude to participants for sharing their painful history. Second, it was a strategy that informed my interpretations because I could share this biographical account with participants, and they were given the opportunity to comment or amend any aspect of their Life Story. This process facilitated my interpretations through enabling me to review my own biases, explore how I had “come to know the participants” and “examine the ways in which [their] accounts relate to the overarching issue” under investigation (Savin-Baden & Major, 2013, p. 460 - 461). This further reduced the possibility of a “wild analysis” of the data from occurring (Clarke & Hoggett, 2009, p. 18).

Complex issues regarding voice, representation, and interpretative authority (Chase, 2008) were addressed through providing participants with the Life Stories/Pen Portraits and requesting their feedback. With this active collaboration, participants were not bystanders to the research product. They were able to experience a sense of agency in the creation of their story, something Dr Frank Golding had let me know was a reparative experience for “care”

leavers.¹²¹ Research by Kirkman (2002) and Martin (1998) further reflected the importance of participants' voices, and I drew on their approach when I developed the Life Story into a booklet.

The Ethnographic Influence

From the very beginning of my thinking about the focus of my study, I came to understand that I was drawing on ethnography to gather the contextual and situational information I needed to understand the stories of "care" leavers and their children's experiences. My research occurred during the establishment, duration, and findings of the Royal Commission. I needed to understand the social and cultural impacts of this event and how it resonated for the participants (many of whom gave evidence in private hearings), how it validated their experiences, and encouraged them to speak out. As per ethnographic principles, my research acknowledges that communities are comprised of people who have their own subjective experience of what is common to all (i.e., living in institutional "care" as children), and that a person's life is a combination of individual subjectivity as well as the product of social, cultural, and historical forces (Fossey et al., 2002).

It was essential to enter the "care" leaver community and build trust in order to conduct research with this vulnerable population group that had been historically marginalised (Savin-Baden & Major, 2013). My ethnographically informed approach was reflected in my visits to the Museum Exhibition "Inside: Life in Children's Homes and Institutions" (National Museum of Australia, 2013); conversations with the Chief Executive Officers of CLAN and Open Place Support Service for Forgotten Australians;¹²² attendance at the 2016 CLAN Annual General Meeting; becoming a member of CLAN; receiving CLAN's bi-monthly newsletters and holding meetings with "care" leavers who later became my key informants: Dr Joanna Penglase, Dr Frank Golding and Dr Gregory Smith.¹²³

Interviews with the key informants served as continuing encouragement for researching a silenced, disenfranchised, and stigmatised community who have been too ashamed to tell their story (CLAN, 2016, Michell, 2019). The key informants also emphasised the importance of the researcher being led by their participants. This approach was facilitated by most interviews occurring in participants' homes, which offered me the opportunity to observe their environment and hear more stories about personal items (e.g., photographs) that they chose to show me. It also reflected a typical feature of ethnography, which is immersion of the researcher

¹²¹ Personal communication, 25th Feb 2016.

¹²² Personal Communication with Caroline Carroll, Chair of the Alliance for Forgotten Australians (AFA) on 17th March 2017; Personal Communication with Leonie Sheedy, Chief Executive Officer of CLAN on 24th October 2016.

¹²³ A brief introduction to the key informants occurs below.

in the field or setting one is researching and the collection of data using more than one technique (Russell, 2003).

The Psychosocial Tradition

As my explorations into qualitative approaches deepened, I sought an approach that appreciated the importance of childhood and the power of the unconscious; both these interests born of my personal life experience and my professional work with abused children and their families. My worldview eventually found congruence and authenticity in a psychoanalytic epistemology that incorporates a psychosocial approach which encompasses psychoanalytically informed principles and the researcher's subjectivities (Hollway & Jefferson, 2013). The psychosocial approach informed my methodology. It values the notion that "the unconscious plays a significant part in both the generation of research data and the construction of the research environment" (Clarke & Hoggett, 2009, p. 4). I now describe the key components of this approach.

The psychosocial tradition embraces a diversity of disciplinary backgrounds including social work, sociology and psychology (Hollway & Jefferson, 2013). The term psychosocial conceptualizes human beings as the products of their own unique psychic worlds and a shared social world (Hollway & Jefferson, 2013, p. xiii). This perspective views research participants and the researcher as people whose inner worlds cannot be understood without knowledge of their experiences in the world, and their experiences of the world cannot be understood without the knowledge of the way in which their inner worlds allow them to experience the outer world.

The psychosocial approach to qualitative research reflects "the hermeneutic turn" where meanings about the external world are available through discourse and they never represent the world neutrally (Hollway & Jefferson, 2013, p. 13). Hollway and Jefferson (2013, p. 24) assume that research participants are meaning making and psychologically defended subjects who:

- May not hear the question through the same meaning-frame as that of the interviewer or other interviewees
- Are invested in particular positions in discourses to protect vulnerable aspects of self
- May not know why they experience or feel things in the way that they do
- Are motivated, largely unconsciously, to disguise the meaning of at least some of their feelings and actions.

To do justice to the complexity of humans, Hollway and Jefferson (2013) argue that an interpretative approach to understanding their narrative is unavoidable and applies equally to the researcher as well as the researched. Hence, throughout this chapter I have explored my personal stance and reflexivity in some depth. The psychosocial approach allows the researcher

to stay with anxieties, contain them and explore them; thus, making anxiety and its contents researchable (Elliott et al., 2012). Researcher subjectivity, explored through conscious and unconscious experiences, mediates the researcher's interpretations. Researcher and participant are thus co-producers of meaning.

The Free Association Narrative Interview (FANI)

The Free Association Narrative Interview (FANI) was developed by Hollway and Jefferson (2000) and is defined as a “qualitative method for the production and analysis of interview data that combines a narrative emphasis with the psychoanalytic principle of free association” (Hollway & Jefferson, 2004, p. 404). Free association is based on the idea that unconsciously motivated links between ideas provide insights into the emotional meanings of people's accounts (Hollway & Jefferson, 2004). A narrative that draws on principles of free association, therefore, allows the researcher access to a person's concerns that go beyond “interviewees' ‘well worn’ stories and commonplace discourses, depleted of personal meaning and emotionally vivid experience” (Hollway & Jefferson, 2013, p. 151). The researcher may thus elicit a narrative that is not structured according to conscious logic but according to unconscious associations, where interviewees' answers reflect their concerns, even if these are not immediately accessible (Hollway & Jefferson, 2013).

Researchers utilising the FANI method incorporate their own feelings and emotional reactions as data (Gemignani, 2011; Hollway & Jefferson, 2004; Jervis 2009; Nicholls, 2013; Proudfoot, 2015). The FANI approach allowed me to ‘pick up’, through my emotional responses, the participant's unsaid or unthinkable experiences (Hollway & Jefferson, 2013; van der Kolk, 2014).¹²⁴ Finlay's (2005, 2006) reflexive embodied empathy approach was helpful in this regard. Following Finlay's (2005, 2006) approach, I attended to non-verbal, embodied expressions in the participants' and in my own body, reflecting on gestures, postures, and facial expressions, so I could better understand what was being communicated via the body. As Michell (2019) advised, to not have considered emotions evoked in the interviews would have missed “a great deal of information” (Michell, 2019, p.219).

In-Depth Interviews

The FANI method is suited to in-depth interviews which were my primary form of data collection. In-depth interviews “breathe life” into experiences of deprivation and abuse in childhood (Fritsch, 2006, p. 303). They capture the essence of a lived life by allowing the participant to provide their appraisal of their experiences and the meaning they placed on them

¹²⁴ Trauma can foreclose the capacity for psychological integration which means experiences are left unthought about and wordless (Bollas, 1987; Lijtmaer, 2017; Schore, 2012).

(Shaw, 2006, p. 330). The FANI approach encouraged “care” leavers to speak at their pace about what they wanted to speak about. In accordance with these principles, key informants Dr Gregory Smith and Dr Frank Golding had advised that I let the participants guide the direction of the interview.¹²⁵ I needed to balance this advice with Dr Joanna Penglase’s guidance that because “care” leavers have rarely had opportunities to talk about their childhood experiences, some structure is needed to help them stay on or near the research topic.¹²⁶

I borrowed my first opening question from Judy Atkinson (2002) and asked, “When I say childhood, what is it you most remember?” (p. 98). I asked questions that would allow me to gather an in-depth psychosocial life history that included information about pre and post ‘institutional’ care, as well as exploring thoughts, feelings and behaviours of parenting and relationships with children. Through building trust over several hours of interviews, it was possible to elicit deeper levels of sharing that yielded vivid descriptions of participants’ broader lives as well as their relationships with their children.

Whilst Riessman (2008a) cautioned that creating possibilities for extended narration can be anxiety provoking for researchers, my clinical experience mitigated any such anxiety. I was able to harness my skills in being attuned to another, knowing when to probe for more in-depth responses, and facilitating the conversation not only to gather rich data, but to keep the research questions in focus (Minichiello et al., 2008).

Intersubjectivity and the Co-Production of Data: Two Vignettes

Impressions we make of one another are accessible sometimes through feelings and not through conscious awareness (Finlay, 2005, 2006; Hollway & Jefferson, 2013; Jervis, 2009). Thus, “it follows that the information of our feelings in and around the interview are of value for understanding the dynamics of the research relationship” (Hollway & Jefferson, 2013, p. 42). As Hollway and Jefferson (2013) point out, “narratives are always a product of the relationship between interviewer and interviewee” (p.41) and the “researcher is implicated at every stage, often unintentionally, in what can and cannot be thought and said” (p. 151). This could not be truer in research where the subject matter was of traumatic childhood memories. Below, I use two vignettes to illustrate how intersubjectivity and the context of the interview shaped the production of data (Jervis, 2009).¹²⁷ Using a psychosocial lens I could explore elements of the narrative that I may have missed if I had relied on language alone.

¹²⁵ Personal Communication with Dr Smith on 5th October 2016 and Dr Golding on 16th January 2017.

¹²⁶ Personal Communication, 24th October 2016.

¹²⁷ By context, I am referring to the location, my impressions, thoughts and feelings, the relationship between the participant and me, and the importance of attending to my embodied emotional responses as they emerged in the interview encounter.

George

George set the tone for a moving story that was painful to share. At times, with a shaky voice George cried, and I became teary also. At the end of the first interview, I developed a migraine. It was my first migraine in 20 years, and I wondered about my embodied response to his story. Was it too much for me to hold? My body ached from the pain, and I felt nauseous. This embodied feeling was for me another form of data, a means perhaps of George communicating to me experiences that he could not yet comprehend (Jervis, 2009). A psycho-analytic perspective proposes that the symbolic meaning of my subjective sensory response may indicate some of George's trauma had entered the field between us, including his "early maternal deprivation ... fear of getting too close ... a silent cry" (Cunningham, 2013, p. 132). All these were elements of his experience that were eventually revealed during the interview encounter. As George's story unfolded over the course of two days, these traumas emerged as repeated themes in his life. He reflected that "there's always been this sad kid in me. Very sad kid and a sad adult. I'm still there".

On the second day of our interviews, George told me that during the night he had woken at 3.00am crying about all that's happened to him, triggered by our conversation on day one of the interview, where for hours, he had told me his story in pressured speech. He talked quickly, without pausing and he could not be redirected. I felt I could not stop the story because he talked so rapidly, that to interrupt felt impossible. Later, I reflected and thought about this incessant talking in terms of Esther Bick's "psychic skin" where in the absence of a mother caregiver who can contain the baby's distress, the baby has to resort to ways of holding himself together, for example through "constant bodily movement which then feels like a continuous holding skin" (Symington, 1985, p. 481). George reflected that he, (and unbeknown to him - just like my migraine), "had exploded" his story on to me:

Not in an angry way but I said so much all over the place, a train wreck. When you came, I thought I'll be very focused and you'd ask a question and I'd answer, ask, and answer and I didn't. I went all over the place.

At 3.00am, George began ruminating:

[T]hinking about what could've been with Brent (son). The way I am now compared to the way I was then. And uhhh, tears started running down my face. So, it obviously had a little trigger there.

It seemed that the ‘explosion’ in my head in the form of a migraine, was an embodied response to George’s experience of “exploding” on me, letting me know that alongside the story of survival that he told, was an experience of trauma, grief, and despair, that emerged in the helpless moments of night-time. These interpretations are based on my feelings and the evidence provided in the research material (Jervis, 2009).

Reg

Well dressed and pleasant in his demeanour, Reg seemed relaxed and was mild mannered throughout the interview. The challenging topics that evoked emotions and tears in other participants did not seem to impact Reg in the same way. His affect remained unchanged throughout the interview. I noticed that when I asked questions that aimed to elicit Reg’s feelings about events and experiences, he would change the topic, ignore my question or at times, respond in convoluted sentences which I did not understand. I began to feel a wall was present between us that I struggled to penetrate. During the second interview I (very unusually) repeatedly needed to clear my throat, as though something was stuck in there that I needed to get out or spit it out in some way. I understood this as a form of projective identification, whereby Reg was communicating emotions and/or experiences to me that were unable to be verbalised or comprehended (Jervis, 2009).

Given that researchers’ feelings have been recognised as another form of data and that countertransference can be experienced somatically, I began to wonder what the meaning of my needing to ‘get something out’ might suggest about Reg’s internal world (Jervis, 2009).¹²⁸ I imagined emotions being stuck or rather pushed aside by his emphasis on reason and avoidance of feelings. This was confirmed to me towards the end of the interview when he faltered and then lamented, “I just sometimes think there’s no real way of getting over the emotions side is there?”. From here onwards he made references to being “emotionally shut down” and to coping by what could be described as hypervigilance, “emotions disappear ... you don’t get close ... you’re assessing all the time”.

By describing these encounters with George and Reg, I hoped to illustrate how my reflexivity and the attention I paid to my embodied emotional responses, elicited an otherwise hidden account of the participant’s experiences, which in turn helped deepen my understanding of the participants’ institutional “care” and parenting experiences.

¹²⁸ During her PhD interviews with one of her participants, Sue Jervis (2009) found herself swallowing repeatedly. Supported by evidence later provided by the participant, Jervis came to hypothesise that some of her participants’ “feelings of distress can be heard *only* when they are dramatically reproduced” (Jervis, 2009, p. 154).

Methods

Sampling and Recruitment Process

Participants were recruited using purposeful sampling (Savin-Baden & Major, 2013). This seemed the most suitable approach as it sought a small sample size that could generate a large amount of information for an in-depth study of peoples' experiences, and at the same time, allowed for inclusion and exclusion criteria to ensure the recruitment of participants could meet the study aims (Howie, 2013; Savin-Baden & Major, 2013). In using intense case sampling, I sought to recruit participants with intensity and depth of experience of institutional "care" in childhood (Savin-Baden & Major, 2013). Initially, to meet the criteria for this research, participants were required to be:

- a) Australian born and non-Indigenous¹²⁹
- b) Reside in Victoria
- c) A resident in Australian institutional "care" (Orphanages or Children's Homes) prior to 1974 and during their childhood (i.e., prior to age 13yrs)
- d) People who identified with the experience of trauma related to being raised in institutional "care", and
- e) People who had adult children who were willing to be interviewed for this research and who also reside in Victoria.¹³⁰

Key informants and my own research yielded several appropriate agencies through which to recruit participants. I contacted the managers or Chief Executive Officers (CEOs) of the following agencies by phone to discuss my research and seek approval to send recruitment flyers: CLAN CEO; Open Place: Support Service for Forgotten Australians (Richmond, Victoria); In Good Faith Foundation: providing services for Survivors, Families and Communities impacted by Institutional Abuses (Brunswick, Victoria); Ballarat Centre Against Sexual Assault (CASA). All agencies approved the recruitment flyers (see Appendix J), which were printed and placed at the respective sites. In November 2016, I was invited to attend a CLAN Annual General Meeting (AGM) where I was introduced by the CEO who invited interested participants to speak with me. Following a \$200 payment to CLAN, the recruitment flyer was advertised in CLAN's bi-monthly newsletter in January 2017 and in October 2017.¹³¹

¹²⁹ As per the 2004 Senate Inquiry I sought to research the experiences of 'Forgotten Australians' who are the non-Indigenous Australian born people raised in institutional "care" pre-1974.

¹³⁰ All potential participants lived in regional Victoria or interstate, therefore I sought ethics approval to extend the recruitment criteria to those who live outside Victoria. This was approved by Human Research Ethics Committee on 17th January 2017.

¹³¹ All funds raised through this manner go towards supporting CLAN's work with Care Leavers. See <http://clan.on.evolutiondesign.com.au/resources/research/>

Each response to the recruitment flyer was processed as it was received. All potential participants were screened by phone to assess whether they met the criteria and were willing and able to share their experiences (Howie, 2013). The screening phone call also allowed me to assess the support available for participants should the interviews evoke upsetting feelings and/or difficult memories. After being fully informed about the research, participants provided me with their child's contact details. I contacted each child by email or phone to explain the research and confirm their interest. All participants were sent a Letter of Introduction and a Participant Information Statement (see Appendices K and L) and then confirmed their interest by phone or email.

The recruitment process was deemed complete after interviews with seven parent-child dyads, two fathers' whose children did not participate and a daughter whose "care" leaver father was deceased.¹³² The research findings are based on interviews with all nine "care" leavers and seven of their children. The interview material for the daughter whose father is deceased was not used. The decision to not use it was made after reflection and consultation with my supervisor, Dr Peter McKenzie, that the research questions could best be explored and were more consistent with interviews with "care" leavers and their views on the impact of institutional "care" on parenting. It became beyond the scope of the study to include interview data from a child and not her "care" leaver parent and hence, in Chapter 9, I have suggested future research could attend to interviews specifically with children of "care" leavers.

Participants

Selecting the number of participants in qualitative research depends on several factors such as what the research tradition calls for, what needs to be accomplished, what type of sampling is used and the quantity and detail of data to be collected from the participants (Savin-Baden & Major, 2013). Given the depth of information I was seeking, a small number of participants seemed appropriate. It also enabled an in-depth, case by case analysis of the data (Sheridan & Carr, 2020). Consultation with key informants and others' research in the intergenerational trauma with similar methodology to mine (Bradfield, 2011a, 2011b; Myhra, 2011) further informed my decision to recruit a small sample between five to eight parent-child

¹³² The two fathers had told me during the screening phone call that they would discuss the PhD with their sons and request their participation. Interviews with these fathers occurred with the intention to interview their children at a later date. Subsequently one father became estranged (again) from his son. Upon meeting with the second father, he told me that he had not asked his son to participate because his son was very busy with two young children, and because he wanted to preserve their newly rebuilt relationship by not raising matters that may "upset" his son. Future research with "care" leavers could further explore the reluctance with involving their children in the research.

dyads. The recruitment drive yielded the following participants, in Table 1 (below). Interviews occurred over one or two days.

Table 1

Participants' Names, Ages and Total Interview Length¹³³

"Care" leaver Parent	Age (yrs)	Interview Length (in total hrs)	Child	Age (yrs)	Interview Length (in total hrs)
Arthur	71	4	Katie	34	1.5
Vera ¹³⁴	58	5	Alison	26	1.5
Dorothy	64	5	Laura	48	3
Isabelle	61	5	Emma	30	1.5
David	66	3	Joe	42	2
Eddie	54	2	Gabrielle	20	1.5
Reg	61	4	Amy	28	1.5
Tony	61	3			
George	70	6			
			Liz	42	6 ¹³⁵

Key Informants

To capture a 'closer' and contextual view of the experiences and impacts of institutional "care" on "care" leavers and their parenting it was important to collaborate with people whom I identified as, key informants (Creswell, 2007). Key Informants offered subjective and contextual insights that informed my understanding of some of the cultural meanings, beliefs, and practices of "care" leavers as a broad group. Formal interviews and conversations with them, inspired and shaped my research.

The three key informants were: Dr Joanna Penglase, Dr Gregory Smith and Dr Frank Golding. All three are central figures in the "care" leaver community; engaged in teaching, advocacy, or both. Each had spent a significant period of their childhood in institutional "care" and had been profoundly impacted by this experience. Frustrated with the lack of information available about children in "care" who were not child migrants or Indigenous, they continually sought to raise awareness of the issue across the community. All three have completed doctoral research about institutional "care" leavers.

¹³³ All participants are referred to by pseudonyms.

¹³⁴ Arthur and Vera are a married couple. Two of their children, Katie and Alison, participated in the research.

¹³⁵ Interview data not included in findings.

In a context of silence, shame, and lack of interest in “care” leavers’ experiences, all key informants supported the opening up of a new conversation about the intergenerational impacts of institutional “care”. My focus on parenting, from a psychological perspective, was encouraged as “valuable” and could contribute to a “whole new paradigm”.¹³⁶

Key informants were initially contacted by email, which was followed up by a phone call to gauge their interest. A formal invitation to participate was then emailed (see Appendix M). The interviews began when consent and withdrawal of consent forms were signed (see Appendices N and O). Interviews occurred over three or four meetings (see Table 2, below).

Table 2

Key Informants’ Names and Interview Length Across the Number of Days Interviews Occurred

Key Informant	Interview length (in total hrs)	Number of meetings	Format
Dr Joanna Penglase	7	4	In person and Skype
Dr Gregory Smith	3	3	In person and Skype
Dr Frank Golding	3	3	In person

Initial interviews were introductory in nature; our backgrounds, personal and professional interests were discussed, as well as the nature of my research. The second and third interviews, although conversation in style, were more formal and focused (see Appendix P). The final interview with each key informant centred around recruitment challenges.

Data Collection: Interviewing and Other Forms of Data

Data collection aimed to generate narratives which elicited relational themes and to explore the ways in which the parent’s history of “care” influenced their parenting and relationships they have with their child (Bradfield, 2011a). Consultation with key informants, my own clinical experience, and the literature informed me that in order to develop greater communication equality and form dialogic relationships, repeated conversations may be needed. Hence, participants were advised that one to three interviews may be needed (Riessman, 2008). Interviews were conducted at a time and place chosen by the participants. All but two participants were interviewed in their homes. One participant chose to be interviewed in the interview rooms at La Trobe’s Bouverie Centre. Dorothy and Laura flew from interstate to be interviewed in my private practice consulting rooms in Fitzroy.¹³⁷ Parents and children were

¹³⁶ Personal communication with Dr Gregory Smith 9th January 2017.

¹³⁷ I refer here to my private practice as a clinical supervisor.

interviewed separately. Interviews began after consent and withdrawal of consent forms had been signed (see Appendices Q and R).

Copies of the interview transcripts were offered; however, participants did not ask for them. From the transcripts, the “care” leaver stories were organized into “pen portraits” (Hollway & Jefferson, 2013, p. 65) which I described to the participants as a Life Story. “Care” leaver participants were offered a draft of the Life Story/Pen Portrait to add their corrections, make additions, amend, or delete the material. Once changes were made, the Life Stories/Pen Portraits were bound and given to participants.

Whilst in-depth interviews were my primary form of data collection, I also drew on other documents shared with me by participants including, photos from childhood or the institution in which they were housed, institutional “care” records, or songs they had written about their experiences. To provide a ‘fuller’ account of what transpired in the interview encounter, I used field notes and my reflexive diary to attend to affective experiences and reflections including my non-verbal embodied expressions in terms of their relationship to the verbal narrative (Finlay, 2005, 2006).

The interview Process

The interviews were conducted using the FANI method and open-ended questions and semi-structured questions to elicit stories and deepen engagement (Hollway & Jefferson, 2008) (see Appendix S). Due to the nature of their experience (traumatic and highly emotional) it seemed that participants needed to speak with as few interruptions as possible.

With semi-structured questions I actively intervened to encourage participants to provide examples or follow through with incomplete sentences and questions to cover the issues central to my research questions that had not been addressed. The interviews were in-person and audio taped. My being conscious of maintaining a sense of safety during the interview encounter also supported a deepening of the research relationship, which in turn created “the necessary space for a deep and thorough exploration of the historical experiences of [each] person” (Bradfield, 2011b, p. 538). Based on the information provided by each participant, I created a genogram of the participant’s family and added to it as the interviews progressed (Myhra, 2011).¹³⁸ The genogram facilitated discussion about family constellations and history and further aided the conversational flow of the interview.

The adult children participating in the study were invited to explore their experiences of their “care” leaver parent(s) including: their feelings and beliefs about their parent’s experience in care, their knowledge of their parent’s traumatic history, their feelings about their

¹³⁸ A genogram is a graphic representation of a person’s family constellation and relationships. The genograms I created included family up to four generations.

relationship with their “care” leaver parent and their beliefs about how their parent’s experience in “care” impacted their parent and themselves. Interviews with the adult children took place after the parent interview. I could then contextualise the children’s experiences against the background of their parent’s history.

The tone of the interviews was informal and conversational. This facilitated a “back and forth of dialogue” which has been shown to be a preferred interacting style for participants of qualitative research (Knapik, 2006, p. 9).¹³⁹ An informal, conversational style also helped to address concerns raised by Brinkman and Kvale (2005) related to making the power relations between participants and researchers more transparent, more ethically accountable and allowing the participants the opportunity to object. Throughout my research I write about my deep regard and compassion for the participants. As per narrative research principles, I approached the interviews and the data with a high degree of empathy as I sought to understand participants’ experience of their world (Josselson, 2011b). My reaction to their stories was to be moved, amazed and admiring of their will to survive, to love, to courageously face their past, endure its intrusions and to be different to their parents and “care” givers. As a researcher who is also a therapist, I strove to find the balance described by Alvarez (1985, as cited in Hollway & Jefferson, 2013, p.65), whereby I had enough distance from the participant to be able to think, yet not so much that my empathic sensitivity and receptivity became lost. I was acutely conscious of my own defences, for example, over-intellectualising or moving into counsellor ‘mode’. Ultimately, I felt assured by Hollway and Jefferson’s (2013) reflection that “it is not an overstatement to claim that if there is no feeling with research participants, the results will be unethical” (p. 164).

Data Analysis and Interpretation

Analysis of Data: The Approach and Process to Uncovering the Themes

Data analysis and interpretation are linked because the former relies on the latter (Hollway & Jefferson, 2013). As Josselson (2007) contends, every aspect of narrative research is an interpretative act. Similarly, Savin-Baden and Major (2013) noted that “there is a fine line between where analysis ends, and interpretation begins” (p. 452). The goal of data analysis is to make sense of the data by processing and organising it in ways that allows researchers to search for meanings, find patterns, identify themes, and make interpretations with the intention of answering the research questions (Savin-Baden & Major, 2013). The process is inductive and iterative (Savin-Baden & Major, 2013).

¹³⁹ Knapik (2006) found that participants appreciated interviews with features of active listening such as: “Stopping and recapping”; “the open-ended element, and then the [researcher] reflecting back to me”; “Am I hearing this correctly? Is this what you were saying?” (p. 9).

My data analysis involved an integration of narrative approaches (Josselson, 2011a) and an interpretative approach that was psychodynamically informed and holistic, whereby the analysis of data is produced by moving between parts and the whole of the interview (Hollway & Jefferson, 2013). The interviews were read multiple times in a hermeneutic circle in which an understanding of the whole illuminated the parts, which in turn offered a fuller and more complex picture of the whole (Josselson, 2011a). In the first level of analysis, which I describe below in more detail, I preserved the integrity of the whole human being as much as possible by not fragmenting the data (Hollway & Jefferson, 2000). Analysis occurred by tracing the links within each participant's narrative, keeping in mind the whole of the data. The transcripts, case studies, pen portraits, field notes and reflexive diary, all aided in the holistic analysis. As well as referring to the overall transcript, I relied on intuition, sensing and unconscious intersubjectivity to conduct my analysis and interpretation (Hollway & Jefferson, 2013; Savin-Baden & Major, 2013).

Hollway and Jefferson's (2013) holistic approach to interpretation is consistent with narrative approaches in that it recognises that there is never a single self-representation, and that narrators' accounts are multi-vocal and dialogical with aspects of self, appearing to either converse with or oppose other aspects (Josselson, 2011a). This is an acknowledgment of the existence of multilayered aspects of the psyche whereby some of these selves may be strongly developed whereas others may be suppressed or dissociated (Josselson, 2011a).¹⁴⁰ Hollway and Jefferson (2013) do not outline a process of uncovering themes. Rather, Hollway advised that themes emerge when the researcher has sufficient familiarity with the data and maintains a holistic perspective.¹⁴¹ To guide me in the process of narrative analysis I engaged in the four steps outlined by Josselson (2011a, p. 228):

1. A thorough reading of the transcripts to get a sense of how the narrative is structured and the general themes. A return to each specific part to develop its meaning and then consider the more 'global' meanings in light of the deepened meaning of the parts.
2. Multiple readings to identify different 'voices' of the self and to create a view of how these selves are in dialogue with one another.
3. Repeated readings until a 'good Gestalt' is developed that encompasses contradictions.
4. Engaging with the theoretical literature so that the researcher is sensitive to nuances of meanings expressed and the different contexts into which they enter.

¹⁴⁰ An example of this was with a participant who presented with a glamorous persona, yet, as our interview was coming to an end, she let me know that she was a chronic insomniac who banged her head against walls and rocked herself to sleep each night for over 40 years.

¹⁴¹ Personal communication with Professor Wendy Hollway on 15th May 2016.

My interpretations were influenced by the intergenerational transmission of trauma literature (discussed in the literature review), and “affective ways of knowing” such as my embodied responses in the interview encounters (Hollway and Jefferson, 2013, p. 149; Clarke & Hoggett, 2009; Finlay 2005, 2006).

Paths to Analysis of Data

There were vast amounts of data to process, understand, analyse, and interpret.¹⁴² The analysis occurred in four steps:

1. I transcribed 16 interviews.
2. Life Stories/Pen Portraits written for each of the nine “care” leaver participants.
3. ‘Case studies’ written for each of the seven parent-child dyads and for the two fathers whose children were not interviewed.
4. Steps (2) and (3) formed the basis of Chapters 4, 5 and 6 (Findings) and Chapters 7 and 8 (Discussion).

Step 1: Transcribing the interviews

This was time consuming but important. The participants were very much inhabiting my imagination during those times (Hollway & Jefferson, 2013). I held the entire experience in my mind: from recruitment and first contact through to end of the interview and my long drives home.¹⁴³ In keeping with my methodology, I took notes in the side bar and in my reflexive journal, paying attention to responses related to my research questions, responses that had evoked emotion in the participants or myself, responses that avoided or minimised the topic of discussion, derailments in story cohesion, my somatic responses, the length of time it took to speak about parenting, the engagement level, my impressions of the home and participant, and the challenges I faced ending the interviews and saying goodbye.

Step 2: Writing the Life Story/Pen Portrait

I wrote the Life Story/Pen Portrait by drawing on narrative analysis as discussed by Polkinghorne (2002) and following Howie’s (2013) guidance in creating a storied account of the data gathered from the interviews, my reflexive journal, and my field notes (p. 78). As I wrote, I asked myself Polkinghorne’s (2002) questions, “How did this happen?” “Why did this come

¹⁴² The interviews ranged from 5000 to 21000 words. The Life Stories/Pen Portraits ranged from 3800 to 6000 words each. The Case Studies ranged from 10000 to 12000 words each.

¹⁴³ The long drives home occurred because most of the interviews were held in locations several hours from my home.

about?" (p. 15). I drew on Dollard's (1935 cited in Polkinghorne, 2002, p. 16) criteria to assist the process. Dollard's (1935) criteria are:

1. Descriptions of the cultural context in which the participant lived and lives.
2. Attendance to the embodied nature of the protagonist.
3. Attendance to the importance of significant others in the protagonist's story (e.g., parents, siblings, friends).
4. Attention to the participant's vision of the world, their motivations, inner struggles, emotional states, and the interaction between these in the participant's life and consequent actions.
5. The historical continuity of the characters which acknowledges that a person's history is a part of their story and who they are as a person.
6. The generation of a story with a beginning, a middle and end.
7. The story must be plausible and understandable. The data are synthesized in such a way that there is a meaningful explanation of the participant's responses and actions.

Howie's (2013, p.78) steps for data analysis involved:

1. A thorough and multiple reading of each "care" leaver's transcript where I made notes on emerging themes, points of interest, noted participants' emphasis, strength of words, emotions, metaphors used, highlighted key issues, and traced the links within each participant's narrative, keeping in mind the whole of the data.
2. Story preparation whereby headings are created that permit a sequencing of the data into a story with a beginning, middle and an end. These were: An introduction with an ethnographic impression of the home and participant's presentation, Childhood before institutional "care", Life during institutional "care", Life after institutional "care", Parenting, and Concluding comments that reflect the participant's life in the present time and encompassed the vulnerabilities and strengths that it has taken to survive childhood in institutional "care".
3. Story creation written in third person that captures the participant's experience including use of direct quotations.

Throughout writing the Life Stories, I considered the impact of institutional "care" on the participants' subsequent life experiences. The impact of the Life Stories/Pen Portraits on participants is woven through Chapter 5.

Step 3: The Case Studies

To process the vast amount of data, I created case studies, for each parent-child dyad and for the two fathers. The case study approach helped me process the data, while keeping an understanding of the whole person in their life context. The idea was inspired by Hollway and Jefferson's (2013) psychosocial case study approach. The case studies were informed by the parent and child interviews, an analysis of the themes that had emerged in the Life Story/Pen Portrait, my reflexive journal, and my field notes. Josselson's (2011a, p. 228) process for analysing narratives and Hollway and Jefferson's (2013) holistic analysis approach informed my analysis.

Using a case study approach for writing up the data kept the parent, child, and the data (live interviews, transcripts, Pen Portraits, reflexive diary, field notes) together in my mind. In keeping with a holistic interpretation of the data, the case studies allowed me to preserve, as much as possible, the participant as a 'whole', including their family, parent-child dynamics, their home, and their history; to deeply and thoroughly explore the experiences of parenting from both parent and child perspectives. This then enabled more interpretation to occur within and between the parents' and their child's narratives (Savin-Baden & Major, 2013). Each case study was in three parts.

The first part of the Case Study contained an ethnographic description of the participant's home, the interview encounter and my impressions of the participant's presentation and engagement in the interview and their response to the question: "When I say childhood, what is it you most remember?".¹⁴⁴ This was followed by a summary of the key components in the Life Story/Pen Portrait and the interview transcript, that were most relevant to the research questions. This was included to maintain a link to the 'whole' of each participant's life and to provide a context for parenting (Hollway & Jefferson, 2013). This process also helped elucidate the lifelong effects of early adversity and institutional "care" (Low & Eth, 2006). Parenting themes formed another subheading. These emerged from repeated readings of the transcripts whilst keeping all the data in mind. Children's knowledge of their parent's institutional "care" experience was also a subheading. Rich quotations were included.

The second part of the Case Study contained a description of the child's presentation, my impressions of the child and their relationship to their parent and their response to the question: "When I say childhood, what do you most remember?". Based on the interviews and the research questions, I created subheadings to aid my analysis (Isserman, 2011). These were: The child's experience of their "care" leaver parent, their knowledge of the parent's history, and key themes that emerged about the child's relationship with the parent.

¹⁴⁴ Borrowed from Judy Atkinson (2002, p.92).

The third part of the Case Study was the interpretative phase of the analysis whereby I connected the parenting themes to the broader theoretical literature (Smith, 2015). Each case study linked the impact of childhood on parenting and relationships with children whilst interweaving the parent's and child's experiences. I then connected the narrative to the theoretical literature to answer the questions "What underlies the themes?" and "Are these elements linked? How?" (M. Murray, 2015, p. 95). The analysis aimed to provide insight into the parent's experience of the impact of childhood institutional "care" on their parenting, and the child's experience of their parent. I looked at the parent and child's perspectives and looked for thematic links between the experiences of parents and their children (Bradfield, 2011a). I followed Hollway and Jefferson's (2000) approach of a holistic analysis of each case study where I stayed close to the data. This allowed me to consider the participant's trajectory, their concerns, conflicts, repetitions and affective expressions and my overall impressions (Clarke & Hoggett, 2009).

I completed this process for each dyad and the two fathers, exploring commonalities and differences across the cases and remaining curious about possible explanations or influencing elements that could help me understand the variations (Yin, 2018). Repeated readings of the case studies, the literature and clinical reflections led to a deeper analysis to understand what may underlie the differences (Yin, 2018). This was an iterative process of interweaving parent and child narratives with emergent themes and an intentional effort to answer the research questions. Interpretation of the links was informed by the literature.

Step 4: Working Towards the Findings and Discussion.

Iterative readings of the Life Stories/Pen Portraits, the Case Studies and the transcripts led to uncovering of themes related to parenting, from the perspective of parents and the perspective of the children. As I explored each case study, certain themes began to emerge which provided the basis of my cross-case analysis (Clarke & Hoggett, 2009). This led to the emergence of parenting sub-themes from parents' interviews and children's interviews. Underneath each sub-theme I noted the participant from whose narrative the sub-theme had emerged. Overarching themes that encompassed the sub-themes emerged. I categorised these as Supportive, Impeding or Mixed in terms of their impact on a parent's relationship with their child.¹⁴⁵ I repeated this process for the children's interviews from which emerged overarching themes that I categorised as Supporting and Impeding.

A second level high order analysis of these themes, with constant reference between the parents' experiences of parenting and the children's experiences of their parents led to the

¹⁴⁵ For example, "commitment", "communication", "aspirations" were captured by the overarching positive theme of "Doing the opposite".

identification of factors that appeared to contribute to adverse generational impacts of institutional “care” trauma from parent to child, and to factors that appear to moderate these impacts. The presentation of factors as separate was difficult to make because they were intertwined, with one affecting the other. Indeed, as Josselson (2011a) argued, since human life is multilayered and contradictory, “categories that are too separate are superficial” (p. 232). However, the thread of connection is always there (Josselson, 2011a). Chapters 7 and 8 respectively, discuss the contributing and moderating factors.

Validity

In qualitative research, evaluating validity involves making judgments about how well the research was carried out and whether the findings can be regarded as trustworthy and useful (Yardley, 2015). Trustworthiness is understood to mean the extent to which findings are an authentic reflection of the personal or lived experiences of the phenomenon being researched (Curtin & Fossey, 2007) and whether the findings are coherent in that they ‘fit’ the data and social context from which they were derived (Fossey et al., 2002). Yardley (2015) cautions that the guidelines recommended to demonstrate validity or quality should not be followed as a set of rigid rules because the core quality of qualitative research cannot be captured by checklist criteria. Nevertheless, agreed upon procedures of enhancing validity in qualitative studies have been developed (Savin-Baden & Major, 2013; Yardley, 2015). From these suggestions, I used the following strategies:

Audit Trail (or ‘Paper Trail’)

In addition to keeping a record of the raw data and a ‘paper trail’ of my process of analysis, I also kept a reflexive journal and field notes, both described in detail above. The journal served as a road map to my research incorporating how my personal stance and positionality affect the research (Savin-Baden & Major, 2013). I recorded field notes before and immediately after each interview encounter so they could be as contemporaneous as possible. My reflections weaved back and forth, between my clinical knowledge, the literature and to what was being presented to me during the interview encounter.

Triangulation

Triangulation was achieved because my data was gathered from multiple sources including in-depth interviews, lasting one to seven hours, with “care” leavers, their children, and key informants over a span of two years (Yardley, 2015). These different perspectives enriched my understanding about the generational impact of parenting when a parent was a survivor of institutional “care”.

Member Checking

Member checking occurred in two ways: participants were offered the opportunity to read their interview transcript and verify what had been recorded, add to it, or change it. None of the participants took up this option. The second form of member checking occurred when the “care” leaver participants were offered a draft of their Life Story to make comments, amend, add to, or change it. As noted above, eight of the nine “care” leavers wanted a copy of their story with one returning his with a minor amendment. This process ensures that participants’ voices were heard and not lost (Savin-Baden & Major, 2013) and is considered crucial for establishing the credibility of a study (Lincoln & Guba, 1985). Bound copies of the Life Stories were offered and consistent with the other researchers’ experience, participants welcomed these (Howie, 2013; Kirkman, 2002).

Of note, is that my analysis went beyond what was presented in the Life Stories and this was not shared with participants. Whilst some researchers offer legitimate reasons for sharing their interpretations with their participants (e.g., Hoggett et al., 2010; Wertz et al., 2011), I chose not to. The participants in my research, unlike those in research from Hoggett et al. (2010) and Wertz et al. (2011), were vulnerable lay people who spoke with me about deeply personal matters, which they told me they do not discuss with others.¹⁴⁶ Further it seemed unethical to share interpretations with one generation of the family and not the other.¹⁴⁷ As Yardley (2015) cautions, it was important to consider whether the participants, as lay people, could relate to the analysis which was informed by psychoanalytic and trauma frameworks. Participants may not have sufficiently examined their experiences, they may not understand psychoanalytically informed language and they may not have well developed self-knowledge (Wertz et al., 2011). It thus seemed unethical and possibly counterproductive, to share research interpretations outside of a therapeutic relationship where the material may have otherwise been metabolized and contained (Hollway & Jefferson, 2013). As per my Participant Information Statement, I will contact the participants after my PhD is submitted to offer a summary of the findings. If participants agree, I will send them a summary of the findings.

Collaboration

Collaboration occurred on an ongoing basis with key informants who helped me to consider the socio-historical and political background about “care” leaver issues including

¹⁴⁶ In Hoggett et al.,’s (2010) research, participants were community development workers who were asked to consider how they negotiate ethical challenges in their job. In Wertz et al.,’s (2011) the participant was a developmental psychology PhD student in a ‘qualitative research methods in psychology’ class where students had formed pairs to interview one another on the topic of personal experiences of trauma and resilience.

¹⁴⁷ Sharing the intrafamily interpretations ran the risk of breaching confidentiality I had assured to parents and their children that I would maintain, regarding their respective interviews.

offering me feedback about the interview process, protocol, the nature, and number of questions to ask and the process of recruiting and engaging participants.

External auditor

My thesis supervisor provided me with a space where my subjectivities could be thought about and explored.¹⁴⁸ Such a process, familiar to me through a decade of receiving clinical supervision, reflects one of the main tenets of Bion's thinking, namely that "it requires two minds to think a person's most disturbing thoughts" (Ogden 2009, p. 162). Consultations with my thesis supervisor were used to reflect on the interviews, their impact on me and the feelings that were evoked. Furthermore, this consultation aided with separating which feelings belong to whom (Garfield et al., 2010; Jervis, 2009). These 'checking in' procedures minimized the risk of "wild analysis" in which subjective speculation is left unchecked by reality testing (Hoggett et al., p. 175).

Thick Description

The Life Stories/Pen Portraits, Chapter 4 which introduces the participants, and Chapters 5 and 6 which describe the findings, offer thick rich descriptions, deep and detailed, contextualising the participants' stories (Creswell & Miller, 2000) without losing inconsistencies and contradictions in people's accounts (Hollway & Jefferson, 2013). Verbatim quotations are frequently presented further adding to the authenticity of the research.

Sensitivity to Context

Good qualitative research must show that it is sensitive to the perspective and socio-cultural context of participants (Yardley, 2015). I had anticipated that the power differential between me (as researcher) and the participants, the sensitive nature of the research topic, and "care" leavers' possible mistrust of authority figures, may have precluded engagement or openness. I addressed these issues directly by talking about them with the participants and mitigating the power difference through the participants choosing the location of their interview. I was also open about my professional work experience. My conversational interview style, relaxed time frame and my experience as a therapist specialising in child abuse seemed to help achieve an attunement which encouraged participants to respond more freely about issues pertinent to them, some which they had rarely or never disclosed before.¹⁴⁹

¹⁴⁸ See for example, Heather Elliott's (2011) research described in Hollway and Jefferson (2013, p. 162).

¹⁴⁹ I had let people know the interviews could go from one to five or six hours over two days.

Dense Description of Methods

To further demonstrate quality in the product of my research, I have provided a rich description of the approach that informed my research design and methods of data collection and analysis. A thorough description of positionality, personal stance, and the strategies I used to maintain reflexivity also enhance quality.

Ethical Considerations

The “care” leaver participants, identified as *Forgotten Australians* by the Federal Government, have been classified as a vulnerable population (Smith, 2015). Accordingly, my research required an application to the Human Research Ethics Committee at La Trobe University.¹⁵⁰ Approval was received following a request by the committee to explain why Indigenous Australians were excluded from participation.

Substantial thought and planning went into considering the risks or potential harm to participants, whose participation required revisiting traumatic experiences. I strove to find a balance between the risks and benefits of research with a vulnerable population; something I explore further in Appendix T. Ultimately, I drew on the research which suggested participants react positively to and are often grateful for the interview encounter, frequently citing the reason they participated in research is their hope that their story will help others (Corbin & Morse, 2003; Hollway & Jefferson, 2000; Holmes, 2013; Howie, 2013; Penglase, 2005). Indeed, at the end of each interview, all the “care” leaver participants in my research expressed this same sentiment. None of the participants reported adverse outcomes following the research. Rather, as per others’ findings (e.g., Corbin & Morse, 2003), participants showed gratitude and appreciation for the opportunity to tell their stories. Nevertheless, I needed to weigh up “care” leavers’ ‘need to tell’ their story (and be believed), against the inherent asymmetrical power differentials in a research interview.¹⁵¹ I explore these considerations in Appendix T and offer a reflection on participants’ responses to being interviewed.

To mitigate against what may be an unethical encounter between a psychodynamically informed researcher and a lay participant, the boundaries of the research relationship should be made clear (Holmes, 2013). In keeping with the research methodology and advice from my key informants, I let participants know that “What I offer will be more like reflective comments. That way you will be free to respond in the way you choose, which might include not responding at

¹⁵⁰ HEC – 16 072 Submitted on 4th July 2016 and approved on 26th September 2016.

¹⁵¹ Survivors tell their stories “So that everybody knows what happened to so many of us” (CLAN, May 2016, p. 1). There seems a pressing need to tell and to be believed. Joanna Penglase told me (personal communication 24th October 2016) that the most powerful moment of the public apology made to the Forgotten Australians in 2009 was when Malcolm Turnbull (then Opposition Leader) said “We believe you”.

all” (Holmes, 2013, p. 1191). Given the emotional vulnerability of the “care” leaver community, I needed to take steps to enhance safety and mitigate any potential risk of psychological distress that may be evoked by the interview encounter (see Appendix U). These steps included: provision of a Debrief sheet and a List of Counselling Support Services (see Appendix V), a Risk Management Plan (see Appendix W) and a Risk Assessment Plan for Interviews in Participants’ Homes (see Appendix X). I offered a phone “check in” post the interviews as well as the invitation to all participants to contact me or my supervisor should they have further enquiries or wish to complain. None of the participants made contact to complain or seek further information.

Summary of Chapter 3

In this chapter I have discussed my research aims and choice of methodology. A central aim was to generate narratives which elicited relational and intrapsychic themes to explore the ways in which the parent’s history of institutional “care” influenced their parenting and the relationships they have with their child (Bradfield, 2011a, 2011b; Goldenberg et al., 2011). Narrative inquiry informed by a psychosocial approach, was considered the most suitable methodology because of its emphasis on thick description of participants’ narratives and its post-positivist assumptions. I described the process I undertook to choose my research approach including the methods I used to gather, analyse, and interpret the data. Strategies for maintaining reflexivity are woven throughout the chapter. The chapter concludes with a discussion of the strategies I used to ensure validity and the role of ethics in research with a vulnerable population. In the following chapter I bring to life the participants by describing their family backgrounds, their experiences in “care” and post “care” and their families of creation.

SECTION II: The Findings

My research aimed to explore the intergenerational impact of institutional “care” on parenting. To understand what may have contributed to or moderated the intergenerational impact, I needed to address two broad questions: Firstly, how growing up in institutional “care” affected survivors’ parenting and their relationships with their children. And secondly, their children’s experiences of them as parents and the children’s understanding of the impact institutional “care” may have had on how they saw themselves being parented. Section II addresses the findings to these two broad questions.

The findings draw from my interviews and observations which were developed into in-depth case studies written for each parent-child dyad and for the two parents whose children were not interviewed. The case studies captured biographical details and the narratives of each participant and their perspectives on parenting and being parented. Repeated readings of these in-depth case studies revealed common themes between “care” leavers’ experiences of parenting and children’s experiences of their parents. Evidence of these emerging themes is illustrated by rich quotations and my preliminary interpretations. The findings are divided into three chapters.

I begin Chapter 4, by describing my experience of the interview encounters. I then introduce the participants, offer my impressions of their presentation, and provide brief descriptions of their history in institutional “care” and its impact. In Chapter 5, I outline the overarching parenting themes and subthemes that were elicited from interviews with the “care” leavers. The overarching themes together with their subthemes, are situated within three categories that describe the impact on parent-child relationships: Supporting; Impeding and Mixed. In Chapter 6, I outline the overarching themes and subthemes that emerged from the children’s experience of their parents and their perception of the impact institutional “care” had on how they were parented. These are situated within two categories: Supporting and Impeding.

CHAPTER 4: The “Care” Leavers and Their Children: An Introduction and Brief Background

Introduction

In Chapter 4, I draw upon the psychosocial approach and an ethnographic sensibility with the idea of getting to know the participants as individuals with unique inner lives and relational connections that are impacted and shaped by cultural histories and social worlds (Hollway & Jefferson, 2013). Low and Eth (2006) observed that the case reports in Perry et al.’s (2006) research with Canadian institutional care leavers “may be the most compelling illustrations of the key variables that may determine the lifelong effects of early adversity” (p. 314). Hence, in this chapter, I felt it essential to introduce each participant (parents and their children) and my impressions of meeting them. I do this through brief portraits, that include a sense of participants’ relationship to their “care” leaver history and its impact. Drawing from the Life Stories/Pen Portraits in Appendices A - I, my intention is to bring the participants to life and for the reader to gain, as I did, a sense of the courage and trust that it took for the sharing of their stories to occur. Each participant had an impact on me, inhabiting me after my fieldwork and the writing up of my findings, and I imagine, beyond. I offer my experience of the interviews to further contextualise the encounters between the participants and myself.

My Experiences of the Interviews

All the children’s interviews were straightforward. They stayed on topic and responded to questions without trailing off and ruminating over their experiences. All but one of the children cried during the interviews; their depth of feeling emerging when they talked about the suffering their parents endured as small children. The tears did not appear to overwhelm them; rather, the tears seemed to reflect compassion for their parents’ torment in “care”.

In contrast, interviews with parents were profoundly moving and deeply emotional experiences, that stayed with me long after the interview encounter had ended. Like other abuse survivors in narrative research (Thomas & Hall, 2008), parents did not tell their stories in logical, sequential order. Stories weaved through an interplay of the past and present. I began each interview by introducing myself, my professional and research background, and the topic of my research. Fairly quickly the “care” leavers began to speak, their stories tumbling forth as I oriented to them, their experiences, and their family history. At times they began the interview by showing me photos of their birth family, records from their time in institutional “care”, psychiatric ‘welfare’ reports from the 1960s and 1970s, paperwork of their legal claims against religious institutions or articles from newspapers in which they had featured. Most often, they spoke at length and in depth, at times having to take deep breaths as though to steel themselves from the inevitable trove of painful emotions that would arise either through the interview, or as most participants pre-empted, at night in their dreams and nightmares.

My consistent experience was that it took from 30 minutes to one hour for me to begin to ask my open-ended questions to the “care” leavers. I stayed focused on research aims and gently redirected the participant when they appeared to be moving deeper and deeper into the details of their abuse experiences and their anger at the authorities whom they perceived as responsible for their abuse. The redirection was advised from one of my key informants who had told me that when “care” leavers find someone they trust, who believes them, and will listen to them, they can talk at length about their experiences, shifting from topic to topic without stopping to check in with the researcher. Nonetheless, the free association nature of the interviews made participants’ focus on past injustices and hurts, in some way, inevitable. It demonstrated that the participant felt safe to reveal their story. I felt I had to listen to it to be trusted. Only then, could we move on to exploring the impact on parenting. It proved too difficult to go into the present without visiting the past. Profound trauma bends the rules of linearity; past events intrude to the present as though they occurred not so long ago.

Vera, Arthur, Katie, and Alison

Introduction

Vera (58 years) and Arthur (71 years), parents of Katie (34 years) and Alison (26 years) were interviewed over a weekend. Married for nearly 40 years, with four children, Vera and Arthur share the experiences of institutional “care”, childhood abuse and parental abandonment. Arthur, 71 years of age and Vera, 58 years of age were individually interviewed in their home in regional Victoria in a quiet suburban street. A simple, neat and comfortable home, I was greeted at entry by a photo frame featuring Kevin Rudd’s (2009) ‘Apology to the Forgotten Australians’, on a table with flyers for CLAN events which Vera was proud to show me, “As you can see, we have this on display all the time”.

Vera engaged immediately, willing and ready to tell her story. At times, she spoke with a sardonic tone, shaking her head with sarcasm as she recalled events from her childhood. Throughout the interviews she cried and took long pauses, but she was determined to continue. The importance of telling her story seemed to supersede her emotional exhaustion. Vera showed me photos of her marriage to Arthur and when she described him affectionately as growing from a “spunky red headed hippy” into “an old man”, I experienced a shift from the heaviness she seemed to embody as she shared her story. She laughed, moved her body which was previously tense and still, took some deep breaths and allowed her story to unfold.

In contrast to Vera, Arthur was reserved, soft spoken, a man of few words. He sat in a chair next to me, rather than opposite me, necessitating me to turn sideways to conduct the interview. I realised he may have been avoiding face to face contact. From this awkward position (on my part), Arthur engaged in the interview, presenting as a calm, soft spoken man who

answered the questions and offered his story in a relaxed manner. I found this surprising for someone who had kept his experiences to himself for 65 years.

Arthur began his interview wordlessly. He handed me a large manilla folder full of letters and historical documents of his childhood spent in institutions. Arthur granted me permission to take photos of this paperwork that included several Breach of Parole Reports, psychiatrists' and social workers' reports, interviews with his parents and Arthur's statement to the Royal Commission. As I came to discover, reading my participants' institutional "care" files was harrowing. In print, laid before me, were anguished, despairing childhoods. I needed to pause as I made my way through Arthur's file history, replete with experiences of extreme rejection, hostility, neglect and abuse; committed by Arthur's parents and by the institutions. Arthur's emotional disturbance was so profound that a parole officer speculated that Arthur's "chances of rehabilitating himself were extremely slight".

When I asked Vera and Arthur what they remembered most from childhood, Vera said "There was no real childhood. It was rejection and guilt". For Arthur, it was "the abuse and the loneliness".

Vera: A Brief Background

Vera's childhood before institutional "care" was described as physically, emotionally, and sexually abusive. She spoke about sexual abuse from her father, rejection from her paternal grandmother, abandonment by her birth mother and being raised in an atmosphere of terror where her strongest memories are of needing protection from her father. At about the age of nine, Vera began to live with her paternal aunt and her husband.

On an ordinary day she was removed from her beloved aunt's home to live in an orphanage without any explanation. Vera blamed herself for the removal, believing that "I'd done something wrong; it was my fault". The three years spent in institutional "care" were emotionally, physically, and psychologically abusive. The threat of violence was unremittent, and Vera had to rely on her own savviness to survive. Silence, denial of pain, powerlessness and helplessness marked her childhood experiences. Speaking up was dangerous; she withdrew into herself to survive this terrifying environment. She never told anyone about the sexual abuse by a foster carer. With a raised voice Vera exclaimed, "Were you really going to tell when you'd already got a flogging of a lifetime over a mouthful of coke cola?! You reckon [the head nun] was going to believe you?!"

An abusive childhood and the trauma of institutional "care" led to serious chronic health problems and objectively unfounded fears of her children being removed from the family home by "welfare". Vera coped with the chronic anxiety by "keeping busy". However, with resignation, she told me that "Pandora's boxes had free range at night".

Arthur: A Brief Background

Arthur's childhood before institutional "care" can be described as emotionally impoverished, psychologically, and physically abusive with chronic and extreme rejection and hostility from his mother that remained unchallenged by his passive father. Arthur felt no option but to run away at age 11. He spent the next seven years in several orphanages and Youth Training Centres.¹⁵² Life during institutional "care" was harrowing, marked by emotional deprivation, cruel punishments, and ongoing sexual and physical abuse of children by the staff. Arthur was victimised sexually and disbelieved when he disclosed. He was "given a belting" by the police when he reported the abuse. He survived these years by being "extremely violent". From 17 to 27 there was a "repeat cycle" of incarceration in the adult prison system until Arthur was resolute that he had "had enough" and began to establish a life outside of the "system". Ironically, Arthur told me that despite being in a prison with adults charged with serious offences, he "was safer in the jailhouse than I was in Boys' Homes and institutions".

Upon his release from prison, Arthur moved to regional Victoria where he has lived for over 40 years. He has remained out of prison, knowing that if he ever "went back to jail ever again it would be for a pretty long time". Arthur spoke about the absence of trust and the persistent fear that had, until most recently, precluded him making any friendships or getting close to people in any way.

Like Vera, Arthur was hypervigilant about the potential of "human services, welfare mobs" taking his children. He described himself as "overprotective". Arthur attributes "full credit" to Vera for giving him the hope that his family of creation would be different to his own upbringing.

Alison

Alison, aged 28, was interviewed in Vera and Arthur's home. She appeared introverted and was reserved throughout the interview. Alison is Arthur and Vera's second youngest child. She works in hospitality, a job she said she enjoys, and she is in a relationship described as "good". When asked what she remembered most from childhood, Alison recalled the fun times she had in the family's holiday home. She described the games she played with her sister Katie and laughed as she said, "I was a real princess. I was spoilt. It was good!".

Alison's narrative and responses were brief, and surprisingly, I found myself feeling uncomfortable with too much silence. I wondered if my discomfort mirrored Alison's experience of avoiding an inner space where feelings may emerge. My feelings felt validated halfway through the interview when Alison's aloof and casual attitude gave way to tears when she spoke

¹⁵² Youth Training Centres were for child offenders, but were also used to house other children deemed "uncontrollable". (Australian Government, 2017b, Vol 11, p. 38).

about her parents' vulnerabilities in institutional "care". This display of emotions seemed to make her uncomfortable. She struggled to access, explore, or describe her feelings in a nuanced manner. In this regard, Alison was the only participant whose overall narrative could be described as lacking detail.

Katie

Katie aged 34 years of age is the second eldest in her family. She has an eight-year-old daughter and a three-year-old stepdaughter. Her current partner was described as "completely different" from her elder daughter's father, from whom she is estranged due to family violence, criminal activities, and mental health concerns. Katie works in administration in her partner's business. She described their relationship as supportive and loving. When asked what she remembered most from childhood, Katie also recalled the family's holiday home, "playing with my brother and my sisters and being a family and running around with my little sisters".

Katie was interviewed in her parents' home. She was warm, open, relaxed, and easy to speak with. Katie left an impression of being at ease with herself and this was experienced by me as my own ease in her presence. Her responses were considered, reflective, and insightful. Katie and Vera endeavour to keep the family connected through hosting family gatherings, making regular phone calls to family members, and sending regular phone texts which were referred to as "welfare checks". Katie's narrative seemed to highlight the importance of family in her life.

Isabelle and Emma

Introduction

Isabelle, aged 61-year-old, was interviewed in her home in regional Victoria. Situated in a quiet cul-de-sac dotted by manicured gardens, Isabelle's home interior reflected the aesthetic of someone who possesses aesthetic sensitivity and values the importance of image. Much like her home, Isabelle seemed to possess grace, style and confidence. Her presentation was in stark contrast to all other "care" leavers I came to meet during my interviews. Isabelle's appearance suggested that image is important and must be cultivated to its full extent. She referred to having to "run on how I look. That's what's gotten me through." Isabelle has always been employed and currently runs her own successful business. We held the interviews seated on plush leather couches, which were positioned in such a way as to allow me to absorb the vibrant artwork around the home. I became aware of the halo effect (Forgas, 2011). I found myself being captivated by the striking aesthetics so much so, that I had to make a conscious effort to re-orient to her story and the trauma of her childhood. I wondered about what was happening beneath the surface of her immaculate appearance.

Isabelle's story unfolded over two days. On the second day she seemed to allow herself to recall the painful memories that she said she has worked hard to bury. Her insecurities emerged in the briefest of comments, for example, when Isabelle said, "I always check myself". She told me she would wonder, once I had left, whether she had "sound[ed] like a fucking idiot" during our interview. At times, her narrative trailed off and she became distracted not answering my questions directly. Her exclamations, swearing and variations in her tone seemed to take her by surprise. Immediately, she would make prompt efforts to calm herself again and to present as composed and eloquent.

Isabelle: A Brief Background

Following her mother's death, Isabelle was placed in an orphanage at age one by her father. She said, her father "tried to keep me" however, the legal system at the time did not allow a single father to raise a child. At age 17, Isabelle left the orphanage and began life as a "free" person. When asked what she remembered most from childhood, Isabelle faltered before saying "growing up in the orphanage I suppose" and then elaborated her narrative with themes of illness, domestic chores, church attendance and playing with other children. She was indignant when she recalled her anger at the absence of love and warmth: "Without feeling sorry for myself or anything, I didn't have a childhood! Like you never ever had anyone come up and just love you and look after you. Never. Nobody cared."

Isabelle rarely spoke about her childhood until she reached her 50s. Her goals in life were to "to be successful, and wealthy and part of the community". She said she never "play[ed] the orphanage card". She "would rather deny the situation and make out I was someone else". Despite the absence of conversation about it, her painful childhood seems to haunt her. She spoke of feeling "unimportant" "annoying to others" and described incidents of abuse and "horrific stories" of physical assaults that have left long term damage to her body. She recounted cruel and unusual punishments, such as being locked in a room with her deceased 10-year-old friend. She described psychological abuse including depersonalisation, "I was number 46. On my clothes everywhere and I was number 46 and I remember that number. I wasn't a little baby, or a little girl or a teenager. I was a number." Careful of the memories she shared, Isabelle's voice trailed to silence when she said, "There's so many other things I can't even talk about. I can't even remember....". Throughout our interviews, I had this sense that she was very good at maintaining emotional control but occasionally, she would allow herself to get angry, swear and cry, hinting that beneath the glamorous persona, there was a deeper reservoir of painful stories, loneliness, resentment, anger and hurt.

Married for the fourth time, Isabelle smiled as she talked about her "beautiful" marriage. She described her three daughters as close to one another and to each of their

parents. In 2014, Isabelle moved to Australia from overseas to be near her daughter Emma who had recently had a baby. Isabelle's eldest daughter lives in North America where she holds a senior role in a corporation and her youngest daughter lives in Europe and works in the arts.

Emma

Emma, aged 30, is the second of Isabelle's three daughters. Her interview took place in Isabelle's home, which she visits regularly. Emma described being happily married to her husband of nine years with whom she has a one-year-old son. Emma and her husband work together in their own business in the field of agriculture. Emma was well spoken, well groomed, easy going and personable. She quietly wept as she spoke about her mother's childhood. Like Isabelle, Emma does not talk about her mother's childhood with anyone else. When asked what she remembers most from childhood, Emma said:

We were very lucky as kids, as an adult now I see children, now I have a child too and think gosh we were really lucky. ... We spent a lot of time together as a family. Dad always worked a lot, but we'd sit down and have dinner with mum. I feel we were very loved, that's for sure.

The relationship between Emma and Isabelle seemed characterised by warmth and love. I saw this in their interaction and through the many examples Emma used to illustrate her love for her mother.

Dorothy and Laura

Introduction

Dorothy, a 64-year-old "care" leaver and her 48-year-old daughter Laura, flew from interstate to participate in the research. Dorothy and Laura were interviewed over two days in the rooms from which I hold my psychology private practice. Dorothy was the most vulnerable participant in my research. She presented as depleted; a legacy perhaps from a childhood where she felt she was a "a little unwanted bastard child". Her narrative was replete with self-recriminations, self-loathing, despair, and overwhelming experiences of rejection. Dorothy suffers from a range of clinical diagnoses including bi-polar disorder, borderline personality disorder and PTSD. She was the only research participant who regularly receives treatment from a psychologist. During the interviews, she tore tissues from pervasive anxiety. Dorothy's narrative spilled out, rapidly, as though a dam holding her torment had burst. She spoke for an hour before I felt I could ask a question. She displayed tangential thinking, veering from topic to

topic. Despite her emotionality, Dorothy did not want to stop the interview at any time and thanked me repeatedly for the opportunity to tell her story.

Dorothy: A Brief Background

Rejection and abandonment marked Dorothy's life from birth. Her birth mother relinquished her to a 'Babies' Home' at 12 days of age. At age eight, Dorothy was returned by "the government" to her birth mother, stepfather, and multiple siblings. This experience seems best described as intolerable. Dorothy was abused, scapegoated, and beaten repeatedly. Her birth mother blamed her for her younger brother's birth disability. After two years, at age 10, Dorothy ran away. She spent the next four years in institutional "care". From institutional "care", she was a chronic runaway. Flashbacks of long-term sexual abuse continue to plague her. At 16 Dorothy gave birth to Laura. Dorothy frequently used the word "damaged" to describe herself. She woefully remarked, "I've always felt deep down that I was damaged goods from birth." Multiple suicide attempts occurred in front of her children to whom she would bemoan: "I want to sleep", "I want to die", "By the time I'm 30 I'll be dead".

When asked to reflect on what she remembered most from childhood, she said, "The bathing routine" in the orphanage; an ambivalent memory because Dorothy said she assumes she was abused during the bathing, but at the same time, bath towels provided her with comfort, "The only way I got contact back then was from the towelling". To this day, she said her only touch comes from towels and her two children. Dorothy said she does not let anybody else get physically close to her except her daughter Laura. Parenting was a profoundly difficult experience for Dorothy and throughout her interview, she lamented the abuse she had inflicted on her children when they were young.

Laura

Laura's presentation was in stark contrast to that of her mother. I experienced her as elegant, gentle, softly spoken, thoughtful, emotionally contained, and non-blaming. I felt very relaxed and calm in her presence and our solid rapport was established immediately. Her presentation and outwardly achievements did not seem to correspond to the extensive trauma of her childhood. Laura told her narrative in a steady, gentle pace.

Aged 48, Laura said she is happily married to Alex with whom she has been in a relationship with since the age of 22. Together they have a son aged 16 and a daughter aged 12. Laura works in a senior government role, a position she enjoys, although as she told me, her real "passion is in women's rights". When asked what she remembers most from childhood, Laura's composure gently yielded and she wept as she recalled, "Worrying the entire time. Talking to God a lot. Praying the entire time."

In Laura's narrative were stories of her mother's multiple suicide attempts, violent and destructive outbursts, beatings, emotional manipulation, frequent relocations due to being unable to pay rent because of mismanaged money and overspending on "jewellery and horses", changes of school and her mother's multiple sexual partners. She described her mother as impulsive, with no capacity to plan, no foresight, and an absence of consideration for Laura's and her brother's welfare. Laura described extreme neglect that resulted in Laura's parentified behaviour from the age of four and included Laura waking herself up each morning, cooking meals for herself and her brother and walking alone for up to an hour to get to school.

At no stage did Laura allow self-pity to enter her narrative. She was gentle and spoke with ease, her memories coming forth coherently and cogently. Laura told me she had found the interview process "very therapeutic" and that because she had felt at her ease with me, she had found herself talking about her childhood more than usual.

David and Joe

Introduction

When I first spoke to David over the phone, he politely asked for my birthdate. He said this was because he can then "see who I'll be talking to" by "doing your numerology". After several seconds of working out "the numbers", David sound pleased and assured me (and perhaps himself) that I am "in the right job that's for sure!" He talked about the importance of numerology in his life, "When I do someone's chart it opens up a huge part of the planet and the connections between us. We are brothers and sisters on this planet". And with this beginning, David set the tone for what transpired to be a moving deep interview about the grim realities of suffering and the transcendence that is possible. The interview with David, aged 66 years, took place over a three-hour meeting in his home in regional Victoria. David lives alone in a neat minimalist home surrounded by a tranquil landscape. A week later, I met with David's son, Joe aged 42 years, in the home he shares with his wife in the outer suburbs of Melbourne.

Tall and proud, David's easy smile greeted me at his door. A very organised man with meticulous attention to detail, David offered symbolic reflections of his history in the form of music, artistic photos, an excel spreadsheet documenting the 'Homes' in which he had lived, and his formal statement to the Church about the abuse he suffered in one of the Church's institutions. David provided me with a USB stick that documented his entire history in "care" in a timeline compiled by his own research over the last decade. He showed me precious photographs of his siblings and I had the distinct impression, verified later by him verbally, that he does not share these easily.

At times, David's story evoked such painful memories that his eyes welled with tears and the emotion threatened to overwhelm him. David however, appeared to know himself and his

triggers well, and in those vulnerable moments, he paused the interview, breathed deeply, and calmed his emotional and physical self with techniques mastered through years of studying meditation and yoga. A deeply soulful man, it felt important for David to communicate to me that he was not a victim, but a survivor who has made meaning out of the devastating experiences of years in institutional care.

When asked what he remembered most from childhood, David said, “Freedom. I needed freedom. I felt like I was in a prison. There wasn’t [sic] any steel bars or anything but emotionally it was a prison”. And so, began David’s quest for freedom in the only form available: his mind. Within his mind David has cultivated a spiritual landscape which he said has empowered him to transcend the chaos of his early years, fostering in the process, his musical talents and a philosophy with Buddhist leanings that allow him to be liberated from the pain of his early life.

David: A Brief Background

David and his siblings were removed from their parents’ care following extensive family violence perpetrated by his father towards his mother that resulted in her hospitalisation. David’s mother suffered from chronic mental health problems related to her experiences as a Child Migrant from the United Kingdom. She was in and out of psychiatric care for much of her life. From age five to 15, David was in institutional “care”. Separated from his beloved siblings due to the gender and age segregations in institutional “care”, David said he was heartbroken. His body shook as he recalled the pain of not being allowed to see his siblings. For 10 years, David was shuffled between four different institutions, separated from his siblings, and designated a “Ward of the State”. David’s account of his life in institutional “care” was laden with experiences of severe psychological, physical, and sexual abuse and neglect. To illustrate this point David recalled the “floggings with razor straps, canes and belts”. He seemed haunted as he continued, “But these were the good punishments. I won’t talk about the bad ones. There’s stuff that you can’t talk about; stuff I’ve buried”. Powerful metaphors described the betrayal he felt as a child, “The abandonment was the equivalent of someone landing on a desert island on their own and going insane”.

His profound despair led to alcoholism which eventually gave way to deeper questions about the meaning of life and the nature of existence. Yoga, meditation, philosophy, and music provide David with solace. To this day, he creates music and sings in his community, providing him with deep satisfaction: “Music moves me and when I see it move elderly people, it brings me to my knees”.

Joe

Joe, aged 42, was interviewed in his home office where he works as a photographer. A tall, stocky man, with an intimidating persona, Joe impressed me as an intense person. Joe described his marriage as positive but did not elaborate. In his response to my question about what he most remembers from childhood, Joe replied “The discipline. Family to a point. Lack of friends”. Themes of loneliness, betrayal and breaches of trust lingered throughout his narrative. He said his parents “weren’t around very much” and that his maternal grandmother mostly took care of him.

Joe teared up when he spoke about his feelings towards his father, especially when he showed me professional photographs he had taken of his father. I became teary too and, in that moment, I felt the love Joe had for David. Joe confirmed these feelings as his tears fell. The display of emotions seemed to take him surprise and he chuckled as he gently joked, “Stop the tape! Mary, you’re making me cry! Stop the tape!” Joe’s participation in the interview reflects his care for his father. He was definitive that, “I wouldn’t have done this interview but because it’s important to my dad, is the reason I agreed to do it”.

Eddie and Gabrielle

Introduction

Eddie, aged 54, was interviewed in his home, on an expansive tree-lined 20-acre property in regional Victoria. Eddie pointedly told me that because he does not like to be around people, his property offers a retreat from the outside world. Eddie’s hospitality made me feel immediately at ease. Knowing the nearest café was a 15-minute drive away, Eddie’s thoughtfulness was demonstrated when he ordered readymade sandwiches for us to eat at lunch. He told me that despite his shyness and introversion, he wanted to tell his story because it may be important for his daughter Gabrielle to know it. But emphatically, Eddie also said, “I want to get it out. I want people to know”. When asked what he remembers most from childhood, Eddie was clear: “Sadness. That’d be it. Yep. That’d be all I can say really. Just sadness. Yeah, yeah, there were some good things but overall, sadness”. Eddie did not cry or become overtly emotional during our interview. He let me know early on that he does not really “do” emotions.

Eddie: A Brief Background

Eddie began the interview by handing me his entire “Welfare file” for me to look through and take home to read. Eddie could not recall his childhood before he was placed in institutional “care” at age five. Social Welfare records provided some clarity, stating that Eddie and his three siblings (one elder and two younger) had “no visible means of support. Mother had deserted and

father was unable to cope". Raised with neglect and a plethora of lies told to him by both his parents about one another's abuse and abandonment, Eddie to this day said he does not know whom to believe. He remains estranged from his mother. Eddie described his father as a man who was unable to secure employment; an alcoholic who was unreliable and self-absorbed. Eddie was unequivocal in describing his life in "care" as devoid of love. Of the 'carers' he said:

They didn't give a toss. It was a different time. The whole time I was there I was never told I was loved. Never touched or hugged or anything like that. I hated being a number. I was '85'. Not Eddie. The way we were treated like pieces of dirt, that's the way it was. You just did what you could to not get a beating.

Like all other "care" leavers, Eddie described life in the institutions as "horrible". He provided examples of physical and sexual abuse from the Brothers, and from the other boys in the Homes. His helplessness felt palpable when he indignantly recounted, "You knew what was going to happen [sexual abuse] and you couldn't do nothing about it! You couldn't tell anyone; you'd get the shit beaten out of you! None of the boys told".

Eddie spent 11 years in several orphanages before running away at age 16 and finding employment and a flat in Melbourne. He was befriended and taken in by a well-known notorious criminal gangster and his wife. Eddie described that time of his life as "brilliant, I loved them". It was with irony that Eddie reflected that he felt safer with a hardened criminal than in institutional "care" run by the Church and overseen by a government welfare department. Like almost all the "care" leavers I interviewed, Eddie has chronic trouble with sleep. He self-medicates nightly, with alcohol and cannabis. Despite the abandonment, hardship, abuse and instability, Eddie runs a successful business, he has a happy stable marriage to his wife of 30 years and a home which provides him with safety and comfort. He finished the interview by letting me know that "I'm proud of where I am now. One of my mates, he says, where I am compared to where I've come from, is amazing and I agree with him."

Gabrielle

The youngest participant in my research at age 20, Gabrielle, was interviewed in her parents' home where she was raised. She said she likes to visit often and immediately told me that she is close with both her parents. She expressed a curiosity and interest about the research and inquired whether the other "care" leavers' children had similar experiences to her. Gabrielle presented as a serious, mature, and thoughtful young woman. She is employed full time in a senior retail role. She is also an athlete who competes at national level. Framed newspaper

articles featuring her sporting achievements were mounted on the walls of the house. Gabrielle lives nearby, with her 20-year-old partner and their two cats.

Gabrielle's narrative was rich with vignettes about her father's extended family and the implications of institutional "care" on all her relatives. In this regard, she was the only participant who made reflections about relatives who had been in institutional "care". She was also the only child participant to reference extended family. This may be related to her father's siblings living within proximity, and the regular contact that occurs between them. When asked what she remembers most from childhood, Gabrielle was thoughtful. Eventually she responded by saying, "Innocence I guess would be a good word for it. No responsibilities, no understanding of the world I guess, you don't know how things really are. Happiness as well". This sentiment foreshadowed her narrative about the emotional challenges she came to face as a young adult.

Reg and Amy

Introduction

Reg's two interviews were conducted at a Latrobe University consulting room to which Reg travelled from his home in the outer eastern suburbs. Retired at age 61, Reg said he enjoyed the commute to the university because he likes "leaving the house". Reg is the father of three children, 28-year-old Amy, 27-year-old Nikki and 26-year-old Stu. Over two interviews, Reg spoke about his experiences with ease, although his knowledge about aspects of his family history was at times vague. For example, he did not know his beloved grandmother's first name. He left me with an impression of a man who avoided emotions by focusing on reason and rationality. He confirmed my impressions by letting me know during the second interview that he has been "emotionally shut down" for many years.

When asked what he remembers most from childhood, Reg said that it was spending time at his grandmother's home and if he was not there, he would be spending time "on the streets". He recalled "a lot of freedom" and parents who were largely absent, deserting the family home and being incapacitated due to their severe alcoholism. He found consolation in activities outside the home. Reg entrusted me with a USB stick of his "care" records at the beginning of our meeting, telling me he felt comfortable to do this after he made a quick judgment about my trustworthiness.

Reg: A Brief Background

Reg's childhood before institutional "care" was described as chronically challenging due to his parents' alcoholism, his mother's frequent and prolonged abandonment of Reg and his five siblings, and his stepfather's unstable employment which led to poor rental history and regular evictions. At age nine, Reg and his five siblings were abandoned by their parents and

found standing on the side of the road. Efforts to locate the parents failed and thus, Reg and his five siblings were made wards of the state and admitted to institutional “care” for the next seven years.

Reg repeatedly said that during childhood, he had “turned off” or “shut down” and thus, he wondered whether he had forgotten aspects of his institutional “care” experience. Although Reg denied experiencing or witnessing sexual abuse, he was aware that “vulnerable kids were prime targets”. He recalled being hit with implements but reasoned that was the punishment of the era, not just in the orphanages. He reflected that “You shut off a lot of things. You do. You shut off so many things you don’t want to know”. Reg was the only person in my research who remained permanently estranged from both his parents.

After working as a tradesperson, a workplace accident led to a disability pension in the 1990s. Unable to work, Reg chose to spend much of his time with his three children; something he recalled with fondness. Reg sees his children regularly and described his relationship with them as very close. He also volunteers in the community and holds a position where he helps vulnerable adolescents engage in school. Reg referenced many friends whom he regularly visits. He said they appreciate him for his problem-solving capacities, and they comment on his successes, remarking that “You’ve done really well considering what you’ve gone through”. Nevertheless, an absence of trust and the presence of suspicion remain long-standing themes in Reg’s life and examples of these were dotted throughout his narrative.

Amy

Amy was interviewed in her home in the outer suburbs of Melbourne and shares her home with her 35-year-old fiancé and his 10-year-old son. Amy welcomed me into her home with ease. Like her father, she was friendly and appeared relaxed throughout the interview. She responded to questions factually and she was the only child I interviewed who did not become visibly emotionally moved throughout the interview. Amy works in a welfare role with vulnerable children; a job she said is very important to her and meaningful. She is also completing a post-graduate degree in social work.

Amy, like all the other children in my research, agreed to be interviewed because it was important to her father. She described their relationship as “close”, demonstrated by their frequent communication and contact, either in person or on the phone. Amy recalled a “good” childhood without any identified traumatic experiences. When asked what she remembers most from childhood, she reflected:

Probably playing with my brother and sisters at home. Going camping a lot with my mum and my dad. We used to do a lot of outdoors stuff, we had horses and we were forever playing outside. Yeah, it was good.

George

Introduction

George, aged 70, was interviewed in his home in regional Victoria over two days. As we began our interview, George told me that he decided not to ask his son, Brent, to participate in the research because his son was overwhelmed with work and parenting commitments. He also revealed that because his relationship with his son had been tenuous in the past, he did not want to “upset” his son by raising difficult matters from childhood. George was friendly, talkative, and engaged immediately. He showed me around his home, proud of the space he has created from “Department housing”. The importance of aesthetic comfort was evident. George’s home was a warm, comfortable, tidy, organised space, adorned with colour and flooded with natural light.

George lives with his beloved dog, Sadie, who sat by him as he narrated his story. When he became emotional, Sadie looked up at him, appearing to offer comfort with her attention. As we ended our interview on the second day, George spent over half an hour showing me old family photos, describing each person in the picture. I felt very moved from being invited and welcomed so warmly not only into his home, but also to what felt to be the inner sanctum of his private world: a box containing precious family photographs, threads that weave his family story into a coherent narrative. Through tears George, holding the family photos, provided cogent and eloquent examples of the challenges he has faced, the many twists, unexpected losses but also heart-warming surprises.

When asked what he remembers from childhood, George’s answer was elaborate and, in some ways, it seemed to cover his life themes of abandonment, adoption, dislocation, anger and loss. He recalled “Having a nightmare of being in a cot and looking up and this lady looking down at me smiling then teary eyed”. George elaborated that this memory was from the Babies Home where he spent the first five years of his life after being abandoned by his birth parents. This set the tone for a moving story that was painful to share. At times, with a shaky voice George cried and I too became teary as I listened to his story.

George: A Brief Background

At age five, George was adopted from the Babies Home to which he had been relinquished as an infant. At nine, following his adoptive parents’ divorce, George moved into an orphanage in which his (adoptive) mother had found employment. To his shock and dismay,

George and his mother were kept apart. George was not given an explanation as to his mother's whereabouts. His anguish and longing for her was met with punishment by nuns. Years later he learnt that she had been institutionalised for psychiatric problems. Upon her recovery, George and his mother moved to regional Victoria. Despite their financial hardship, he recalled fond memories and described this period of his life as "lovely". George's description of the 18 months he spent in institutional "care" was bleak. He described it as austere, punitive, and traumatic:

A regimented life. It was no fun. There was no joy. No sharing. Food was awful. The kids resented me because I had a mum over there, the big boys bullied me because I had a mum. I couldn't go see my mum, they made sure neither of us had contact. I was a bed wetter. I would have to stand in front of everybody and have the sheets rubbed in my face.

George was physically and sexually assaulted by a "carer" in the orphanage where he was housed. He is convinced the rape derailed his development more than the other traumas inflicted upon him. Like all other "care" leavers in this research, emotional problems precluded George from concentrating and learning. He described his "mind was all over the place and I was disruptive".

At age 21, George married and soon after, Brent, now aged 48, was born. Some years later, George divorced, and subsequent relationships repeated patterns of conflict, confusion, abandonment, anger, depression, and addiction to pain killers. A "breakdown" occurred when his son turned nine – the same age George was when he had been raped. George had begun to worry that Brent would be sexually assaulted. "Things started falling apart" and emotional chaos followed, described as "Nice one moment, volatile the next". The impact of institutional "care" led to aggression, "I learnt to fight out of that place."

Eventually, George came to realise that his anger was related to what happened to him in childhood. In his 50s, George sought to better understand himself and after intense self-reflection, he began "making amends" to those whom he had hurt. Parenting was a challenge, although grand-fatherhood seems to have provided a healing experience for George and Brent. George is aware that many "care" leavers have "been so destroyed" by their childhood experiences, however, he contemplates a different perspective for himself:

I feel like I got out, I rebuilt my life. In a strange way I've been lucky. I'm resourceful, I'm determined. I'm not defeated. I'm actually rising now. I'm coming to my golden years and so I'll never put it behind me; it's part of my life's journey but I never want to relive it every day.

Tony

Introduction

I interviewed 61-year-old Tony in his home in regional Victoria just as he was about to go overseas for his annual holiday. He said he feels more at home abroad than in Australia. Tony was estranged from his three children; the estrangement from his son had occurred just prior to our interview. Tony's home was furnished with striking art and unique furniture, reflecting a long career and passion in interior design. I felt immediately at ease and Tony was friendly, straight talking and engaging. He lay on his couch and animatedly told his story. Occasionally, he became so impassioned from his reflections that he would sit up, abruptly shaking his head with disbelief at the injustice he had experienced in institutional "care". The experiences inhabited the room as though they were current; not from 45 years ago. At times, he sighed heavily, appearing to be exasperated at his lack of understanding why painful and confusing patterns in his life continue to re-appear. A tough, self-assured man, Tony narrated his story with a depth of feeling that reflected his sensitivities and the profound hurt he had suffered. When asked what he remembered most from childhood, Tony reflected:

Being unhappy. I was very emotional. I can remember in Second Form wanting to jump out the window, crying. See I think there was a lot of emotional stuff at home that I'm not fully aware of that went on that affected me. ... Back in those days nothing was ever talked about, but you knew something wasn't right. So, you take this baggage to school and you can't concentrate because you're going through all this shit. And you never know if you got a home or not.

With this introduction, Tony set the tone for what I anticipated to be a reflective contemplation on the impact of institutional "care" on his life and parenting. What emerged however, were internal feelings of being 'in the dark' because although Tony could speak animatedly about his story and his experiences, when it came to talking about his children he sighed heavily, became quiet, flat and stumbled with his words, leaving sentences incomplete. This was further confirmed by stating that parenting and relationships were for him "totally in braille!"

Tony: A Brief Background

Tony recounted a physically abusive childhood characterised by parental abandonment, addiction, family discord and intergenerational alcoholism. At age 13, Tony was "sentenced" to two years in a Boys Home for "uncontrollable behaviour". The reasons eluded him, "I was sent to a prison straight from my house. And I had no idea. Nothing." He described feeling confused,

scared, angry, unable to neither think nor concentrate. His mother rarely visited, and his father did not visit at all. Tony recalled witnessing multiple violent physical assaults and inhumane punishments in the Home. He described being forced like “slave labour” to work 60 hours a week “for a packet of tobacco”. He said several staff were in “paedophile rings” and many have since been incarcerated due to child sexual abuse offences.

Tony was raped by his work supervisor and when he summoned the courage to tell the Superintendent of the Home, he was threatened with incarceration at Tamworth;¹⁵³ a place he described as “the brutal of most brutal things to go to. We all knew that. That was always the threat”. Tony withdrew his complaint but then, with the greatest irony and disbelief, Tony said the police charged him with “three counts of buggery and I got another two years [prison] at age 15”. Tony continues to be in a legal battle “fighting” with the two detectives who wrote the report and falsified documents. He advocates for himself via the media; no longer afraid but still ridden with shame.

The experience of institutional “care” was described as “hell” and left Tony in a state of scared watchfulness and silence. “The anxiety of it. You lived on the edge all the time, what’s happening? What’s coming?” He talked about his feelings of shame, self-blame, and confusion for the sexual victimisation he endured. Upon leaving institutional “care” at age 17, Tony found employment. He also became an alcoholic, a drug abuser and involved in crime. After several years of criminal activity and time spent in and out of prison, Tony somehow realised that “This isn’t right. I can do better than this”. He travelled the world and with the help of Alcoholics Anonymous, became sober. However, like Dorothy and Eddie, he self-medicates with cannabis, using it to relieve feelings of depression and anxiety.

Tony married in his mid-20s and had three children, who are now aged in their 20s and 30s. He described marriage as “horrendous” and after 20 years he divorced. Intimate relationships continue to be a challenge; commitment feels unsurmountable. He bemoaned, “I can’t commit! I don’t trust anyone enough”. Tony’s relationship with his children, now aged in their thirties, was difficult for him to describe. Parenting was and continues to be a struggle. He is the only participant estranged from his children. It was not always this way, but he does not understand what went wrong and sadly, the reasons for their estrangement continue to elude him.

Summary of Chapter 4

As context setting for the findings section, the aim of this chapter was to introduce the participants through brief portraits, drawing together my impressions of meeting them and their

¹⁵³ Tamworth, an Institution for Boys, was established in 1947 as a place of punishment for boys aged 15 to 18 who absconded from other boys’ homes (Thompson, 2011).

recollections that conveyed some of their individual history and experiences as “care” leavers. The parents and their children were unanimous about the trauma incurred in residential institutions. With varying degrees of emotional intensity, they shared their experiences with candour. All the parents described either being victimised or witness to extensive and chronic physical, sexual, psychological abuse, cruel and inhumane punishments. Lifelong impacts such as permanent physical injury, mental health problems, addiction, struggles with trust and relational injuries were shared themes.

CHAPTER 5: The “Care” Leavers’ Experiences of Parenting

Introduction

From the narratives of the parents I interviewed, several overarching themes and their sub-themes emerged that seemed to describe both practices that promote or support closer relationships with children, and experiences that impeded or hindered relationships with children. I categorised these as Supporting or Impeding. Supporting the parent-child relationship were three overarching themes: Doing the opposite; Learning from others; and Overcoming adversity. Impeding the parent-child relationship were four overarching themes: Emotional and physical distance from children; Aggression towards children; Volatile intimate relationships; and Living a troubled life. A third category emerged that I characterised as Mixed because parent-child relationships may change for the better or for the worse with the passage of time. Within this category were two overarching themes: Positive changes in relationships with children and Estrangement from children. The factors that contribute to these changes will be discussed in Chapters 7 and 8.

It is important to note that the differentiation between the subthemes is drawn for the purpose of data analysis and the convenience of reporting. However, the subthemes are interlinked, woven throughout the complexity of narratives. They do not naturally occur as independent phenomena.¹⁵⁴

Supporting the Parent-Child Relationships

Doing the Opposite: “I tried to do everything the opposite of what happened to me.”

Parents described “doing the opposite” with their children to how they were cared for in institutional “care”. They referred to wanting their children to feel loved, cared for, safe and that they belong to a family. They spoke of commitment and resolve to parent differently to how they were parented. This is exemplified in Vera’s reflections that “You do the best you could to make things in your family how you thought they should be, *not* how it was for you”. Perhaps this parenting approach was driven by her belief that “abuse in families is generational and unless someone is pig headed and stubborn enough to say they’re going to break the cycle, it’s going to keep going”.

¹⁵⁴ For example, within the overarching theme of ‘Doing the opposite’, parents demonstrated the importance of family in their lives through their protection of and by listening to their children so that their children know that a parent is available for them and cares for them. Communication was thus encouraged by parents to their children so that the children were not afraid to speak with their parents. Furthermore, in the context of a close relationship, open communication offered parents the opportunity to ‘check in’ on their children’s wellbeing. This example of the overarching theme ‘Doing the Opposite’ encompasses a number of sub-themes including: Knowing someone’s there; Protective parenting; Communication.

The following subthemes of 'doing the opposite' emerged from parents' narratives with respect to their parenting: having a close relationship with your children; commitment; knowing someone is there; protective parenting; communication and having aspirations for your children.

Close relationship with children: Listening and Being Available: "Everything revolves around my three girls." "Care" leavers told me they had been abandoned or placed in to institutional "care" by their biological parents.¹⁵⁵ Yet, none of the parents in my research relinquished their children to state care. Their parenting approach was often described as "doing the complete opposite of what was done to you". Children became the focus of some parents' lives, articulated for example by Isabelle's remark: "It's that thing where I'm all about my three girls. Everything revolves around my three girls."

For many, family was considered the "most important thing", and "it's all you got". "Care" leavers felt the chronic ache of longing to belong. They insisted on the need to create a home where their children felt that "they belonged". They recalled painful feelings of not having a family and of not belonging anywhere as children. Isabelle lamented, "You don't fit in anywhere when you're in an orphanage. You were always in the way". She recalled that as a child, "I used to think to myself, I was wasted for not having a family. I wanted it more than anything". Eddie shared the same sentiment. With angst, he told me, "All I wanted was to be normal like everyone else with their families!".

The loss of family and feeling unloved bore heavily on parents and they vowed that their children would not have the same experience. Isabelle, for example, tells her children that "I love them all the time. And when we speak on the phone. Always. I never let them out the door before saying 'I love you'. I probably hound them with it". Isabelle described her family as close, "We are a close family. The support is always there, and I was really involved with the kids".

In contrast to their experiences in "care", parents described the importance of listening to their children. They recalled their childhood loneliness. They spoke of not having anyone with whom to share their fears of abuse, their pain and their grief. Furthermore, they each recounted being punished for disclosing abuse. Arthur for example told me that "I told the police what was happening, and they'd bash me and take me back to the orphanage". Reg, who also spoke of loneliness and the loss of family said it was important "to have a connection with your kids so that they talk to you". This included listening to them:

¹⁵⁵ "Care" leavers were placed in institutional "care" for various reasons. Parental abuse and neglect were described by all but one participant. This participant was at a loss as to why her extended family never came to claim her. Most "care" leavers spoke about being left on the street or dropped off at a police station; others were relinquished to Homes by single parents who could not look after them, perhaps due to a lack of financial or social support (SCARC, 2004).

I stopped to listen to them. So rather than being put down the way we were put down, I stopped and listened to what they're saying. So they sort of feel like they have an opinion and they get to express it.

Reg, used the metaphor of a "circle" to describe his relationship with his three children:

You have your friends and everything, but your closest part is just the four of you. It's like a circle. My friends said its wherever we went it was the four of us walking around talking all the time no matter what the party is. And people would point that out.

Parents described creating a "warm, loving home" to compensate for what they as children did not have. This is illustrated by Isabelle's reflections:

Actually, having children made me think about how much I didn't have. And with that, I've probably overcompensated a lot. Kids need physical affection more than anything. Kids need to know they are loved and that they are worthwhile. We compensated for what we didn't have as children. I wanted them to have the whole thing. A beautiful home.

Although one parent I interviewed was estranged from all his children, and another was estranged from one of her two children, the remaining "care" leavers had ongoing relationships with their children. The themes of connectedness and closeness emerged as parents described the need to spend time with their children; either through visits or through phone contact. For three parents the importance of 'closeness' resulted in their relocating to be in closer physical proximity to their children.

Commitment: "You just never give up." Another subtheme to emerge was the parent's 'commitment' to their children's welfare. This was exemplified by comments such as "you just never give up" no matter the challenges faced. In contrast to their own experiences of abandonment and relinquishment to institutional "care", the parents ensured their children did not enter the "care" system. Parents spoke of harrowing stories of repeated abandonment that led to them becoming wards of the state. Arthur, for example, described his mother's "hatred" and "rejection" of him as so extensive that a case history from the Youth Training Centre he was housed in reported that Arthur's mother "has no insight whatsoever into her rejection of the child. She has tried for years to place him in an institution". When he became a father, Arthur

was determined that “once you had children, you couldn’t let it fail. It didn’t matter what you did, children going into “care” was not going to happen.”

Parents talked about the challenges they faced with parenting their teenage children which included delinquent behaviour and absconding from home. Nevertheless, their commitment, despite the hardship, did not wane. Arthur, for example was resolute:

We’ve had some blow ups with the kids, but we just never gave up. You always keep an eye on them, given them a phone call here or there. It’s perseverance. I was close to giving up but [my wife] (also a “care” leaver) said, ‘You just don’t ever break the contact’.

George said he stayed in a very unhappy marriage so that his son had a father in the home. He told me that he did not want Brent “to be left like I was. I was going to be a parent that was always around”. In reflecting on the importance of this commitment, George said, “Well I’m just glad that I stuck it in for my son. That I’ve been there for him all the time, that I didn’t walk away like a lot of people in my circumstances would”.

The parents’ determination that their children would not go into state care, seemed to be spurred on by their brutal memories of their experience of institutional “care”. They told me stories of sexual abuse, physical violence, inhumane punishments, like being ‘flogged’ to the point of collapse or until they bled, being made to eat their own vomit, having to wear their urine-soaked bedsheets and being referred to as a number and not by their name. Some spoke about watching other children being abused and one mother recalled being locked in a room with her deceased ten-year-old best friend. None were informed about what happened to their birth parents, yet they were all told they were unwanted.

The commitment for a close family was a particularly strong theme. Arthur, for example stated, “you just don’t want your kids going through what you went through. You wouldn’t put an animal through that”. The fact that their children knew of their parents’ commitment was an important component to this theme. For example, Arthur assured his children that, “Here, the front door is always open. Come home. Don’t ever be scared to go home”. In reflecting on not wanting to repeat his own institutional ‘care’ experience, he affirmed to his children that, “There’s no one going to yell at you, we’re here to help”. For Reg, a commitment to his children and “family life” meant foregoing job promotions so that he could “have the weekend for my kids”. In her commitment to parenting, Isabelle reflected that:

Having children makes you actually evaluate yourself a whole lot more and you have to actually make the right decisions because if there was one thing that wasn't going to happen to me is that I was not going to bring up my children the way I was brought up.

Knowing Someone is There: "I don't want them to feel that there's no one there."

Another subtheme emerging from parent's narratives was their determination that their children did not feel alone and abandoned like they had been. Parents' recollections of childhood evoked memories of "the abuse and loneliness", "guilt, rejection" and "sadness". Only two parents established good friendships during their time in the Homes; all others talked about feeling completely alone. The emotional climate in the orphanages was described as "cold" with "no affection" and "scary".

In contrast to their own childhood experiences, parents 'checked in' with their children. They created "life-lines" demonstrated by regular phone calls from parents or from siblings, when parents felt their child needed some help. For example, Vera told me that after my interviews with her daughters, she'll "call them in a few days to 'check in again'". Isabelle was resolute that she did not want her daughters to "feel that there's no one there". Her experience of nurture in childhood seemed non-existent. She said, "nobody gave a bloody shit about me!". As a mother, Isabelle ensures that "I'm always there and I support [my daughters] 100 percent no matter what they do". She emphasised that unlike her own childhood experience, "I don't want [my daughters] to be alone". She recruits her ex-husband (their father) for support when needed and asks him to check in on their girls so that there is always a "lifeline" for them. She relocated from overseas to regional Victoria so she can help raise her grandson, whom she refers to as "a prince!". For Isabelle, "It's just how life should be. Family should be around. Family should be together!"

Protective Parenting: "I did everything in my power to make sure no one had an excuse to take them." Past feelings of not being protected or safe, created a priority for protective parenting. Once again, this aspect of parenting was described as the opposite of their childhood experiences as "care" leavers. As mentioned earlier, the "care" experience and life before "care" was marked by chronic experiences of fear, victimisation, and a pervasive sense of imminent threat. Fears of their children being taken from their care were prevalent. Reg, for example, declined job promotions so he could focus on his children.

Fears of her children being "taken" became a central preoccupation with Vera: "I did everything in my power to make sure no one had an excuse to take them. I tried to do everything the opposite of what happened to me". This led at times to her "overprotective" parenting, which she described as "suffocating" the children. She reported compulsive cleaning

of her home and having “as much food in the cupboard as I could possibly put in there” in case a “welfare person or priest walked through the house”. Due to fears instilled in her by nuns in the orphanage, Vera had reasoned that if her home was clean and the pantry was full, the children would not be removed. According to her husband, Arthur:

You didn’t want your kids taken so we were so careful with them kids that we didn’t have anything to do with human services or welfare mobs. Vera always made sure they had new uniforms, new shoes, proper lunches, so there’d be no comeback on me or her to say you were neglecting your children. We were overprotective.

Vera and Arthur were united in their dread of their children being hurt. Arthur described himself as “a guardian” of his children and grandchildren, willing to protect them at all costs:

If anything was to happen to my kids now, they’re old enough to sort their own stuff out now but if anything was to happen to my grandkids, I’m 71 years old now nearly 72. I don’t think I would hesitate in shooting [someone who hurt them].

Arthur considered himself “overprotective”, but he felt there was little option: “Well they’re certainly not going to go through the life you went through. Didn’t matter what you did, you’d stop that. You take one of us on, you take two of us”. This understanding between Arthur and his wife Vera, led Arthur to reflect that he and Vera are “like two cranky old crows watching down on the kids and grandkids and then the wider circle”.

Isabelle spoke about being “strict” with her daughters. She was watchful of their friendship groups, their social standing in the community and devoted herself to their extra-curricular activities. The thought of her daughters being removed was unbearable. She began to weep quietly as she said, “Oh I can’t even think about that! It makes me cry. I used to think ‘what if that happened to them’? And I would be mortified, terrified!”. Fears of losing her children generalised beyond fears of them being taken to “care”. She spoke about feeling scared and lonely as a child and then talked about the fears that haunt her at night-time:

You see I can’t sleep. I just can’t. Never. And sometimes I’d lie in bed, and I think about what could happen to the girls and I get really upset and think ‘how can I stop that happening? And it’s not even happening.

Communication: “No Secrets.” Another aspect of parenting that seemed to promote close relationships with children was the sense of communication between parents and children.

This was characterised by creating a family atmosphere whereby parents encouraged openness so that children felt they could talk with their parents. For Isabelle, having a close family meant “that you have a connection with your kids and that they talk to you”. For Vera it was about there being “no such thing as secrets; nothing was off the table”. This emotional climate was in stark contrast to the secrecy, silence and lies that were the hallmarks of the “care” leavers’ childhood experiences.

The importance of maintaining an open line of communication was discussed in context of preparing for threats in the outside world, so that if a child was being hurt, he or she could turn to their parent and as Reg said, “not be too scared to come and ask for help”. Similarly, for Arthur, ‘open communication’ was necessary because “the cycle had to be broken”. He explained:

Well, that’s why I think these things like [abuse] are better off out in the open. So, there’s no secrets no more. All our kids we’ve told: ‘We’ve don’t have secrets from you, and we don’t want you having secrets from us. If something’s happened that we should know about let us know’.

The importance of communication between parents and children also arose in context of parents sharing the story of their childhood to their children. Parents spoke to their children about their story to varying degrees; those who shared openly seemed to create an atmosphere where the children could ask questions about their parent’s past. Open sharing of the parent’s childhood experiences became an important theme because it had implications on the relationship between parent and child.

Aspirations: “You want better for your kids than you had.” Another aspect of ‘doing the opposite’ was that many of the parents reported that their main aspiration was to create a better life for their children than they had experienced. According to Vera:

You want better for your kids than you had. We wanted them to have a better education, a better family life. You want your kids to be happy or content with where they go and how they do it and if things are going wrong for them, you try to have a gentle talk to them and warn them about patterns that you may see that may happen.

Parents referred to the significance of education, stable interpersonal relationships, and their hopes that their children had access to opportunities that they did not have. Dorothy said that since her daughter was born, “I was telling her ‘You are going to university’”. All parents

reported that after institutional “care” they were, as Eddie described, “dumped on the street; you have no education”. George was unequivocal in stating he wanted his son “to get somewhere more than where dad had gone”. His description of the impact of emotional problems on his own learning was echoed by all parents:

I wasn’t academic. My mind was all over the place and I was disruptive. I’d always be in a daily fight with somebody. I wasn’t a bad kid, but I had some issues, and they were mainly emotional looking back now.

Similarly, David recounted, “I was so shut down. I couldn’t learn, I couldn’t talk, and the teacher never asked me what the problem was”. He was subsequently placed in a school for “mentally challenged children”. David did not have an intellectual disability and he eventually become very successful in his working life. In parenting, David supported his son’s aspirations, “My whole role here for my son is to let him be himself and let him develop how he wants”. This is despite his son’s involvement with a religious institution whose former priests were perpetrators of abuse towards David and his siblings when they were in their “care”.

The parents’ aspirations for their children could even, for some, take on the creation of a persona of success. This was highlighted by Isabelle, who projected an impression of beauty, confidence, and success, to the extent of creating a fictional past so that her daughters would not be hampered in their aspirations by an image of their mother as an “orphanage girl”; a background for which she had been made to feel ashamed and embarrassed.

In summary, ‘Doing the opposite’ was articulated by parents when they described how they parented their children. Their point of reference was their own experience in institutional “care” which was at all times described as abusive and traumatic. Their narratives suggest a commitment to parent in markedly different ways to how they were raised.

Learning From Others: “I learnt from my wife and her family. I started to see what family networking was about.”

The importance of learning from others emerged as overarching theme. All “care” leavers but one, learnt to parent through watching others; either their spouses, family friends or characters from television shows that depicted happy families. They described that the experience of feeling loved, listened to, and supported by their spouses, extended family and close friends were antidotes for the trauma of their childhood. They also utilised these support networks to learn healthy examples of nurturing families and parenting relationships.

Eddie, Arthur, Tony, and David learnt from watching their wives. Parents described modelling their own family of creation by watching their wives’ extended families relate to one

another in a caring, supportive manner. David, Eddie, and Tony all spoke about being “in awe” as they watched their brothers-in-law interact with children.

Eddie was categorical that his life changed for the better because of his wife, Rose: “I would be dead if it hadn’t been for her”. He described Rose as a “a steady influence” explaining that she “made me grounded” and she is the one person “I can hang my hat on”. Arthur credits Vera with teaching him to parent and problem solve without violence, “I give her full credit. She put more in than I ever had. ... The only help I’ve ever had was off Vera”.

George attributed his parenting skills to two older friends with whom he lived and who became “a surrogate mum and dad” who helped him repeatedly over the years. He referred to them as his “family”. Reg had a positive role model in childhood – his grandmother - whom he described as his “strong hold” telling me that she gave him “a lot of love”. He recalled feelings of safety with his grandparents who would regularly “check to see that I was alright. And I did the same with my kids. I check in every now and then to see that they’re all right”. When it came to parenting, Reg said, “I worked off my grandmother”.

Isabelle and Vera spoke about learning to parent by watching television shows like ‘My three sons’ and ‘The Brady Bunch’. These sitcoms seemed to provide a template for parenting that institutional “care” did not. Laura, who had suffered significant abuse by her “care” leaver mother, also relied on The Brady Bunch to learn “that’s what a family should be like”. In addition, Laura referenced her husband as helpful because he helps her to reflect on her parenting approach. In acknowledging his positive influence, she expressed gratitude, “Alex has certainly helped me enormously. I’ve been very lucky. He is very patient”.

Without any positive parenting or caregiving experiences to draw from, parents reported that they would “mimic” and “watch and learn” how others engaged in caring interactions with their children. In doing so, they seemed to be, as David said, “searching for the opposite” of what they had grown up with.

Overcoming Adversity: “I could have gone mental or straightened up. I actually remember sitting there on the line.”

The third overarching theme was overcoming adversity. A common thread across the narratives of seven of the nine parents, was that despite their exposure to hatred and abuse, they seemed in many ways to have found the capacity to love their partners and/or their children, engage in the workforce and help others in the community. Parents described three main approaches they utilised to help them overcome adversity.

Some talked about periods of “inner revision” and “digging deep” to better understand themselves and others. These experiences seem to describe periods of self-contemplation that led towards making personal changes that helped them work through their traumatic

experiences. For other parents it was “getting it out at last” that was seen as helpful. Telling their story of institutional abuse to authorities, and thereby advocating for themselves and/or for others, seemed to elicit a capacity to move forward meaningfully, without forgetting the past. For some parents, there were significant turning points, such as emotional turmoil, substance abuse and loss of relationships due to behaviour problems, that propelled them to make changes in their inner and outer lives. In all cases but one, these approaches of self-contemplation and advocacy, impacted their parenting in positive ways.

Self-Contemplation: “You have to dig deep.” Isabelle, George, and David provided examples of a “need to dig deep” and an “inner revision” as important processes of self-contemplation in their lives. These experiences seem to have been helpful for parenting. A poignant example was provided by Isabelle who experienced many years of “drinking and [being] out of control”. In her early twenties, one pivotal, terrifying episode of intentionally and badly hurting her pet dog after “it kept weeing on the floor” petrified her. Wide eyed she told me that “it scared the everything out of me because I thought if I ever have children, I’ll do that”. She realised her own capacity to cause harm after years of abuse at the orphanage. She was “horried” that she “felt nothing. I didn’t feel remorse for the dog, the dog was crying out the back and I’d broken all its ribs. It could have died overnight of internal bleeding or something”. Through bearing the grief of “being abandoned as a baby” and having “bad, bad feelings at what happened to me”, she made the decision to “be a kind caring person”. Isabelle made several reflections on the importance of being kind:

With kindness comes wisdom and friendship; they just fall in your lap. I went from being very, very angry, very angry sit on a grave in the middle of the night disturbed kind of person, and I could have been on that line; I could have gone mental or straightened up. I actually remember sitting there on the line.

As another example, Isabelle focused on projecting an image of beauty and confidence. This was critically important because it has helped her to develop a positive sense of self in the world and foster an identity that is not linked to her childhood traumas.

David’s quest for emotional freedom and liberation from the pain of childhood was cultivated through years of “digging deep” and creating a spiritual and philosophical landscape where he feels he has transcended the chaos of his early years. He subscribes to the self-belief that “The power to do anything in your life lies within you. It doesn’t lie outside.” From this fertile inner world, he seems to echo Victor Frankl’s (1959) reflections that a person “can only

answer to life by *answering for his own life*; to life he can only respond by being responsible” (p. 172). David recounted his story of recovery from alcohol abuse:

I became an alcoholic. I used to smoke a pack of cigarettes a day until I came to the point of realisation, ‘I’m thinking, what are you doing?’. I had to put myself through the grinder to toughen up and work out ‘What is this bloke really here for?’ It’s to channel all that creative energy and emotion into music. I was given this [singing voice] by mother nature or whoever, whatever that is the creative force that gives us life. I’ve been given it for a reason, and I have to give it back. But back then, I couldn’t talk till I was 21 or 22. I couldn’t talk.

David channelled his childhood pain into creative outlets which has helped to facilitate a closer connection with his son because they both share an interest in art and creativity. He has written songs dedicated to “care” leavers “who still suffer in silence” and with the help of his son, he was able to produce them for public use.

For George, self-reflection arrived later in life. At age 60, after a lifetime of relationship failures and attachment ruptures with his son, he embarked on a process of self-understanding:

So, it was a time of inner revision of myself, and the journey of my life and I was struggling with my son who was in a hell of a mess in his life at that time. I wanted him to see a good dad, an understanding dad. So, I was trying to find out, ‘Why do I flash up? Why do I get angry?’ Unreasonably.

The following excerpt exemplifies George’s interpersonal changes and commitment to parenting, as well as his awareness of his former limitations as a parent. George told me about a letter he wrote and sent to his ex-wife (mother of his only child) just before her death from cancer:

I said to her in the letter “I’m sorry for the way we lived and all the mess and mucking around all the things I felt I was responsible for. I also know that Brent [son] soon won’t have you but I promise you with all that I can offer Brent, I’ll be a better father than I was when he was younger, for both of us.” And she showed that letter to him which was good because it was a healing thing as well. I’ve done everything to be a better dad. One that is approachable. One that is still in control without having to lecture, to yell. Being reasonable. And I’ve said, “If I can’t help you Brent, I will spend all of my days trying to find someone who can help us”.

These three parents were spurred on by the impact of institutional “care” to make changes in their lives that led to healthier lives and improved relationships with their children and with others. Working through adversity does not necessarily suggest lessened psychological distress. All parents in my research were triggered by trauma memories related to their “care” experience, however, most had managed to refocus their lives in positive directions. David’s reflections illustrate the co-existence of personal growth and suffering:

I’ve still got psychological problems! I’m not out of the woods yet. All I’m doing is managing this life force here. This is the only thing I can do. And I’ve done it to a very good high level. I will continue to grow.

Advocacy for Themselves: “You got it out at last.” For some parents, advocacy for themselves seems to have supported an improved relationship with their children. Advocacy was exemplified by the pursuit of justice. For example, through seeking legal recourse, making statements to the police, or speaking at the Royal Commission. The telling of one’s story to authorities who believed them, seemed to legitimise the sharing of untold stories with others, as well as with one’s own children. The sincerity with which their stories were received, helped “care” leaver parents feel validated as victim/survivors and facilitated the working through of shame and embarrassment related to their sexual victimisation. Being believed as adults seemed to be a powerful consolation, despite arriving late in life. Arthur described his experience of making his statement to the Royal Commission:

I think it was Andrew Murray,¹⁵⁶ who asked, ‘Can you tell us a bit about your early life?’. You could see he was believing what you’re saying. He was believing. You could see it in his face. Growing up they told you they didn’t believe you. There’s no one else to tell. No parents no teachers. Because the teachers were mostly brothers and priests. Being believed was the most important thing. After we came out of the Royal Commission, we were coming home the next day and it was like a weight had been lifted. You got it out at last. Someone knew. And someone believed.

¹⁵⁶ Andrew Murray is a former Australian Senator. He was appointed a Royal Commissioner on the Royal Commission. He is also a former “care” leaver (Personal communication with Dr Joanna Penglase, 24th October 2016).

Being believed was not only affirming; it also provided most parents with a platform from which to share more of their childhood history. For example, until Arthur gave evidence to the Royal Commission, his children only knew that he had been raised in a 'Home':

Well, they knew I'd been in trouble, but they didn't know the extent and all that happened. Now they know. Now they can understand why [their mother] and I are such supporters of the Royal Commission and CLAN and why we get to the protests.

Advocacy for Others: "It's just time to give back." The majority of parents I interviewed were also driven to advocate for other victim/survivors of institutional "care" or through mentoring and volunteering, offer support for other vulnerable people and children in the community. Often accompanied by their children, parents would attend protests or support groups for "care" leavers', join "care" leaver organisations or volunteer in community organisations. These experiences helped children deepen their understanding of their parents' behaviour. I discuss the children's responses to their parents' advocacy in Chapter 6. For Vera, processing her childhood trauma has ensued from her involvement with CLAN:

What I do with CLAN is my therapy! If I can stand up there with a protest sign and let all these bastards know that they can't get away with it and to stop it happening to other kids, that's my therapy.

Vera's motivation to speak out was fuelled by the sexual abuse of her youngest child perpetrated by Vera's father.¹⁵⁷ Upon finding out about the sexual abuse, Vera, who had until that moment repressed her own sexual assault by her father, confronted her father and called the police. Her father pled guilty. Her painful awareness had, up until then, been an "unthought known" (Bollas, 1987). She was galvanised to fight: "I was just determined that the cycle was going to cut right then and there. I couldn't speak out for myself, but I could speak out for my kids." For Vera and her husband Arthur, "protecting the kids comes first before survival [because] the cycle of abuse had to be broken".

Engaging in advocacy seemed to help most parents develop personal agency over their childhood victimisation, thereby having a pivotal influence in helping them work through the adversity of early childhood. They spoke about finding their voices after being silenced as children. Being believed by authorities seemed to empower them further. For some, advocacy has become a lifelong commitment which has positive impacts on their self-perception and in

¹⁵⁷ This daughter did not participate in the research because she lived interstate.

turn, improved their relationship with their children through more open communication about their experiences in institutional “care” and its impact on their parenting.

Parents also linked their care of their own children through their stories of having dedicated some aspect of their lives to raising awareness of child sexual abuse and the need to protect children. For example, protecting children has become what Arthur called: “My mission. So that child abuse is out in the open and get more people to come out and say, ‘Hey it’s all got to stop’. It’s simple. Just leave the kids alone”. Thinking about generations to come after him, Arthur was adamant that “I want to make sure what happened to me is not going to happen to my grandkids”.

Being believed by the Royal Commission further fuelled Vera’s motivation to not be afraid to speak out and to encourage open communication from her own children:

The Royal Commission treated everyone with a great deal of respect which we’d never had from anyone in authority before. And that’s why it’s so important to give children a voice and listen to them. I used to be quiet as a mouse! And now, the more I talk about it and the louder I talk about it, the easier it’s going to be for kids to talk about it!

Isabelle, like other parent “care” leavers, agitates for change for “care” leavers’ rights. Her contribution to the community extends to improving the wellbeing of other vulnerable people and like other parents, she wants to ensure a safer world for children. Upon receiving her Life Story, Isabelle wrote to tell me that she was going to begin fostering children. Her narrative, like other “care” leavers’, seems to reveal a generative approach to life:

I think it’s just time to give back and part of giving back is acknowledging what you’ve done and where you’ve come from. Ok, things weren’t right, so how can we correct that now? So, part of my journey must be to help with this so that nobody else goes through that.

Being able to advocate for themselves and others seemed to free these parents from a preoccupation with their past. They did not seem to allow their childhood fears, injustices and traumas to overtake their lives as parents. For most parents, it seemed that the brutality of childhood and early adulthood, eventually instigated experiences of growth and generativity.

Summary of Supporting Themes

Parents were asked how growing up in institutional “care” affected them and how they saw such experiences impacting on both their relationship with their children and the parenting

of their children. Three overarching themes emerged that seemed to promote closer relationships with children, either throughout the child's early life or when the child became an adult. These were: "Doing the opposite" to how they were parented; Learning from others; and Overcoming adversity. Sitting alongside these supporting themes were the undercurrents of a traumatic childhood in institutional "care", which for some parents continue to linger, evident in the parenting challenges they described. I now move to identifying the overarching themes and subthemes that emerged in the impeding category.

Impeding the Parent-Child Relationship

I characterise the next four overarching themes as "impeding" because they led to challenges related to parents' traumatic "care" experiences that seemed to compromise their relationships with their children and inhibit the development of mutual closeness. The four themes were: Emotional and physical distance from children; Aggression towards children; Volatile intimate relationships; Living a troubled life with ongoing struggles.

Emotional and Physical Distance from Children: "I just don't like touching people or people touching me."

One mother and all fathers spoke about the times they struggled with expressing their emotions and with having physical contact with their children as they were growing up. They spoke about "cold, unaffectionate" parenting, of being "emotionally dead", "non-involved", "not hands on", and "can't do the hugging". Reflecting on his capacity to express his feelings towards his daughter, Eddie said, "I'm hopeless at that. Absolutely hopeless. I've probably told her I love her once or twice, but I don't do that. I just feel awkward saying that to anyone! It doesn't feel right".

The fathers struggled to recall instances of engaging with their children when they were young. Their narratives contained themes that emphasised the necessity of independence and self-sufficiency over relational contact. Independence and self-sufficiency were perceived as central to survival because relying on others had been unavailable, dangerous or both when they were children. For example, Eddie related "I've always worked. And that's why I've never ever relied on anyone. And that's from me upbringing". Parents were unanimous that "no one" helped them when they were in "care". The loneliness seemed profound. According to Arthur, "You know you could be lonely in a crowd of 100. You couldn't trust anyone. You couldn't make any friendships. You weren't game enough".

To survive the crucible of institutional "care", parents seemed to foreclose their emotional life. Emotionally barren institutions, devoid of healthy physical contact, were described by all parents. David wept as he recalled the emotional deprivation, "You have to

toughen up to survive; there were no birthdays, no Christmases, no congratulations, nothing.” As an adult, he approached his nieces (brother’s children) and explained to them: ““You have to forgive your father and I, we were never brought up in a tactile thing’; they understand that, and they come to cuddle us”. Parents did not share their troubles with anyone in the institutions that housed them. They feared being beaten by authority figures or by the police. History had shown them that their fears were not unfounded. The silence and emotional isolation turned children inward. For example, George did not express his feelings as a little boy:

I never told dad what was going on in [the orphanage]. He would ask me, but I was like a little soldier, just like my dad and kept it to myself. And I would cry, but I was crying within. There were no tears.

With the following example, George illustrated that at times he treated his son, the way he was treated in the orphanage:

With my son (Brent), I’ve always loved him, I’ve always wanted the best for him. But I would be non-involved with him. Physically non-involved. I was proud of him, but I didn’t encourage him. I wasn’t a hands-on dad. I didn’t pick him up often. If Brent rode his bike and fell off, well that’s what happens. You get back on your bike. Don’t worry about the fact that you hurt your legs. I was more annoyed that he fell off his bike rather than being compassionate. Which is [sic] signs of what the orphanage was like to us as kids. There was no compassion. There was no reaching out. So, he got the material things from me but he didn’t get the cuddles or the hugs that I wanted to give him, but I didn’t.

Five of the six fathers were survivors of institutional child sexual abuse. For all these fathers, physical contact was described as problematic to unbearable. Their difficulties with touch were attributed to their experiences of child sexual abuse whilst in “care”. Eddie’s recollections provide a poignant illustration of the lifelong impact of institutional “care” on relationships and especially with his daughter. He berated himself as he painfully reflected on his relationship with Gabrielle:

Because I know the way I was brought up I’m shit ass at it. Just relationships and that sort of thing. Because I suppose whenever I’ve been close to people it’s always been snapped away from me. You get set up and then you get placed somewhere else. No explanation. No one cares. You just get on with it. You just turn off most of the time. And I reckon that’s what I’ve done all me [sic] life. Family dos, people trying to get close to

ya, hugging ya, shit like that. I just hate it. I don't do it in my family. I reckon I've just been a prick of a father because of the way I've been brought up. Absolutely! I didn't cuddle her or anything like that. Never have and she doesn't like it I know that. In the last couple of years, she knows I'm trying; our thing is I give her a pat on the back. Poor Gabrielle, it must destroy her, but I think she knows I don't mean to be like that, it's just how I've been brought up. I just don't like touching people or people touching me.

Eddie attributed his revulsion of hugging to his childhood sexual abuse in the Boys' Home. He was categorical: "That's why I don't touch people. I have no doubt whatsoever that that's the reason I am the way I am". The sixth father, Reg, was witness to sexual abuse that was rampant in the Home. He described that "the vulnerable kids were prime targets". He learnt early on that "it was a weakness to be vulnerable. You drop your guard, and you could be a target". This protective mechanism was described by all the fathers and led to lifelong difficulties with expressing emotions. Emotions were described as too difficult to understand or to deal with. Expressing them was frightening. Fathers spoke about being "emotionally dead" or "shutting down" to cope. The absence of trust and the presence of suspicion remain long-standing themes in these fathers' lives. According to Reg:

Being raised in the Homes your emotions disappear. You don't get close to people. You run on what you're seeing. You're assessing all the time. So basically, you're shut down from a normal way of life and I suppose you just live for what you've seen.

Even when parent-child relationships were described in positive terms, the expression of affection and emotions remain a challenge. This can be seen in Reg's reflections:

Only thing is sometimes, [the children and I] don't do the hugging. The emotional side of things. I have that problem most of the time. So, you never get really close to anyone. Like someone comes towards you and you go 'Whoa'! sort of thing. Yeah. You need space.

For seven of these nine parents, the legacy of institutional "care" endures in their anxieties about physical and emotional contact with their children.

Aggression Towards Children: "I was an abusive mother."

Aggression towards their children was mentioned in three parents' narratives. Like all the parents in this research, these three had all been subjected to extensive violence in

institutional “care”. David’s memory cast its shadow on him long after he survived the experience:

When you’re getting hit with a razor strap or when the guy took his belt off and flogged me ... I wouldn’t cry. That was the thing. They wouldn’t stop until they broke me, and I said, ‘No you’re not going to break me’.

David described aggressive behaviour towards his son but not physical violence. He recalled one episode:

My son needed to have an understanding of authority and discipline. I grabbed him by the shirt, and I held him up and said, ‘You will do as I said!’ and I thought, ‘What are you doing?! This is what the worst people on the planet do.’ I felt sick after doing it! And I apologised to him.

Noteworthy in the above quotation is the absence of what is not told. David’s son described growing up in an atmosphere of fear of his father’s physical punishments which he recounted as being frequently carried out. I describe this in more detail in Chapter 6.

Tony, having been physically abused by his father and in the Boys’ Home, hit his daughter Fran when she was a child. He said when Fran was born, he was in the early stages of recovery from alcoholism. His “nerves were raw”, he was “reactive”, “Fran copped it” and parenting was generally described as a struggle, “it was in braille”. The impact of institutional “care” on Tony’s parenting was described by him as “terrible”:

I was no good at it. It was dark times, and it still is. It was terrible. I’m trying to find words. I think what I did is I just reacted to the next thing. There was one thing, then another. I was reactive. I was reactive to things.

Dorothy disclosed inflicting physical and emotional abuse on her children. She described hitting her children with her hands or with implements and throwing things around the home and at her children. She was unequivocal about her abusive behaviour:

I was an abusive mother and I know that. In these days, they would’ve been taken off me and I would’ve been charged. I was a horrible mother. I know that now. I have said sorry to my daughter for the way I brought her up. She deserved the apology because

she was mother, sister, worker. When she was four years of age, she literally was responsible for myself and her brother. She saved me so many times.

David, Dorothy, and Tony, all spoke about their remorse for the way they treated their children. David and Dorothy have since apologised to their (now adult) children. Tony seemed remorseful and agonised over his behaviour, however, it appeared that he has not apologised. Although animated when describing his institutional “care” experiences, when it came to talking about his children, Tony became quiet, withdrawn and he stumbled with words. He struggled to make any reflections about his parenting. He could not elaborate beyond his repeatedly pained responses of “I don’t know what happened” regarding his relationship with his children. I heard the pain and confusion in his voice and the emotional tone in the room felt like despairing bewilderment. For Tony, troubled relationships began in his childhood family home and were exacerbated in institutional “care”. In adulthood, Tony’s relationship problems continued and seemed to further impair his relationship with his children.

Volatile Relationships: “It was a very horrible marriage.”

Five parents described their intimate relationships, including those with their child’s other parent, as very challenging. These parents divorced their child’s other parent. Their volatile relationships increased home life stress which impacted parenting. George and Tony, whose children did not participate in my research, described the emotional climate in their homes as, “a war zone”, “distressed”, “miserable”, “volatile”, and “challenging”. Tony bemoaned that marriage was “horrendous”, “a jail sentence”, “disastrous”, “I was so unhappy”, whilst George was emphatic that life in his home was “emotionally just full-on stress all the time. All things fell on my shoulders. I didn’t see much of my family and when I did, I was tired and irritable anyway”.

Relationships post-divorce were also characterised by aggression, abandonment, discord, and general unhappiness. Tony described ongoing struggles with commitment, explaining that, “I always walk away. I’m the one who leaves. I can’t commit. I don’t trust anyone enough”. When reflecting on his relationships with his children and his partners, Tony lamented:

These are the things that have affected me long term that I don’t understand. They’ve had such a deep impact. They’re not very clear. There’s no answer to them. You know, why did my marriage go wrong? Why did that go wrong? Why have I lost everything several times over? It’s because I get to the point where it all breaks down again until the next round of whoever and whatever.

Along with volatile intimate relationships, Dorothy, Tony, and George all reported significant challenges in their relationship with their children. Dorothy was not in contact with one of her children whilst Tony reported his children were estranged from him for reasons he did not understand. George was subjected to aggression from his son Brent (when Brent was in late adolescence). Brent also struggled with behaviour problems including involvement with the criminal justice system. However, for this father-son dyad, reparation in their relationship occurred in later life. The factors that appeared to contribute to the positive change in their relationship will be discussed in Chapter 8.

Living a Troubled Life with Ongoing Struggles: “I am damaged goods.”

In contrast to most parents in my research, Tony and Dorothy described long standing struggles that include compromised health, addictions, mental health problems, relationship challenges and estrangement or struggles with their children. Both suffer from persistent depression and anxiety requiring medication. Unlike other parents I interviewed, there was a dearth of supporting themes in their parenting experience. Their narratives were almost entirely focused on their childhood and the adverse impact of institutional “care”. They spoke in anguished tones about being profoundly wronged, rejected, and repeatedly abused without recourse to justice. They described unrelenting suffering and confusion. These two parents continue to perceive themselves as victims from a personal and systemic perspective. Dorothy’s despair was palpable when she conveyed her feelings:

I’ve always felt deep down that I was damaged goods from birth. I was in care from birth to the age of 15 and a half. I have been told that I suffer from over five disorders. I can't look at myself in the mirror; I don't like or love myself, never ever. I hate my birthday with a vengeance. I know I was damaged while in care but I call myself damaged goods. But also unloved and unwanted. My two children suffered abuse of all kinds, they would never know what mood I would be in when they came or when I came home. They were in constant fear of whether I would be alive when they woke up and when they came home from school.

Although Dorothy said she felt closer with her daughter after years of apologising for her abusive parenting, her relationship with her son is mostly estranged. Tony’s children continue to be estranged from him and his narrative offered little insight as to the motivation of their estrangement. He eventually reasoned that “now I think maybe I did impact their lives in a really negative way that I didn’t realise at the time”. For both Dorothy and Tony, experiences of

institutional “care” have left deep scars that seem to have adversely impacted their relationship with their children.

Summary of Impeding Themes

The repercussions of childhood trauma related to institutional “care” cast a shadow on all the parents I interviewed, to varying degrees, as they described the intrusion of their painful childhood experiences into their parenting experiences. Four overarching themes emerged from their narratives that appear to have impeded relationships with their children. These themes were: Emotional and physical distance from children; Aggression towards children; Volatile intimate relationships; and Living a troubled life with ongoing struggles. Their stories suggest that experiences of childhood suffering continue to hover like haunting ghosts that cannot be exorcised. Yet, the ongoing struggle and the potential for change seem to co-exist. In the next section I describe changes in parent-child relationships that occurred over time. A mix of positive and negative themes emerged.

Mixed Themes: Changes in Later Life

The themes thus far suggest that, for survivors of trauma parenting can be challenging and dynamic. The next two overarching themes describe the relationship repair or the rupture that may occur with the passage of time.

Positive Changes in Relationships with Children: “Now I tell him I love him.”

David, George, and Dorothy described positive changes in their relationship with their children that occurred when their child became an adult. These three parents reported that the passage of time brought with it guilt, grief and regret at their behaviour towards their child. They provided examples of being able to now express love and support for their (adult) child. When Dorothy spoke about her parenting behaviour, she seemed to be suffering from profound regret and guilt born from a lack of awareness about what was driving her abusive treatment of her children. She cried throughout the interviews and appeared forlorn when she said:

I feel ashamed that I did what I was doing to Laura, and I deeply regret it. The guilt is still there. There’s no way I can get rid of it. I’m damaged goods. No wonder I was doing what I was doing with the kids. I didn’t know any better. I was damaged. Those rages (sighs and cries). I am absolutely amazed at how Laura is today. I am so proud of her. I wished to God she had a better upbringing.

Dorothy has sought forgiveness from her daughter who later told me that she has forgiven her mother because she said she has come to appreciate her mother did not know any better. George made a promise to his dying ex-wife to “be a better father than I was when [our son] was younger, for both of us”. He made efforts to “do everything to be a better dad”. He spoke about engaging in deep self-reflection which appears to have led to a close relationship with his son, characterised now by affection, forgiveness and time spent together.

Now I tell him I love him. And the other day when he left there were tears in my eyes. And I want him home and this is a home now, so he can come home. Before that, I was shameful of where I ended up and how I was living, and there was no place for Brent to visit anyway.

The birth of George’s grandchildren provided another opportunity for reparation and healing.

Now that Brent is a parent himself, it’s different. He’s very hands on with his kids. He’s actually bringing me out to me make me the dad that I wasn’t with him. So now I’m mucking around with [my grandchildren], rolling them on the floor, carrying them on my shoulders. So, I think he looks at me and thinks ‘this other person has arrived’. I’m a bit late but I’m there now.

Sharing one’s history, which I discuss in more depth in Chapter 8, seemed to bring George and his family closer. George had sent a copy of the Life Story/Pen Portrait to his son Brent. Some months later I received a letter from George in which he had enclosed several recent family photos. Pictured, was a smiling George, with his granddaughters hugging him and his son’s arms around him. George’s perception was that Brent’s knowledge about George’s history has been “healing” because Brent now understands that his “dad’s not a looney. He’s an injured victim”.

Some months after our interview, David relocated hundreds of kilometres to be closer to his (adult) son, “I am now only three minutes away from him, rather than three hours!”. David was living in a retirement village in regional Victoria when I interviewed him. He had told me that this neighbourhood would be his final home. However, a few weeks after receiving his Life Story/Pen Portrait, David sent me a phone-video message accompanied by a poignant song about new beginnings. The video showed the view from his car window, a long road heading towards Melbourne and was accompanied by a message about his relocation “to be closer to my son”. He let me know that the interview process had helped him reflect on the importance of family and his relationship with his son. Two years later, at a CLAN event, he told me that he

enjoys seeing his son often and whilst they do not agree on many things, spending time together has come to be reparative for them both.

These three examples demonstrate that the relationship between parents and children can positively change across time, shifting from distance, abuse, and little communication to forgiveness and closeness. Factors that seemed to contribute to these changes are elucidated in Chapter 8.

Estrangement From Children: “They won’t talk to me.”

Of all the parents interviewed, only Tony continued to be estranged from all his children. For Tony, parenting was a painful, difficult, confusing experience. He could not articulate nor seem to understand why his children do not speak with him, repeatedly saying, “I don’t know! I don’t know!”. He reflected that perhaps his behaviour as a father maybe did “impact their lives in a really negative way that I didn’t realise at the time”. He wondered if his unhappy marriage and the mental health difficulties related to his childhood and subsequent alcoholism, contributed to his children’s estrangement from him. Overall, feelings of confusion, pain and bewilderment lingered throughout his narrative.

Summary of Chapter 5

Chapter 5 has outlined the overarching themes that emerged from the impact institutional “care” had on “care” leavers’ parenting and their relationships with their children. Despite the extensive childhood trauma experienced, a range of overarching themes that supported parent-child relationships emerged. Doing the opposite, Learning from others, and Overcoming adversity, were characterised as supporting because they seemed to mobilise parenting practices that promoted close relationships with children and helped to create safe, warm, and loving family environments. However, for some parents, the trauma of institutional “care” seemed to also have enduring negative impacts.

Alongside the supporting themes, there emerged those that could be described as impeding the relationships between parents and their children: Emotional and physical distance from children, Aggression towards children, Volatile intimate relationships and Living a troubled life. Changes in the parent – child relationship across time emerged as a final category. The changes were identified as ‘mixed’ because whilst they were positive for three parent-child relationships, for one father, confusion about parenting remains unabated, and estrangement from his three children continues.

Although the overarching themes and subthemes are presented as discrete, they were interconnected in each parent’s narrative with each theme linked, interdependent with others, and emerging as interwoven in the complex narratives recounted. Parents’ narratives contained

a combination of themes that supported or impeded their relationships with their children. Whilst all parents described the considerable toll of institutional “care” on their lives and on their parenting, the emergence of supporting themes suggests that close relationships with one’s children are possible, thus providing a contrasting and reparative experience for parents, all of whom had suffered gravely at the hands of “carers” in institutions. The dynamic nature of relationships further suggests that changes in parent-child relationships are possible. In my research, these changes occurred most often in a positive direction with improved relationships as children become adults.

The following chapter outlines the themes that emerged from the children’s experience of their parents, and their perception of the impact of institutional “care” had on how they were parented.

CHAPTER 6: Children's Experiences of Their "Care" Leaver Parent

Introduction

Interviews with seven adult children form the core of the findings of this chapter. I outline the overarching themes that emerged from the children's experience of their "care" leaver's parenting and their perception of the impact institutional "care" may have had on that parenting. As per Chapter 5, these findings are categorised as supporting or impeding, which were determined by whether the themes seemed to have a positive or adverse impact on the relationship between parents and their children.

I begin with overarching themes that could be described as supporting the relationship. As noted in Chapter 5, differentiation between overarching and subthemes is made for the convenience of reporting. As with Chapter 5, they were interlinked and did not naturally occur as independent phenomena.¹⁵⁸

Supporting the Parent - Child Relationship

Three overarching themes emerged from children's experiences of their parents that seemed to have a positive impact on the relationship between parent and child. The first was the emphasis parents placed on the importance of family relationships and closeness. The second was the children's admiration and compassion for their parent and the third was related to the children's increased knowledge of their parent's childhood history.

Importance of Family: "It was driven into us that family is the most important thing."

The significance of family was talked about by most of the children who described its importance in subthemes representing the notion of closeness: staying in contact, being protective, and being able to talk openly with each other. The closeness between parents and their children was further expressed by the interactions I observed between them. These exchanges seemed relaxed and warm. I recall the children's sense of ease and comfort as they sat in their parents' homes. Following the end of the formal interviews, they remained there to share a meal or a drink with their parents.

Staying in Contact and Feeling Supported: "Family is all you've got." The significance of staying in contact and feeling supported was illustrated, for example, by Emma when she highlighted that her mother "drove it into us that family is the most important thing". Others also spoke about their parents making consistent efforts to bring siblings together for family

¹⁵⁸ For example, learning about a parent's childhood in "care" emerged as an overarching theme that encompassed subthemes such as: enhanced communication between parents and children, the children's sense of comfort at being able to approach their parent and it enhanced the parent-child relationship as demonstrated through increased compassion for the parent and admiration for the parent's capacity to survive their troubled childhood.

events and reinforcing the importance of staying in regular contact with all siblings so that nobody felt “unloved and lonely”. Children described receiving regular “welfare checks” by their parents, who also emphasised the importance for siblings to ‘check in’ with one another. Katie reflected that:

I do go above and beyond what a normal sibling would do. If others hadn’t heard from their sibling in a month, it wouldn’t be neither here nor there, whereas me, I’ll send them a text message: ‘Welfare check’. We’ve been brought up with family being the most important thing. Friends will come and go, wives will come and go, but your family is your family and there’s nothing you can do to change it.

These children described feeling “very loved” and “very close” to their siblings and parents. There was tolerance for sibling rivalry with an emphasis on resolving problems, “sticking together” and remembering that, as Emma repeatedly told me, “Family is all you’ve got”.

Well, it’s that thing mum’s driven into us, that family is the most important thing, and you can’t let other stuff get in the way of it. That’s what we say all the time, that work is work but family time is the most important time. It’s that thing you know, of never having to feel unloved and lonely. Even when I’m having a fight with my sister, mum’s like, ‘We’re a family and that’s all you got at the end of the day’.

Most children experienced their parents as helpful and loving. Emma reflected that her mother “just loved, loved more than she could, and really you actually don’t need much more than that. She did the complete opposite of what they did in the orphanage and that was a win”.

Both Gabrielle and Amy noted that their fathers “would do anything” for them. Most children reflected that the value of family ties was represented by parents spending time with them, being available to talk through problems and providing caregiving to grandchildren. This was particularly poignant for Emma when she had her own child: “I feel we were very loved, that’s for sure. I would like to bring up my son with the nice values we had”. Amy told me her father visits her twice a week: “He loves a chat when he comes around” and he “pops in for coffee” on his way to seeing her siblings, whom he also visits regularly. This “closeness” was exemplified for Emma, by her mother’s relocation from overseas to be close to her grandchild. Emma described her mother’s commitment to move closer with a sense of appreciation:

She has always been focused on being the best mum she could be. Because she didn’t have that. Even with my son. That’s why she moved here! She picked up her life and

moved here. So she could be the best grandmother she could be. She just wanted for us so much more than she ever had the opportunity to have.

The parents' emphasis on the importance of family closeness was a primary theme in the children's narratives about their experiences of their parents. This was particularly illustrated in the themes of having regular contact with parents and with siblings, checking in with siblings and prioritising family above sibling disputes. Parents were experienced as available, loving and physically present.

Closeness as Over Protection: "That's mum being that completely overprotective mum, making sure I'm safe." Family closeness was also tinged with the experiences of strictness. Some children's narratives were consistent with their parents' recollections of being strict. However, as children became adults and their parents were able to reveal their anxieties, for example, their fear of children being removed from their care, they came to understand their parents' inclination towards over-protection. Katie related that:

In terms of parenting, mum was as strict as bloody strict. She was awful! She was horrible (laughs)! Just little things, no sleepovers. I think that's mum being that completely overprotective mum, making sure I'm safe and all that motherly kind of thing.

For Alison, knowing what happened to her mother in "care" has now helped her make "more sense about why mum was so clingy. All my friends could go out! But I couldn't. I couldn't figure out why". As adults there was an appreciation that their parents' strictness was motivated by protection. Alison recalled that unlike her other friends' parents, her mother "was really like strict; there was no drugs, no alcohol, no cigarettes like other parents". With hindsight, she seemed to appreciate the protection because several of her friends "ended up in foster care. I've seen them lose their kids and they're in the DHS system".¹⁵⁹ Katie, framed her mother's fixation on keeping the home and children "anal clean", as related to her mother's fear that her children may be taken into "care":

I know that mum was petrified, I didn't know it when I was a child, but she's told me in the last few years, she was absolutely petrified of something happening to us. She was anal clean. Our rooms had to be spotless. Everything had to be clean and tidy all the

¹⁵⁹ DHS is a reference to the Department of Human Services (VIC), now named the Department of Families, Fairness and Housing (DFFH), under which the program of Child Protection sits.

time! Because she was petrified that on the off-chance DOCS¹⁶⁰ might come around and see the house as a little untidy. She was petrified of us kids going into care.

Gabrielle spoke about being “very close” with her father who was “very worried about me when I was growing up”. She described her father as a “very cautious” man because of what he experienced as a child. From a young age, he warned her about sexual assaults, imploring her to tell him if “anyone touches you or does anything like that or rape”.

Being Able to Talk Openly to Each Other: “There’s no topic we can’t talk about.” The importance of being able to talk openly to each other was described by Katie and Alison as having “a no secrets policy” so that “no topic was off limits”. This openness seemed to be spurred on by the parents’ need to prepare and support their children from external threats and by their own experiences of being punished for disclosing maltreatment when they were children. According to Katie:

There’s no topic we can’t talk about. Mum said to me the reason she wanted that line of communication is so that if something did happen to me growing up, I’d have that open line of communication. I wouldn’t be scared to tell her. I wouldn’t be scared of how she’s going to react. It was always open communication. She did that with all my siblings.

For other families, openness was related to the parent’s sharing of their childhood experiences as self-revelation and in response to their children’s questions. Gabrielle described her relationship with her father as:

We’re really close so I can tell when he’s stressing or anxious. I’ve always known, from a young age, about his experiences. And if I ever asked him about it, he’d never shy away from the question, he’d always just tell me what happened.

She also told me that because her father had survived abuse, “he would be the first person I went to if something like that happened to me, because he understands”.

¹⁶⁰ DOCS is a reference to the Department of Community Services (NSW), now named the Department of Communities and Justice (DCJ), under which the program of Child Protection sits.

Admiration and Compassion Towards the “Care” Leaver Parent: “I think my mum is an amazing woman. If I’m half the mother she is, I’ll be happy.”

Reflecting on their experience of parenting, led children to speak of their sense of admiration for their parent and their parent’s capacity to survive the trauma they experienced in “care”. When revealing their compassion towards their parent, they were often moved to tears by their appreciation and admiration of their parents’ efforts and struggles. Amy acknowledged her father’s resilience by describing how:

He pushes on. He doesn’t let personal difficulties get to him. If something goes wrong, he’ll either find a way to fix it or if he can’t fix it, he moves on. I don’t believe he’d come around if he was feeling down or anything because he’s the type of person who doesn’t want to put his problems on other people.

Emma described her mother in similar terms:

Sometimes I think she doesn’t show her feelings; she kind of keeps stuff to herself. There’s definitely struggles inside, I think. But then if something happens, she can get a bit down but then, it’s like (clicks her fingers) ‘Oh no I can’t do that, I’m just going to pick up and keep going’. She just moves on. She always says, ‘Don’t sweat the small stuff’ ‘There’s bigger fish to fry’ and ‘There’s more important things in the world’.

Mothers were admired for learning how to mother despite the absence of being mothered themselves. Katie seemed proud when she said that “Everything mum has learnt about being a mum, a parent, she had to teach herself along the way”. Through tears, Emma was contemplative:

Yeah, how my mum came out of that [institutional “care”] and can be the way she is, I don’t know. It’s amazing. Some horrible things she’s told me. You wouldn’t wish it upon anybody. It literally makes me so sad to think about how she grew up.

Gabrielle described feeling “a lot of inspiration from my dad” because despite “dad having all these underlying issues, he always gets things done”. She elaborated:

I know he struggles so much having such a crappy upbringing. He never had a good childhood experience and his stories, they’re really confronting stories, but I think that

it's brave that he doesn't block them out. Not that he relives them but he's not running from them.

Parents were described as survivors or as people who refused to be defined by their childhoods. Amy asserted that "At the end of the day I see dad as how he was to me. Regardless of what happened to him in the past, it doesn't define him". Amy's experience of watching her father, Reg, persevere and cope well seems to have positively impacted her perception of the world, shaping her core values and guiding principles for her own outlook and professional work practice. In her employment in the welfare sector, she is optimistic that healthy change is possible even with very vulnerable families. She, unlike some of her colleagues, told me that she does not "condemn these families to the system" and she takes the time to speak with her clients and hear their stories.

Emma was resounding in her respect for her mother's capacity to not be held back by her past:

Mum has made herself into a wonderful woman, a wonderful mother and so many people haven't. She has strived to be a person who is not held down by her past in any sense or form. She's a goer, she's a doer, and she's a bloody getter. ...She would work her ass off for us to have everything we needed. I think my mum is an amazing woman. If I'm half the mother she is, I'll be happy.

Perceptions of parents as survivors rather than victims, were echoed by their parents' self-reflections, many of whom acknowledged their victimisation but also pointed out their successes and their efforts to overcome early childhood adversity. Almost all "care" leavers told stories with elements of triumph despite their extensive experiences of child abuse and trauma.

Learning About a Parent's History in Institutional "Care": "It was like his whole story had him trapped and once he let that story go, it has really freed him to get out there and be himself again." ¹⁶¹

Whilst some children described long standing closeness with their "care" leaver parent, others had described experiences of emotional and physical distance until they reached

¹⁶¹ The parents were asked about how much of their experience in institutional "care" had been shared with their children, and the children were all asked about their knowledge of their parent's history in "care". This was an important question because silence about a parent's traumatic past and its antithesis - over-disclosure past are regarded as mechanisms for the transmission of trauma (Ancharoff et al., 1998; Charles & O'Laughlin, 2015).

adulthood, where their relationship with their parent changed for the better over time. Learning about their parents' histories in institutional "care" seemed to facilitate the positive changes; it was also pivotal for understanding their parent's parenting and the challenges that their parents had confronted.

Mediums Used to Share the Story. Parents used various mediums to convey information about their history. Some parents directly shared their story, whilst others used vicarious examples, like watching movies about orphanages so that children could see, as Isabelle said, "how mummy grew up". David, Dorothy, and George, shared their story when their children were well into adulthood. David for example, first showed his son a Ted Talk about Forgotten Australians. David then wrote three songs about his childhood experiences, which he produced with his son's help. Dorothy handed her entire case file to her daughter, Laura, to read, and George wrote his story in a newspaper article and subsequently gave that article to his son. Other parents invited their children to CLAN meetings and Redress protests. One daughter visited the orphanage her father had lived in.

The Royal Commission also provided a platform for several parents to share their story and for their children to hear it. For some families this was transformative. Katie, for example, said that her father's telling of his story to the Royal Commission, provided opportunities for increased contact and connection with him:

I think it's ever since he's opened up about what happened to him, he's broken out of his shell and he'll actually go out. Four years ago, you just couldn't get him out of the house. ...It was like his whole story had him trapped and once he let that story go, it has really freed him to get out there and be himself again.

Alison's perception of her mother's behaviour changed after her mother told her story to the Royal Commission:

Not much of mum's story really came out until she started on the Royal Commission. And that's when it all came out. Like from 16 through to 21, we had no communication. I didn't like her; she'd done my head in and now it all makes sense as to why she was so 'Full on'. And I can go, 'ok'.

Promoting Understanding. Although the children acknowledged the complexities of their upbringing, for example, the strictness, the emotional and physical distance or abuse, their narratives reflected an understanding of their parents' childhood struggles and its impact on

their parents' capacity to be emotionally and physically demonstrative. They talked about their parent not ever having been shown affection or love when they were children in "care". Laura recalled, that knowing the "details" of her mother's "horrible" childhood gave her "compassion and empathy for mum" despite the abuse her mother had inflicted upon her. She understood her mother's childhood as "horrific. It's just horrible what she went through". For Laura, with this knowledge, came forgiveness and she said to Dorothy: "Mum, you were young, ill equipped, the abuse could have been a lot worse".

Knowing their parent's experience also seemed to help children not take their parent's lack of affection personally. For example, Gabrielle noted:

I mean he never had a parent who would give him affection or anything like that, so I guess it was all new to him. I always knew it was connected to his childhood. I never thought, 'Oh he doesn't hug me; he doesn't love me'.

For David and Joe, as noted in Chapter 5, a closer relationship emerged in adulthood. This seemed inspired by the joint venture of making music and photography. David and Joe used music as a means of representing David's history in "care". Using this creative medium, Joe learnt more about his father's history, which until then, had been rarely discussed. On another occasion, Joe took professional portrait photos of his father. Both these experiences, Joe told me, fostered feelings of closeness to his father. He became visibly moved when looking at a photograph he had taken of his father and gently wept as he gazed at the photo:

I wanted to capture the essence of who he was in the event that one day he will go. You can see that his hands are big. They're strong. His hair is trimmed and clean so he's respectful. His face, his tone on his skin, tells me he's had hard knocks. He hasn't had an easy life. This man has not had an easy life. He dresses respectably. He looks good. His hands are a working man's hands. I've got dad's hands.

Degrees of Sharing

Not Sharing at All - Silence: "They knew nothing." Tony, George, David, and Dorothy, did not share any stories of their experiences in institutional "care" until their children were adults. I have described this absence of narrative about the parent's experience as 'silence'. The cause of silence was most often related to shame, embarrassment and the childhood experience of abuse disclosures being disbelieved and punished by authority figures. Tony who "just squashed it all. Covered it up. Wouldn't talk about it" told me in anguish, "The shame. I live with it! I live with it!".

Tony, the only parent estranged from his children, said they “knew nothing” of his story until they were in their late teens. Tony’s telling was precipitated by his receiving monetary compensation for the abuse he had suffered from Church clergy. However, Tony lamented that eventually his children “heard a lot of my history in the angry way” and he believes his aggressive manner of talking about his experiences led to the estrangement from one of his daughters.

Sharing Everything - Knowing Too Much: “I’ve always known”. Gabrielle, on the other hand, was the exception in my research in terms of her lifelong knowledge about her father’s (Eddie’s) history. Where Eddie’s childhood was characterised by his parents’ “secrets and lies”, he has ensured Gabrielle “knows everything. I keep her informed”. Gabrielle agreed, “I can’t remember ever not knowing”.

In Gabrielle’s case it seems that her father’s revelations about the traumatic hardships he and his sister faced in orphanages, although well intentioned, were very challenging for her to listen to. She reflected that knowing his childhood story “is hard for me because I know he struggles so much”. Gabrielle bore witness to her father’s detailed recollections of traumatic experiences which included stories of extreme institutional child abuse. The impact of knowing so much seems complex. Whilst providing context for her father’s behaviour, Gabrielle’s narrative seems to suggest that knowing so much may also be related to her own mental health issues, which she continues to treat with psychotherapy and medication; both interventions help her ward off “the feelings that I had when I was younger; being anxious and stressed all the time.” Knowing so much of her father’s history has:

Altered the way I see some things I suppose. Like the past. Not everything is what it seems. I feel like there’s a lot more going on with the mental health side of things. There’s so much other stuff that I couldn’t begin to explain; mental health is such a big issue in this family.

The Middle Ground: “Drip feeding”. Somewhere between not sharing and sharing too much, was a middle ground, termed by one parent as “drip feeding”. Most children learnt increasing amounts of information about their parent’s “care” history as they reached adolescence, with more openness and sharing occurring in adulthood. When they were young, they knew that their parents had grown up in Children’s Homes or orphanages, but they had little idea about the experiences in these institutions. Parents described telling “bits and pieces” or “drip feeding” information. This was appreciated by the children, one of whom said that when she was younger, she “would not have had the mental capacity to understand what mum was talking about”.

There was agreement amongst most parents that the “care” experience was, as Isabelle reflected, “Very hard to describe. They wouldn’t know how horrendous it was”. Parents were thoughtful about how much to share and appeared to take their children’s developmental age into account before talking about their history. As Vera’s daughter, Katie, described:

It was drip fed over the years. Everything was age appropriate. Mum left the harder most horrible things until I was at an age where I was able to understand properly. I was probably in my teenage years when she told me the more horrible stuff. ...I think knowing what’s happened with mum when she was growing up, she hasn’t hidden anything, and I think that’s why me and mum have such a good bond and relationship.

For others however, there were feelings of knowing “enough” and to know more could potentially feel overwhelming. This was illustrated by Joe’s sentiments:

I’m happy with what I know. I don’t want to know more. If dad wants to talk about it, then I’m all ears. But I don’t think to want to approach him and say I want to know everything, every little detail. I don’t think I could go through that.

How much to share and the content of sharing seems to require a delicate balance, exemplified by Alison’s remark, “You don’t want to know too much but you don’t want to shut them down from sharing either”.

Knowing a parent’s story also had positive impacts in the child’s professional life. Amy told me her commitment to helping others and her choice of a career in welfare was influenced by her father’s childhood experience. For Amy, knowing her father’s story has contributed to her optimistic attitude to life and her work, where she sees “a silver lining in all things regardless of how bad a situation is”.

Summary of Supporting Themes

Importance of family, Admiration and compassion for the parent, and Learning more about a parent's history, emerged as overarching themes that encouraged closer relationships between children and their parent. This family closeness was also illustrated through staying in contact and feeling supported, being protective, and feeling able to talk openly with each other. Maintaining contact between family members was paramount. Children emphasised the significance of caring sibling relationships demonstrated, for example, by "welfare checks" that would occur between them and between them and their parents. Although parents were perceived as strict in some circumstances, this was understood by children to be motivated by their parent's wish to protect their children either from going into "care" or from external threats. Being able to speak openly was also underscored as important in family closeness and reflected the value placed on connections between parents and children.

Children spoke with admiration and compassion about their parent's capacity to overcome their childhood experiences, conveying an impression that they saw their parents as survivors, affected by their traumatic childhoods but not always constrained by them. Increased knowledge of their parent's history seemed to foster compassion and understanding about the parents' parenting approach including the strictness and emotional and physical distance.

Whilst most children's experiences of their parents and parenting were overwhelmingly described in supportive and positive terms, another, more adverse legacy of parental institutional "care" and its impact on children is described in the next section.

Impeding the Parent - Child Relationship

Two overarching themes emerged from children's experiences of their parents and parenting, describing what were ambivalent, and at times, complex impacts on the relationship between the "care" leaver parent and their child. The degree of these impacts varied from feelings of loneliness to the experience of significant child abuse.

Physical and Emotional Distance: "He was always very standoffish."

Many of the children described experiencing their parents as emotionally and/or physically distant. Their narratives were consistent with their parents' descriptions of these same challenges with their parenting. Children spoke of their parent being unable to show affection, express their emotions or talk about feelings. Some described their parent as "being in the background"; either away working or otherwise not being physically present. They described experiencing the distant parent as "letting" the other parent "do a lot of the parenting". Alison told me about a very difficult time during her adolescence when several of her friends had died

from drug overdoses and her mother was hospitalised for brain aneurisms. She did not believe she could rely on her “care” leaver father and felt there was no option but to run away:

That was the time mum was having surgery and stuff so there was no talking or coping. Dad was focused on mum and everything else and I just legged it. They didn’t know how to talk to me. Especially when mum was in hospital, and it was all on dad. And dad wasn’t coping. He didn’t go to the supermarket. He didn’t know what to do!

Gabrielle’s experiences of her father echoed his description of himself as “emotionally dead”. She shared that:

I could never go on the couch and give him a cuddle. He was always very standoffish. He struggled to show emotion. It’s only been in the last couple of years that he’ll like, hug me. I always knew he loved me and do everything for me, but he would never really hug me, and it was always awkward.

Gabrielle said her father’s response to her deliberate self-harm (during adolescence) indicated what she termed as his lack of “emotional recognition”. She explained:

He doesn’t get it. He doesn’t get how to approach things like that. He knew I was cutting. It would’ve been pretty obvious. He didn’t talk to me about it back then. Nothing. It would have been hard for him.

Despite her father’s emotional and physical distance, Gabrielle said their relationship was “very close”. Her empathy, related to knowledge of his history, as well as the mediating influence of her loving and affectionate attachment with her mother, emerged as important influences on her relationship with her father. These are discussed further in Chapter 8.

Joe and Laura did not reference having another parent to mediate the difficult impact of their emotionally distant and distressed parent. Laura recounted multiple experiences of physical and emotional abuse. In one example she recalled, “My brother and I would have to go to mum and kiss her goodnight. And she’d barely acknowledge it, she’d be engrossed in her television. She’d say ‘Yep. Ok’. She was just miserable.” Although Alison described feelings of loneliness, it was Laura’s and Joe’s narratives, that, to a greater degree than those of other participants, encompassed feelings of fear, loneliness and anxiety related to their parent. I describe their experiences in more detail below.

Feeling Lonely, Anxious, and Scared Around the Parent: “I remember worrying the entire time.”

Laura’s and Joe’s narratives were concerned with themes of loneliness, anxiety, and fear. Laura described a childhood of profound neglect, and psychological and physical abuse by her mother. The maltreatment was confirmed by her mother during our interviews. Laura reported feelings of anxiety, persistent hypervigilance, and fear throughout childhood. She described parentified behaviour from the age of four. This daughter is the only child in my research who viewed her parent as a helpless victim, self-absorbed, “It’s all about her”, and permanently debilitated from her life in institutional “care”. Laura provided several examples that illustrated her mother (and her mother’s boyfriends) perpetrated physical abuse, so extreme that it has left permanent injuries. She also recalled that her mother’s first suicide attempt occurred when she was aged five:

You know slashed wrists and sleeping tablets. She’d go off her rocker and destroy everything in the house and smash things. She’d get in these fits of rage that she couldn’t control. I had to be vigilant. As soon as I walked in that door, it was, ‘What mood will she be in?’. I had to be vigilant twenty-four seven.

The parentified behaviour continues to this present day illustrated by Laura’s reflections that “I feel like I’m her translator for the world”. Laura’s poised composure was in stark contrast to her mother’s frightened presentation. Laura gently guided her mother into the interview space, checking in with her at the end of the interview. When it was Laura’s turn to be interviewed, she took her mother to the street, pointed out directions and repeatedly reassured her that she was a phone call away.

The complex implications of Laura’s childhood on her adult life were articulated by Laura throughout her narrative. Laura spoke about being “obedient and loyal” as a child: “I cowered in the corner, stayed out of the way”. In adulthood, Laura described herself as “unable to relax”. She explained that she “find(s) it very difficult to be in the present. I’m always constantly worried”. She went on to elaborate that she becomes “very overwhelmed at work”. Setting limits appears difficult for her: “I just keep taking on more and more even to my own detriment”. She tells herself: “I am like ‘Just take it’”. After two workplace bullying incidents, Laura continues to “just cop it. I don’t speak up”. She said she is aware that her difficulty standing up for herself is related to her past because when she is being bullied, she said, “I just go into this child like mode and it’s my mum and my baggage with her”. Laura reflected that her childhood has “left me emotionally lacking”. With herself and others including her children, Laura “doesn’t have much empathy”. Her outlook has been that:

It's got to be bad before you drop the ball. You're not allowed to drop the ball. 'You just plough on and pull your socks up' my mother would always say. You've got to be bleeding. You've got to be a complete mess.

Several times throughout the interview she referenced being "conscious" and being "mindful" to "work on and improve" the areas where she feels personally challenged with empathy in the workplace and with parenting. Compared to her, she said others "had it easy and they should have more resilience". But then she is reflective, "I've learnt. And I've said to myself 'You can't compare yourself Laura, you can't be your own barometer. Each person has their own story'". Laura does not seem to see herself as a victim. She said childhood "could've been worse" and she described herself as "extremely resilient". Despite her abusive childhood, Laura reflected: "I did feel loved. There were moments when mum would be normal and she'd say, 'I love you so much' so I think that was probably a little nugget that I held on to".

Joe's narrative wandered through a terrain of perceptions about his childhood that included not feeling neglected. But at the same time, he described his childhood as: "I have no family", "I was alone...very isolated"; reinforced with an example of being abandoned one Christmas. He spoke of his home environment as fractured by parental discord. When asked to recall what he remembered most of childhood, he said:

The discipline. I've never seen dad be very emotional and he's taught me that too. ... Dad struggled to look after me alone in the house. And that was a scary time because I knew if I did something wrong, I would cop it and I copped it big time. Copped a cricket bat across the back of the legs once. That hurt! I know he smacked me a few times. Gave me a couple of really good beltings with the spoon. I'm not sure if he ever used the strap. He never physically punched me. He did push me around a couple of times. When he hit you, you knew it was coming. You felt it for the next week!

Yet Joe's narrative contained a sense of contradiction as he talked about modern adolescent problems being caused because parents not being "allowed to smack their children! Where's the discipline!". He was emphatic, "I turned out fine!". Although the themes of loneliness, fear and anger lingered in his narrative of childhood experiences, it was difficult to locate how much those experiences were related directly to his "care" leaver father. Joe also described distant relationships with his mother, stepfather, and other members of his extended family. Yet despite Joe's and Laura's recollections of adverse parenting experiences, they remain in regular contact with their parents.

Summary of Impeding Themes

Two overarching themes emerged as impeding the relationship between children and their parents. First, the complex impact of physical and emotional distance described by parents in Chapter 5, was echoed by their children. In time, with increased knowledge of their parent's history, children seem to have developed an understanding of their parent's difficulties with physical and emotional closeness. The second overarching theme was associated with childhood recollections of anxiety, loneliness, fear, and the complex feelings that were evoked when recollecting challenging parental behaviour and treatment towards them.

Summary of Chapter 6

In this chapter I identified the themes elicited from children's experience of being parented and their understanding of the role their parent's institutional "care" has played in this. Themes were grouped into two categories, supporting and impeding, as determined by the impact the theme seemed to have on the relationships between the parent and child. Importance of family closeness, Admiration and compassion towards the "care" leaver parent and Learning more about a parent's history emerged as overarching themes that appeared to support the relationship between children and their parents.

To varying degrees, almost all the children experienced some form of adverse impact on their upbringing related to their parent's traumatic experiences as "care" leavers. They spoke about a range of experiences, I've described as impeding: Physical and emotional distance from their parent and Loneliness, anxiety, fear, and abuse.

Importantly, this chapter illustrates that despite the presence of these impeding themes, parent-child relationships were not continually disengaged, nor did they remain static. Despite early relational challenges, three children (Alison, Laura, and Joe) described improved relationships with their parents when they reached adulthood. These improved relationships over time seemed in part related to the children's increased knowledge of their parent's childhood history. Varying degrees of telling and knowledge were revealed ranging from not telling (during childhood) and therefore having no knowledge (during childhood), to "always" knowing about a parent's institutional "care" history. As Gabrielle, Emma and Joe's narratives suggest, there appeared to be a delicate balance between knowing not enough and knowing too much. Overall, the impact of knowing seemed important and increased a sense of compassion and empathy for their parent as they came to understand their parent's actions from a context of their traumatic "care" leaver history.

Summary of Section II: The Findings

The Findings were presented in three discrete chapters and addressed two broad research questions. Firstly, how growing up in institutional “care” affected survivors’ parenting and their relationship with their children. Secondly, how children experienced their parents and the children’s understanding of the impact institutional “care” may have had on how they were parented. These questions were essential to address the key research question of my research which was the exploration of intergenerational impacts of institutional “care” on parenting.

In Chapter 4 I introduced the participants, also offering my impressions of their presentation and of the interview encounters. I presented a brief background of their experience in institutional “care” and its impact. In Chapter 5, I described overarching themes and subthemes that emerged from “care” leavers’ experiences of parenting. These are categorised as supporting, impeding, and mixed, determined by the impact on the parent-child relationship. In Chapter 6 I described overarching themes and subthemes that emerged from children’s experiences of their parents and categorised these as supporting or impeding.

A higher order analysis that involved a thorough engagement with the literature in the field of intergenerational trauma, is presented in the following two chapters and identifies key factors that appear to ‘contribute’ to or ‘moderate’ the adverse impacts of institutional “care” trauma from parent to child. These factors are discussed in reference to the literature.

SECTION III: Untangling the Past and Looking Forward

The adverse impacts on parenting for those who have survived institutional “care” are well documented (Australian Government, 2017a, 2017b, 2017c; SCARC, 2004). Survivors bear a tension between wanting to protect and nurture their children and not having the knowledge or prior experience of positive parenting role modelling against which to be able to do this (Blakemore et al., 2017). Given the detrimental and pervasive consequences of institutional “care” on survivors, I sought to understand the intergenerational impact of institutional “care” on parenting.

In Section II, I described the findings of my field research which identified overarching themes and subthemes that emerged from the narratives of the “care” leavers and their children with respect to the impact of institutional “care” on parenting and the parent-child relationship. For parents, three categories emerged: Supporting, Impeding and Mixed. For their children, two categories emerged: Supporting and Impeding.

For the discussion which makes up Section III, I offer a high order analysis of the themes that were presented in the findings. The analysis involved a process of interweaving with and engaging the literature in the field of intergenerational trauma transmission which is embedded in psychological understandings. Hence, a feature of the analysis is that it draws on psychological perspectives to understand the impact of institutional “care” on parenting. In Chapters 7 and 8, I reshape the overarching and subthemes from the findings and conceptualise them as:

- i) Factors that appear to contribute to adverse impacts of institutional “care” on parenting, and
- ii) Factors that appear to moderate these impacts.¹⁶²

A mix of these factors, with varying degrees, were present in most families. Contributing factors are discussed in Chapter 7 and moderating factors are discussed in Chapter 8. Attention is drawn to the findings that informed each factor. The factors are broken down into pathways¹⁶³ which describe how the factor seemed to contribute to, or moderate, the impact of institutional “care” either through the spectre of trauma in the family milieu or through parental behaviours.

A note on language:

Although the literature in the field of intergenerational trauma informed my discussion, my research was not aiming to assess whether trauma had occurred in the children of survivors; rather, the aim was to explore the impact of institutional “care” on parenting from the perspective of “care” leavers and their children.

¹⁶² I borrow the terms ‘contributing’ and ‘moderating’ and ‘factors’ from Dekel & Goldblatt (2008, p. 281) and Alink et al., (2019, p. 3).

¹⁶³ I borrow the term ‘pathways’ from Auerhahn & Laub, (1998, p. 37).

The narratives of some of the children may suggest traumatic impacts, however, I did not ask directly nor assess whether the children were traumatised. We can speculate that for one daughter (Laura), trauma was experienced, however, for the remaining children, although there were adverse impacts, I cannot make generalisations about whether they were traumatised. They were each, to varying degrees, affected by their parent's trauma history, and therefore I use language that indicates adverse impacts. Thus, contrary to much of the literature in the field of intergenerational trauma, I do not use the word 'mechanisms' to describe the factors that appear to contribute or moderate the impacts of institutional "care". Future research may use formal psychometric assessments to empirically assess for evidence of trauma in the children of survivors of institutional "care" and then explore the mechanisms by which trauma may have been transmitted.

CHAPTER 7: Factors Contributing to the Impact of Institutional “Care” on Parenting

Introduction

As noted by others, my research also revealed that childhood institutional “care” adversely affected parenting, and most children I interviewed referenced some adverse intergenerational impacts related to their parent having been raised in “care” (Australian Government, 2017a, 2017b, 2017c; Murray et al., 2009; Penglase, 2005; SCARC, 2004). The adverse impacts varied. Only one family reported the absence of adverse impacts. However, as Perry et al. (2006) note, “absence of evidence is not evidence for absence” (p.298). Perhaps interviews with the other children in each family may have yielded different findings.

The literature in the field of intergenerational effects of trauma is replete with evidence of its transmission to the second and sometimes third generation (Lehrer & Yehuda, 2018). In this chapter I describe the six key factors I have identified as contributing to the adverse, and at times, traumatic impacts of institutional “care” on parenting. Within each key factor, I propose the pathway(s) by which the adverse impacts seem to have occurred. The adverse impacts are drawn from the impeding overarching themes and subthemes that emerged in the Chapters 5 and 6.

Six key factors emerged: Emotional and physical distance, Expressions of aggression and violence, Silence about a parent’s history, Over-disclosure by a parent about their “care” leaver history, Negative experiences of marriage and relationships, and Narratives of ongoing suffering. Varying degrees of contributing factors were present in all families but one. Two parents’ narratives, Dorothy’s and Tony’s, contained five of the six contributing factors and thus, aspects of their parenting experiences feature frequently throughout Chapter 7.

Emotional and Physical Distance

Five fathers and one mother spoke about being emotionally and physically distant from their children. Their recollections echoed their children’s experiences of them as parents. Descriptions of the themes that informed this factor, and examples that illustrate it, were highlighted in the findings in Chapter 5 and Chapter 6.

Emotional and physical distance manifested in the absence of physical affection and in the challenge of showing emotions, expressing love or being able to talk about feelings. Common with other institutional “care” leavers, the parents seemed aware of their inadequate emotional and physical responses to their children and attributed their struggles in parenting to the institutional “care” environment which was devoid of affection, nurture, and warmth (Maunder, 1994; Murray et al., 2009; Penglase, 2005; Perry et al., 2006; SCARC, 2004). Parents in my research, like other “care” leavers, experienced a profound absence of safety that was intensified by a mistrust of other human beings, especially authority figures (Australian

Government, 2017a, 2017b, 2017c; Penglase, 2005; SCARC, 2004). The impact of childhood institutional abuse and struggles with parenting were compounded by a lack of knowledge regarding how to parent and how to manage their feelings (Penglase, 2005). All but one resorted to substance abuse.

The parents' descriptions of being "emotionally dead" and "shut down" is understood as a survival technique employed in situations of deprivation and despair (Fritsch, 2006). Without adequate caregiving to help a child understand, process, and reflect on their feelings, knowledge of one's inner world and hence, knowledge of another, is compromised (Holmes, 1999). Feelings can be experienced as dangerous and frightening and when children are consistently emotionally deprived, they will defensively numb themselves, inhibiting their capacity to *feel*, in order to survive (Fritsch, 2006; Holmes, 1983, van der Kolk, 2014). For six parents in my research, it appears that this adaptation in childhood, has continued in their adult lives. Of the multiple traumas experienced by the participants, chronic victimisation from child sexual abuse was a repeating theme. Due to their own history of child sexual abuse, some parents may unconsciously experience anxiety about physical contact with their own child (Wark & Vis, 2018). I now discuss the legacy of child sexual abuse victimisation, the emotional impact of abandonment and abuse, unresolved trauma and the transgenerational atmosphere, as possible pathways that contributed to emotionally and physically distant parenting of trauma survivors.

The Legacy of Institutional "Care" Child Sexual Abuse

Institutional child sexual abuse is associated with pervasive impacts on the psychological life of survivors and their parenting (Australian Government, 2017a; Carr et al., 2019; Carr et al., 2010; Murray et al., 2009; O'Riordan & Arensman, 2007; SCARC, 2004). Dorothy created a home environment for her children similar to that of her own childhood abuse and adversity. She was adamant childhood had affected her "heaps, heaps!". In this regard, she passed on the legacy of her experience of child abuse, family violence and neglect (Martsolf & Draucker, 2012). Dorothy was the only mother in this research who spoke to me of an aversion of touch that manifested in physical and emotional distance from her children. Nevertheless, her experience reflects that of other mothers with sexual abuse histories, who report that one of the most difficult parts of parenting is their emotional absence or unavailability to their children (Armsworth & Stronck, 1999; O'Riordan & Arensman, 2007; Wright et al., 2012). Other parenting issues for child abuse survivors include fears of touch, emotional numbness, verbal hostility and physical coercion (Armsworth & Stronck, 1999; Lyons-Ruth & Block, 1996). Several factors impede an abuse survivor's capacity to develop emotional intimacy and closeness, including: an unbalanced development, disconnection from others, and an absence of skills with respect to boundaries (Armsworth & Stronck, 1999; Wright et al., 2012). These issues, present in Dorothy's life, seem

to continue to afflict her relationship with Laura, who said she experiences her mother as self-absorbed and needy.

Five of the six fathers interviewed were survivors of child sexual abuse. Consistent with the literature, these fathers reported physical and emotional distance from their children (Wark & Vis, 2018). The traumagenic dynamics of child sexual abuse, namely: betrayal, stigmatisation and powerlessness, and the aftermath of being disbelieved, punished, and made to feel responsible, precipitate profound long-term damage caused by childhood sexual abuse (Finkelhor, 1988). These dynamics lead to relational challenges that were, to some degree, described by all fathers. They include: intimacy problems, issues with trust, isolation, anger and feeling removed from their emotional capacity to connect with others which led to long term struggles with developing emotionally intimate relationships (Kia-Keating et al., 2009). These dynamics seemed to dominate Tony's narrative, regarding his ongoing relational and unresolved challenges with his children, from whom he is estranged. In Martsof and Draucker's (2008) terms, Tony seemed "plagued" by his childhood legacy of abuse (p. 337). He reflected that, ultimately, his attempts to parent well, were perhaps ineffective, describing that "maybe I did impact [my children's] lives in a negative way".

Like other survivors of institutional sexual abuse, the fathers I interviewed lacked role models to show them how to be affectionate in an appropriate manner (O'Riordan & Arensman, 2007). Research suggests, that for some men, emotional and physical disconnection from their children has been attributed to fear of causing arousal either in themselves or their child (Sigurdardottir et al., 2012). Whilst none of the men in my research were explicit in naming these fears, one father's comment, based on free association, which follows "an emotional rather than a cognitively derived logic", may suggest an underlying anxiety of these very fears (Hollway & Jefferson, 2013, p. 140).¹⁶⁴ For example, David declined to take his son on a scout camp because to do so he would have to become a Scout Leader. He then immediately said that "it was asking for trouble" to be the only adult on a camp with 12 boys.

Wark and Vis (2018) suggested that conformity to masculine norms of stoicism, marked by self-sufficiency, emotional toughness, and the devaluing of relationships, contribute to survivor fathers' relational challenges with their children. Emotional "shutdowns" protect people from overwhelming feelings (van der Kolk, 2014, p. 81). All the fathers recounted stories that showing vulnerability in institutional "care", made them a target of abuse and punishment. The stoic coping perhaps was protective when there was no one to help them as children. For

¹⁶⁴ The principle of free association occurs when the participant is asked to say what comes to mind. Accordingly, this kind of narrative is structured according to unconscious rather than conscious logic and its attendant coherent narrative. Free associations therefore allow the interviewer "access to a person's concerns" and to understand "contradictions, elisions, avoidances" as a product of unconscious dynamics that are aimed to avoid or master anxiety (Hollway & Jefferson, 2013, p. 34).

Tony, the only participant estranged from all his children, close relational contact continues to be threatening. He agonised that he “can’t commit; I don’t trust anyone enough!”. Without early or subsequent stable caregiving relationships to guide development and provide a framework for resolving problems, Tony does not seem able to repair his relational ruptures (Kia-Keating et al., 2005). The impasse seems to further isolate him from his children whose estrangement he appears unable to understand or resolve.

Emotional Impact of Abandonment and Abuse

Consistent with others’ findings into institutional “care”, parents in my research described institutional life as marked by abuse, violence, control, rather than nurture and support (Australian Government 2017b; Carr et al., 2019; Penglase, 2005; SCARC, 2004). In addition to the brutality of institutional “care”, the “care” leavers I interviewed had biological parents who were either absent, abandoning and/or abusive. These experiences can preclude the development of healthy parenting skills and disrupt the capacity of some parents to provide physical and emotional nurturing to their children (Australian Government 2017c; Carr et al., 2019; Maunders, 1994; Penglase, 2005; Raphael et al., 1998; SCARC, 2004).

When caregivers are abandoning or repeatedly fail to soothe a child’s distress, the child’s attachment suffers (Hesse et al., 2003). Instead of being a source of love and warmth, the family home and then the institutions that housed “care” leavers, became sources of terror. The “care” leavers suffered a double loss: the loss of biological parents *and* abuse by their caregivers in the institutions. The loss of a loved one is one of the most intensely painful experiences a child can suffer (Bowlby, 1980). Each parent told me that they did not have any adults who could comfort them or explain what was happening to them, including why they were placed into institutional “care” in the first place. All described childhoods characterised by anger and fear. They helplessly witnessed, or personally experienced, cruel punishments and abuse. They share these experiences with many institutional “care” leavers (Maunders, 1994; Murray et al., 2009; Penglase, 2009; SCARC, 2004, Smith, 2015). From many of the parents’ narratives it appears there had been no containing, thinking presence to help them soothe overwhelming experiences (Henry, 1983). The child (and then, the adult) is left with overwhelming feelings, without context and without soothing (Howell, 2014). Feelings become almost impossible to articulate and emotional numbing, as described by the fathers I interviewed, then serves as a coping mechanism for the childhood trauma that continues to haunt them (van der Kolk, 2014).

Unresolved Trauma

A parent’s unresolved trauma is central to the intergenerational transmission of traumatic impacts to their children because the memories of a parent’s own abuse compromise

the person's capacity to function effectively as a parent (Lyons-Ruth & Block, 1996). To varying degrees, all parents spoke about the difficulty in working through their traumatic childhood experiences.¹⁶⁵ They disclosed historical and current use of cannabis and alcohol to alleviate the emotional pain related to their history and its consequences on their life. Research has shown that fathers who have difficulty regulating distance and closeness from their traumatic memories, may find it difficult to regulate distance and closeness from their children (Dekel & Goldblatt, 2008).

Trauma that has not been worked through can preclude parents from being able to tolerate their children's vulnerability, leading to parenting dynamics that may be described as emotionally distant or reactive (Lieberman 1999; Mohler et al., 2001). Some of the fathers told me they had been "reactive" as parents. All parents said some memories were just too painful to access; "stuff that's buried", "stuff that can't be talked about" and "I didn't want to relive my childhood".

I observed the emotional struggle parents had when their traumatic memories cast their haunting shadows. The parents would pause, inhale deeply, look away. Eyes welling with tears, they would fall silent. Parents' somatic responses and verbal reflections suggested that memories of childhood trauma may have invaded their parenting experience, contributing perhaps to complex family dynamics that included emotional and physical distance and reactive expressions of anger (Isserman et al., 2011).

Difficulties accessing, processing, resolving, or coming to terms with painful feelings have been shown to adversely impact the quality of the parent-child relationship (Berthelot et al., 2015; Fraiberg, et al., 1975; Hesse et al., 2003; Lyons-Ruth & Block, 1996). The ghosts of the past then continue to wreak havoc on the present, observed when overwhelming emotions are split off and projected onto a child (Cramer, 1997; Fraiberg et al., 1975). This was illustrated for example, when Dorothy blamed the newborn Laura for the pain she felt during her labour. In this example, Laura was imbued with the power of a violent 'other', via the projection process, where the baby is immediately assumed to have intentions and preferences (Cramer, 1997). In another example, Dorothy recounted that when Laura was brought to her breast for a feed, Laura "was pushing me away. So, a wall went up. Rejection. I thought that was her not wanting me". Dorothy perceived the child's signal as evidence of the child's badness and a personal attack, to which she responded with anger and rejection (Fraiberg et al., 1975). Dorothy's feelings of "anger, hurt, rejection" are persistent and dominated her narrative. They are the

¹⁶⁵ I borrow the term 'working through' (partially) from Braga et al. (2012) who write about Holocaust survivors and their children's ability to "psychically work over" traumatic events (p. 8). I have used the term "work through" to describe the ongoing process of accessing, processing and resolving or coming to terms with painful feelings as described by Fraiberg et al. (1975) and Holmes (1999, p. 115 and p. 125-126).

scars of a life that has been a battle to negotiate. Rejection marked the starting point of her life and she perceived it at every turn. When Laura was born, those feelings of rejection were attributed to Laura (Cramer, 1997). Dorothy's response was to punish Laura, for whom life became tormenting. In Chapter 6, Laura described the experience of extreme neglect and violence that resulted in her parentified behaviour and in chronic hypervigilance.

One of the major consequences of an abusive childhood for Laura is her over-tolerance for being treated poorly in the workplace; experiences she described as "bullying". With respect to how she parents her two children, Laura described some challenges with empathising with her children's fears, vulnerabilities and their need for comfort (Wright et al., 2012). Her difficulties with empathy for her children's need for comfort, can be traced to her own history of her own mother's lack of empathy (Armsworth & Stronck, 1999; Martsolf & Draucker, 2008). The interplay between the past and present, expressed as a lack of empathy, is well established (Fraiberg et al., 1975; Lyons-Ruth & Block, 1996). Woven throughout the narratives of the children who reported feeling lonely or emotionally and physically distant from their parent, was their perception that their "care" leaver parent did not seem to realise when they (as children) were suffering. According to the literature, traumatised parents face challenges with attuning to their children's distress and this is related to a parent's need to defend against their own re-experiencing of the fear and helplessness of their own childhood (Fraiberg et al., 1975; Lyons-Ruth & Block, 1996). These defences can then lead parents to minimise contact with their child so as to avoid activating unintegrated memories (Lyons-Ruth & Block, 1996). Unresponsive withdrawal, and the absence of empathy, serves to keep the abuse survivor from being flooded with unintegrated memories of their own childhood vulnerabilities and lack of protection (Lyons-Ruth & Block, 1996). An example of 'unresponsive withdrawal' was when Laura would show affection for Dorothy who would "barely acknowledge it. She was just miserable."

Parents' difficulties in responding to their children's needs may also be attributed to poor early parental experiences¹⁶⁶ which may have led to the failure to develop a reflective function; something which enables a person to attribute mental states to themselves and others (Berthelot et al., 2015).¹⁶⁷ For example, Dorothy's unresolved and unprocessed childhood trauma led to "uncontrollable rages and abuse of my children". Distressed, emotionally numb and cut off from empathy for herself and for her children, Dorothy created situations of chaos, unable to reflect upon her behaviour as damaging (Atkinson, 2015). Since Dorothy's capacity to reflect upon her children's mental states and needs was severely compromised, Laura felt she

¹⁶⁶ For example, neglectful, abusive, unavailable, misattuned or dismissive parenting (Fraiberg et al., 1975; Holmes, 1999; Lyons-Ruth & Block, 1996).

¹⁶⁷ The development of a reflective capacity depends upon an awareness of the mental states of one's attachment figures, however when those attachment figures are "unloving and cruel [the individual] may find the contemplation of the contents of the mind of the object unbearable" (Fonagy, 1991, p. 650).

had little option other than to become hypervigilant and engage in parentified behaviour, from the age of four.

The Transgenerational Atmosphere

Children's symptoms and behavior cannot be viewed independently of their parents' histories. They exist within a transgenerational atmosphere whereby the influence of past traumatic events is felt in the present; space and time are distorted, and the original threat is experienced as existing in the here and now (Bako & Zana, 2018). Survivors wordlessly make their children witness to their experiences and in the silence, the children do not have any clear insight into what is happening (Bako & Zana, 2018). We saw this for example in Vera's compulsive cleaning of the home "in case welfare came past" and removed the children. All parents reported similar concerns of their children being taken into "care".

The threat is present and real, existing in a distorted space-time field; the experience seems to "extend endlessly [and] cannot become part of memory" (Bako & Zana, 2018, p. 273). I witnessed these intrusions of the past in the parents' emotional reactions during our interviews. Most seemed able to split their anxiety from their conscious daytime lives, delegating it to the unconscious where it emerged at night. All parents dwelt in both worlds; in a "double existence", however, "the price of a daytime life is the splitting of certain parts of the self" (Bako & Zana, 2018, p. 277). I saw evidence of this double existence when parents spoke about successful daytime lives, but night-times besieged by chronic insomnia, nightmares, restless sleep, banging their heads against walls and rocking their bodies for reasons unbeknown to them. Vera's description seems most apt:

You keep yourself as busy as possible doing what you needed to do so you don't have time to think. You make sure you don't have time to have to deal with it because when you sit and you have quiet time, that is when Pandora's boxes like to open. The Pandora boxes had free range in the night and that was enough.

A "double existence" occurs for the children too, where loneliness and suffering exist in parallel with mature well-functioning relationships and outward successes. We see this in Gabrielle's and Laura's lives; both of whom described successful careers, independence and healthy intimate partnerships. Yet, both women also spoke of feelings of pervasive anxiety. In Gabrielle's case, there was a sadness and anxiety so persistent it requires medication to be managed. I describe Gabrielle's experience in more detail below.

Children's experiences of loneliness and anxiety occurred within a transgenerational atmosphere whereby their parents' fears and trauma from the past remained in the present,

potentially shared by the children as a “we experience” (Bako & Zana, 2018, p. 284). According to Bako and Zana (2018), the child internalizes the intrasubjective world of their parent and this type of internalization can cause the child to “experience suffering, loneliness, and anxiety as organic parts of their [life]” (p. 275). This atmosphere can become a way to build intimacy and closeness with an unreachable parent and a means of connection and attachment within the family (Bako & Zana, 2018).

A milder, although nevertheless poignant and painful example of the intrusion of the past into everyday life, was triggered for Eddie in simply watching Gabrielle grow up:

The whole way when Gabrielle’s growing up, ever since she was five when I got put into care, her whole life I was thinking of what I was doing at that age, the whole way. And I think, ‘Those bastards!’ And I think I got over it. And then I think, ‘How the hell did I get through that?’

It could be surmised that memories of childhood continue to overwhelm Eddie because to cope, he uses cannabis and drinks “like a camel”. Through learning and modeling (Dekel & Goldblatt, 2008) in this transgenerational atmosphere, Eddie’s coping mechanism appears to have influenced Gabrielle, who spoke of drinking to excess to forget her own pain: “It’s not healthy by any means but it’s dad’s way of coping and I’ve picked that up from watching him.”

Summary

Common across all the families in my research were parents traumatised by their experience in institutional “care”. Their children were all immersed in a transgenerational atmosphere where the traumatic past influenced the present and their parent, at times, would ward off fears that seemed present and very real. One of the impacts of institutional “care” trauma on parenting was the emotional and physical distance from parents to their children. To further understand how this factor impacted parenting, I have analysed it from the perspective of the legacy of childhood sexual abuse, emotional impact of abandonment and abuse, and unresolved trauma; suggesting perhaps, that these are pathways that contributed to emotionally and physically distant parenting.

However, I came to discover emotional and physical distance did not remain static across the years. In Chapter 8, I discuss how the passage of time and other moderating factors provided the opportunity to repair relational distance between parents and their children.

Expressions of Aggression and Violence

Analysis of the impeding themes that emerged from parents' and children's narratives led to the identification of aggression and violence as contributing to the adverse impact of institutional "care" on parenting. Chapter 6 offered examples of parents' physical punishment and aggression towards their children. Of these examples, Dorothy's parenting is by far, the starkest example of the repetition of violence. She readily acknowledged that the abuse of her children was so extensive, that "in these days they would've taken her off me".

According to the literature on intergenerational transmission of trauma, the parenting described by three of the parents I interviewed - corporal punishment, emotional abuse and neglect - falls within the paradigm of intergenerational transmission of homotypic maltreatment, whereby a parent who has experienced a particular type of maltreatment, for example, physical abuse, is more likely to have a child who experiences the same abuse (Madigan et al., 2019). The psychodynamic process of "identification with the aggressor" offers an understanding as to the process by which the repetition of violence or aggression occurs from parent to a child (Fraiberg et al., 1975, p. 415). However, my findings also revealed, that the other forms of abuse (experienced by all "care" leavers) such as abandonment, sexual abuse, neglect and emotional abuse, were not repeated by eight of the nine "care" leavers. None of the children interviewed reported sexual abuse victimisation. This stands in contrast to research that confirms the risk of a repetition of the cycle of maltreatment (e.g., Assink et al., 2018; Madigan et al., 2019).

As with many abuse survivors, the "care" leavers with whom I spoke found it very difficult to trust others (Martsolf & Draucker, 2008; Murray et al., 2009; Wright et al., 2008). They talked about being "emotionally dead", "on guard" or "violent" to survive in their youth. Two had been incarcerated and one was nearly embroiled in Melbourne's gangland wars. All "care" leavers referenced agonising memories and the danger of exposing vulnerability as children.¹⁶⁸ As adults, many continue to actively avoid vulnerability in service to self-protection. Yet, despite these hardships and institutional abuse, most parents I interviewed did not disclose hitting or otherwise maltreating their children; their children also did not make disclosures of abuse or harsh parenting. Dorothy, Tony, and David's parenting were exceptions.

Identification With the Aggressor

One way to understand Dorothy's abuse, and Tony's and David's physical punishments of their children is to consider their "identification with the aggressor" in their life.¹⁶⁹

¹⁶⁸ See for example, Reg's comments in Chapter 5.

¹⁶⁹ Fraiberg et al. (1975) emphasised that it is the repression of the affects associated with terrifying early childhood vulnerability and the victim's identification with the aggressor (perpetrator) that provides the momentum for the enactment of punitive caregiving and lack of empathy. This repression is seen as a psychological defence against painful memories and feelings of vulnerability that lead a parent to be

Identification with the aggressor involves the child's identification and adoption of the behaviour of the person who is more powerful and hostile towards them, and in the process, the child introjects the perpetrator's attitude towards its own neediness and vulnerability (Fraiberg, et al., 1975; Kalsched, 1996). The "aggressors" were the caregivers – parent surrogates - in institutional "care".¹⁷⁰ The dynamic becomes replayed in adulthood when the (now) adult perceives their child's neediness or vulnerability (Fraiberg et al., 1975; Howell, 2014). Dorothy and Laura provided examples of Laura seeking affection which were rejected by Dorothy. We can imagine Laura's vulnerability as a child becoming a trigger for Dorothy, who can now reflect that her children were "not raised, they were dragged, the way I was dragged up". Dorothy told me that she had "been hit anywhere and everywhere" and eventually "I actually did the same with Laura. I just lay into her".

David's memory cast its shadow long after he survived the experience of orphanage life. David became a man who was silenced until mid-life and described this as the psychological aftermath of nuns "who knew how to cripple you and they did". David told me his childhood "did damage" to his son, Joe, but he could not further articulate that other than to describe his son as a "very angry man". David was unable or did not want to recall his own aggression towards Joe, who had told me his childhood was, at times, "scary" because of his father's "beltings". He said that crying led to more hitting, "And if you cried, bang! Again!". This experience parallels David's, who wept as he recalled being beaten in the Boys' Home: "I wouldn't cry. That was the thing. The [Brothers and nuns] wouldn't stop until they broke me, and I said, 'No you're not going to break me'". Perhaps Joe's childhood tears evoked David's overwhelming childhood vulnerability, and in those moments, he may have been driven by unconscious forces to re-enact his childhood physical punishments (Fraiberg et al., 1975). The corporal punishments ceased when David realised the pain he was inflicting on Joe. Dismayed by his own aggression, he subsequently apologised to his son.

Tony described parenting as a struggle, "it was totally in braille" and "I was no good at it". He told me that he would hit his first child, Fran, during a period of his life that he recalled as "violent" and "tough". He described his behaviour as "reactive" because he was learning to live without the alcohol that he had used to manage intense emotions and depression. Perhaps, Fran's neediness as a toddler and young child, triggered Tony's own unmet needs, threatening to overwhelm his already "raw nerves" (Fraiberg et al., 1975). Heightened emotional reactivity and difficulty in anxiety regulation, may have further contributed to the repetition of violence (Giladi

"driven by forces beyond her control to re-enact her own tragic childhood" (Fraiberg et al., 1975, p. 75). In this way, feelings of fear, helplessness and vulnerability are replaced with a sense of power and aggression (van der Kolk, 2014).

¹⁷⁰ The Life Stories/Pen Portraits in Appendices A – I, provide detailed examples of the abuse experienced in institutional "care".

& Bell, 2013). Although I did not interview Tony's children, his descriptions of their mental health difficulties (i.e., depression, anxiety, addiction) and his daughters' long-term estrangement suggested, that to some degree, they have been adversely affected by their childhood experiences.

Summary

Three parents spoke about being aggressive and hitting their children, just as they had been hit in institutional "care". Of these three, Dorothy's parenting, which included neglect, physical abuse and emotional abuse, seems a compelling example of the repetition of Dorothy's childhood trauma. I offer the process of an 'identification with the aggressor', as a possible pathway by which the generational impact of a parent's institutional "care" trauma was inflicted on their child.

Silence About a Parent's History in "Care"

A parent's silence about their history in institutional "care" emerged as a central feature for most parents. Silence may be one of the pathways by which institutional "care" had a negative impact on parenting. The impact was expressed as varying degrees of emotional distance, confusion, and fear in the parent-child relationship.

The four parents who were silent about their childhood history, described their experience of parenting as "terrible" "reactive" "damaged" and "angry". They spoke about difficulties with expressing their feelings. These parents' description of the parenting experience differs greatly from the parents who were able to share some of their history. Those who were able to share, described their parenting experience in positive terms for example, "I did the best I could", "I think I did alright", "I'm very proud". They did not deny hardship; however, their narratives were not saturated with hurdles and adversities.

The children of the "care" leavers who were silent about their past did not ask about their parent's history. The literature suggests that perhaps children avoided asking questions that they believed would trigger further distress in their parents (Ancharoff et al., 1998; Wiseman et al., 2006). Thus, the silence was mutually maintained by both generations, in what Bar-On (1996) described as "parents do not tell, and children do not ask" (p. 168). Most children I interviewed did not initiate asking about their parent's history. For three, this appeared motivated by a need to protect themselves from feeling overwhelmed with information.

According to Bako and Zana (2018), survivors of trauma "wordlessly make family members witnesses to their experiences, against their intention and without either the survivor or the family having any clear insight into the process" (p. 273). For example, Laura's experience of fear, vigilance, and anxiety, was related to her mother's behaviour and to an emotional

climate of knowing 'something is wrong' but not having the words or an empathic attuned response to meet the fear (Kaplan, 1995). In this transgenerational atmosphere, where Dorothy was unable to speak about her experiences and had no insight into their impact, Laura silently bore witness to her mother's trauma and despair and endured the nightmare of Dorothy's "fits of rage that [her mother] couldn't control".

In Chapter 4, "care" leavers spoke about carrying shame related to their childhoods, and their narratives indicate shame was a factor in their refusal or reluctance to share their story. Lijtmaer (2017) reflected that, "Sometimes the shame of what has been endured, the memory of the terror and humiliation is so great that it overwhelms the capacity to speak of it. Then silence permeates communication" (p. 282). This was certainly the case with Tony who painfully recounted the shame he continues to endure. When Tony was raising his children, his own childhood was something "I never thought about it. I just squashed it all. Covered it up. Wouldn't talk about it".

Whilst I did not interview Tony's children, his lack of open communication about his childhood experiences seems likely to have contributed to their relational challenges (Wiseman et al., 2006). Tony's children bore witness to his emotional reactivity, marital discord, and his physical discipline of Fran, in a context of a transgenerational atmosphere of unresolved childhood trauma and silence (Bako & Zana, 2018). Tony's capacity to reflect on the impact of his parenting continues to be compromised; exemplified perhaps in his not knowing what has gone wrong in his relationships with intimate others and with his children. Without the capacity to reflect on his experiences, the trauma continues to remain unresolved; contributing to his parenting challenges and further isolating him from his children, with no understanding as to the cause (Berthelot et al., 2015).

Anniversary Times

The impact of unresolved trauma on parenting is particularly activated during anniversary dates; identified as either actual anniversaries, or when a child reaches the age that the parent had been when the parent had felt threatened, isolated, and unprotected (Earnshaw, 1998; Schutzenberger, 1998). Unspoken, unthinkable and unassimilated traumas experienced by ancestors are unwittingly re-enacted in the present either by parents or their children (Earnshaw, 1998; Schutzenberger, 1998). In a poignant example, George had a "nervous breakdown" when his son turned nine; the same age George had been when he was raped in the orphanage. George was triggered by his own mother's comments about danger in the neighbourhood. For George, this raised the fear that Brent may also become sexually victimised at age nine (Wright et al., 2012) and he became overcome with intense emotions. He recalled, "I became sad, and I was fearful too. I started worrying about him being assaulted". He

subsequently suffered “a breakdown” which rendered him unable to parent. He became erratic and addicted to prescription medication. Earnshaw (1998) observed, the dangerous collections of undigested experiences from our lives never disappear. In a similar vein, Hollis (2013) noted “any story untold is an unconscious present. An unconscious present is a story which will insist on being told and will spill into our biographies” (p. 13).

In another example, Alison, the daughter of two “care” leavers, was a chronic runaway during her adolescent years; often disappearing for months at a time. Whilst she did not refer to any direct maltreatment from her parents, she described feeling lonely, distressed and without anyone available with whom she could share these concerns. She ran away from home “because I didn’t know how to deal with it”. Her parents (Arthur and Vera) had also told me that they were frequently “running” away during adolescence, to escape the unbearable institutions that housed them. Until our interviews, all three members of this family had been unaware that they had each been chronic runaways between 13 to 14 years of age.

Summary

For survivors of trauma, there is an internal conflict between the need to forget their stories, and the need to proclaim them aloud (Herman, 1992). It seems that this tension, may have been somewhat resolved for the four parents who had, until recently, been silent about their history. Their participation in my research and their narratives, suggest a psychological shift from the need to preserve a secret and its concomitant silence, to an imperative ‘to tell’. The research further revealed that sharing the story of institutional “care” seemed to have positive impacts on relationships with their children. I explore this further in Chapter 8.

Over-disclosure

Whilst silence is a feature in the negative impacts of institutional “care” trauma, its antithesis – over-disclosure – can also become problematic when the sharing occurs with another who is not equipped to cope with the experiences being shared (Ancharoff et al., 1998; Bowen et al., 2011). This seems the case with Eddie and his daughter Gabrielle, who “can’t remember ever not knowing” what happened to Eddie. The impact appears complex. Gabrielle’s narrative seemed to dwell in stories of trauma from her father’s and her aunts’ childhoods. The stories, although she said she was glad to know them, seemed to have also overwhelmed her, perhaps flooding her capacity to cope.

As discussed in Chapter 6, there did not seem to be any discretion in what Eddie chose to tell. Eddie wanted his daughter to “know” and so he “told her everything”. This perhaps reflects his own traumatic past because survivors of trauma who have not sufficiently integrated their experiences, often have difficulty choosing how much to disclose (Ancharoff et al., 1998).

The impact of hearing distressing stories about a parent's life is amplified when the stories are delivered without congruent affect (Ancharoff et al., 1988). Eddie's description of himself as "emotionally dead" suggests unprocessed and unintegrated feelings; hence I imagine his stories, replete with experiences of sexual assault, violence and pervasive threat and danger, would have been delivered to Gabrielle as they were to me: in an emotionally detached and direct manner without corresponding affect or visible feeling (Fraiberg et al., 1975). The implications are significant because a child's capacity to process and resolve traumatic material is affected by the parent's capacity to do the same (Lieberman et al., 2011). For example, when Gabrielle was self-harming, she recalled her father flippantly asking, "'So how did the cutting yourself thing go?' He didn't mean it like that. But he doesn't get how to approach things like that". Gabrielle described being "on my own" when seeking help from a medical professional at age 16 for her mental health concerns.

Gabrielle believes that her father openly shared his childhood stories to prepare her for a world that he perceives as dangerous and corrupt where nobody can be trusted. This is akin to what Braga et al. (2012, p. 5) described as the "transmission of a terrifying world view" and what Rowland-Klein & Dunlop (1997) identified as, the transmission of fear and mistrust, where one's sense of security has been compromised. Hearing her father's trauma stories for "as long as I can remember" may have disrupted three fundamental assumptions about the world and the self: that "the world is benevolent; the world is meaningful and the self is worthy" (Ancharoff et al., 1998, p. 261). Gabrielle said that listening to her father's and aunts' stories and bearing witness to their emotional distress, led her to feel frightened, feeling like she "had to grow up very, very quickly". In this milieu of fear, Gabrielle described a foreshortened future, and she uses prescribed medication to cope with stress, anxiety, and hopelessness.

Feelings of helplessness and vigilance have been identified in the children of combat veterans diagnosed with PTSD (Dekel and Goldblatt, 2008). Perhaps Gabrielle, like the children of combat veterans, sought to identify with her father's experiences in an attempt to know him better, feel what he feels and be closer with him; leading to the development of parallel symptoms and a concretisation of his childhood trauma (Ancharoff et al., 1998; Kaplan, 1995). It may be that Gabrielle's depressive, anxious feelings offer an affective link or a communion with her father (Salberg, 2016). The un-shareable can be shared and this may have been "the only way to build intimacy and closeness with a lonely and often unreachable parent" (Bako & Zana, 2018, p. 284). "Vicarious traumatization" can occur when a child, who closely identifies with her parent, reflects similar symptoms or traumatic patterns (Raphael et al., 1998, p. 331). Gabrielle recalled "going off the rails" as a teenager, and that to cope with overwhelming anxiety and with the mental health issues in her extended family, she would "write [herself] off drinking every

weekend". She seemed to parallel Eddie's adolescent experiences, described, as "surviving day to day" and "being on the booze".

Summary

For this father-daughter dyad, over-disclosure is a possible pathway by which Eddie's experience of institutional "care" negatively impacted Gabrielle, manifesting in feelings of depression and anxiety. This case raises the possibility that perhaps Eddie's over-disclosure without any emotional congruence, and Gabrielle's need to be close to her father through identifying with his sadness, have adversely impacted her mental health. Paradoxically however, Eddie's open and free flowing communication, fostered closeness with Gabrielle and seemed to evoke her compassion and understanding, because the stories he told provided a context for his parenting behaviour. The positive impact of sharing the story of a parent's childhood is discussed in Chapter 8.

Negative Experience of Marriage and Relationships

This factor is informed by the overarching theme of 'volatile relationships' described in Chapter 5. Social isolation, difficulties in maintaining stable, loving intimate relationships, family breakdowns and alienation from children are all recognised as devastating legacies of institutional "care" (Australian Government 2017a, Carr et al., 2010; Carr et al., 2019; Moore & Thornton, 2015; Penglase, 2005; Perry et al., 2006; SCARC, 2004; Sigal et al., 2003; Smith, 2015). The two fathers (Tony and George) who described problematic relationships with their children, also spoke about negative experiences of marriage, troubled relationships, impairment in their achievement of intimacy, and emotionally distressed negative home environments (Isserman et al., 2011).¹⁷¹ They characterised themselves as depressed and angry, emotionally, and physically distant from their children, with marriages marked by violence and discord. When George's son was growing up, George described the emotional climate in the family as "very unhappy; a war zone". Isserman et al. (2011) speculated that the eldest child, in their negative experiences of their family, is the most vulnerable to their parents' emotional difficulties when parents have experienced extreme trauma. This was demonstrated in Tony's family, where he described violence between himself and his ex-wife and violence towards Fran (the eldest child) who "copped it" in terms of physical discipline.

¹⁷¹ Drawing on research with Holocaust survivors and their children, Isserman et al. (2011), categorized home environments that were marked by, an absence of open communication between parent and child, a distressed or conflicted marriage and the emotional or physical abuse of a child, as "negative families" (p. 161).

George and Tony spoke about their children's distress at witnessing chronic conflict in their troubled marriages. Although I did not interview their children, the literature suggests that the negative family dynamics described by George and Tony, likely had a negative impact on their children (Isserman et al., 2011). When Holocaust survivor parents were described as "angry", "depressed", "worried", "anxious", their children tended to feel burdened by their parents' trauma, leading to their own emotional distress (Isserman et al.'s 2011, p. 162). In addition, for both George and Tony, it appears that the mothers of their children were not able to mediate the negative impact of George's and Tony's distress (Hollander-Goldfein et al., 2011b).

With time, as George began his healing journey, his relationship with his son also began to improve. Several moderating factors helped George begin to repair his relationship with his son and they are explored in Chapter 8. For Tony, the estrangement with his children continues, and he was at a loss for the reasons it occurred in the first place. I experienced his absence of understanding as an internal sense of 'being in the dark', which he seemed to validate with the reflection that for him, parenting "was totally in braille!".

Unlike all the other participants, Tony did not seem, at any stage, to have experienced safe, stable, nurturing relationships. In this regard, it would seem the opportunity for earned secure attachment was unavailable (Siegel & Hartzell, 2003).¹⁷² The absence of nurturing relationships appears to have hampered Tony's capacity to make sense of the impact of his childhood experiences on his life and his parenting (Siegel & Hartzell, 2003). With little insight as to why his relationships with his children have broken down and no apparent capacity to repair these ruptures, Tony's story exemplifies the complexity of parenting when the spectre of childhood trauma hovers over a person's life. Contrary to the experiences of other "care" leavers and trauma survivors, fatherhood did not seem to be a healing reparative experience for Tony (Branigan et al., 2008; Wark & Vis, 2018). Having children did not build Tony's self-esteem, nor provide him with a positive sense of identity or offer redemption for his own suffering (Branigan et al., 2008; Wark & Vis, 2018). And even though Tony stopped the cycle of physical abuse to his daughter, his narrative suggests that fatherhood was neither transformative nor healing for him (Easton et al., 2015).

¹⁷² An earned secure adult attachment occurs when positive relationships with others occur and help individuals with troubled relationships with their own parents, overcome early adversity by supporting personal growth, helping people make sense of their lives and understand the impact of their childhood experiences on their development. Those with earned security develop coherent narratives about their lives which are reflective, connecting the past to the present and integrating these into understanding the impacts on their development and in their role as a parent (Siegel & Hartzell, 2003, p. 122 - 124).

Summary

Institutional “care” led to profound relational injuries that seemed to impact George and Tony throughout their lives including their parenting. Although George appears to be repairing his relationship with his son, Tony continues to be challenged by issues of trust and commitment, making close bonds difficult and further fracturing relationships with his family.

Narratives of Ongoing Suffering

This key factor is informed by narratives that spoke of troubled lives with ongoing struggles. These are described in Chapter 5 as impeding themes related to experiences of parenting. Tony and Dorothy were the only participants whose childhood trauma continues to manifest in narratives of “ongoing suffering” (Hunter, 2007, p. 14). They saw themselves as victims and seem consumed by their adverse history, embroiled in their past. They were also the only participants who reported ongoing parenting struggles including estrangement from their children.¹⁷³ It is possible that their ongoing suffering contributed to the negative generational impact of institutional “care” trauma because it seemed to keep them “stuck in the family legacy” of their childhood, whereby they created similar family environments to those of their own childhood (Martsolf & Draucker, 2008, p. 337).

These two parents, like many survivors of institutional “care”, spoke of significant psychosocial impairment demonstrated by stories of failed relationships, poor physical and mental health, and chronic substance abuse. Their narratives were problem saturated (Hunter, 2007). They continue to feel damaged and betrayed, feeling that society has let them down (Hunter, 2007). Their narratives were replete with descriptions of feeling “shame”, “guilt”, and “confusion”. Dorothy continues to see herself as “damaged ... I’m nothing to the world ... I’m so ashamed ... I can’t look at myself in the mirror”. Like other survivors of institutional “care”, Dorothy, and Tony both seem to carry stigma and shame, and lifelong social disconnection where they seem unable to establish a sense of belonging with others or to a place (Smith et al., 2020).

Both were silent about their history in “care” until their mid-40s; shame precluding them from sharing their story with their children or others. Laura did not understand her mother’s “rages” when she was a child, leaving her frightened and anxious. Perhaps Tony’s children, who are estranged from their father, may have been similarly frightened and anxious with a father who described his parenting as though it was “in braille”. Tony told me he felt misunderstood by his children, aggrieved that they do not understand his pain and suffering. Research suggests that a father’s physical presence *and* his psychological absence, as well as his difficulty in

¹⁷³ Dorothy was estranged from her son.

understanding and explaining his behaviour, may cause a lack of appreciation and disappointment among his children (Dekel & Goldblatt, 2008). In these cases, Dekel and Goldblatt (2008) suggest that the father is part of the family but only fulfills partial functions, and this “persistence of such ambiguity” can lead to emotional distress in the children (p. 285).

Tony and Dorothy’s narratives expressed anger and resentment towards the institutions that betrayed them. Drawing upon Draucker et al.’s (2011) theoretical model of healing from childhood sexual abuse, Tony and Dorothy’s narratives suggest they are at the first of four stages of healing: “Grappling with the meaning of childhood sexual abuse” (p. 448).¹⁷⁴ Their challenges are seen across several domains described by Draucker et al. (2011).¹⁷⁵ Unlike all other participants, Tony’s and Dorothy’s narratives did not contain themes of generativity, which have been associated with higher levels of mental health and wellbeing (McAdams, 2006). Generativity is discussed in more depth in Chapter 8 as moderating the impact of institutional “care” trauma. Although, childhood experiences of betrayal and systemic injustice propelled Tony to undertake legal action against the Church and the Police, and to engage in counselling, these agentic actions do not seem to have helped him move towards meaning making or a healing trajectory.

Tony and Dorothy’s profound relational injuries seem to have destroyed their trust in others (Herman, 1992). Subsequently, making close bonds is difficult; fractured relationships with family lead to feelings of betrayal and further relational difficulties continue to be exacerbated by their own behavior (Herman, 1992; Hunter, 2007). Whilst I did not interview Tony’s children or Dorothy’s estranged son, there is good indication from how Tony and Dorothy described their parenting, and their ongoing relational difficulties, that their children have been adversely impacted by their parents’ suffering and its consequences on their parenting (Isserman et al., 2011). As one of my key informants observed, “It is hard to love a traumatized parent”.¹⁷⁶

For Dorothy and Tony, the struggle to survive may have felt so taxing that they may have felt unable “to find the resources to care for those who will eventually survive them” (McAdams, 2006, p.83). Their narratives, unlike those of all others, were not of triumph over adversity.

¹⁷⁴ The four stages are: (1) Grappling with the meaning of the childhood sexual abuse; (2) Figuring out the meaning of the childhood sexual abuse; (3) Tackling the effects of the childhood sexual abuse and (4) Laying claim to one’s life (Draucker et al., 2011, p. 449).

¹⁷⁵ In the “Life Patterns Domain”, participants in the ‘Grappling’ Stage often had troubled lives marked by compromised health, emotional instability and an inability to maintain enduring supportive interpersonal relationships; in the “Parenting Domain” participants passed on the abuse to their children or were unable to create a home environment where their children could thrive; in the “Disclosure of Childhood Sexual Abuse Domain” participants’ thoughts of the abuse were suppressed due to shame; and in the “Altruism Domain” participants did not engage in altruism (Draucker et al., 2011, p. 449).

¹⁷⁶ Personal communication with Dr Joanna Penglase 9th October 2017.

Summary

For Dorothy and Tony, the abuses of childhood remain vivid and unsurmountable (Thomas & Hall, 2008). Caught in their history, the past continues to negatively impact all facets of life including their relationships with children. Dorothy acknowledged she passed on the legacy of her childhood abuse by creating a family environment similar to that of her own childhood. Her children were “dragged, not raised” against a background of mental illness, violence, abuse and economic instability. For Tony, the reasons for his troubled relationship with his children, seem beyond his understanding and control. He remains trapped in what appears to be a confusing interpersonal world permanently bothered by the effects of his adverse childhood. These haunting memories seemed to invade his capacity to think and reflect on his experiences as a parent. As other researchers have found (e.g., Carr et al., 2010; Carr et al., 2019; Penglase, 2005; Perry et al., 2006), Dorothy’s and Tony’s life stories illustrate the long-term negative consequences of abuse and emotional neglect perpetrated by adults who had unchecked control over children in institutional “care”.

Summary of Chapter 7

Chapter 7 has provided a discussion of the factors and pathways that appear to have contributed to negative, and at times, traumatic intergenerational impacts of institutional “care” on parenting. The impact on the children ranged from feelings of loneliness, depression, anxiety, hypervigilance and fear evoked by the parent’s presence. The factors contributing to the transmission of these negative or traumatic impacts were: Emotional and physical distance from parents to children, Expressions of aggression and violence, Silence, Over-disclosure, Negative experiences of marriage and relationships, and Narratives of ongoing suffering.

Contributing factors, to varying degrees, were present in all but one family. Overall, the presence of contributing factors suggests that parenting was adversely impacted by the experience of institutional “care”. The past continues to live inside these parents; it was brought to the fore throughout the interviews and in the stories told, accompanied by grief, anger, and sadness.

Yet, alongside these harrowing stories, emerged counter stories of determination to keep going even when life was very difficult, when no one could be trusted, and self-reliance was the only option. These parents showed a persistent refusal to give up. For most families, parent – child relationships improved as the children became adults. The parents came to understand they had some control over how they parented. They could be different to their parents and from those in the institutions that housed them. Importantly, despite their accounts of abandonment and profound cruelty and abuse in institutional “care”, parents in this research defied the widely held notion that suggests they were at risk of repeating the type of

maltreatment they had experienced (Madigan et al., 2019). They did not sexually abuse or abandon their children. Significantly, Child Protection did not remove their children from their homes.

In the following Chapter, I discuss the key factors and pathways that appear to have moderated the impacts of institutional “care” on parenting, and which suggest that for most families in this study, the intergenerational cycle of trauma may have been broken.

CHAPTER 8: Factors Moderating the Impact of Institutional “Care” on Parenting

Introduction

Chapter 7 revealed that institutional “care” impacted parenting in adverse ways. However, these impacts varied across families, with some families experiencing more adverse consequences than others. Alongside this story emerged another more hopeful, and somewhat surprising narrative, whereby parents were able to break what can often become a cycle of intergenerational trauma. As Blakemore et al. (2017) cautioned, although the association between institutional “care” abuse and adverse impacts are well documented, it should be recognised that not all survivors go on to experience poor outcomes. One of the important findings of my research has been that, despite the presence of pervasive adverse impacts related to institutional “care”, almost all the parents in my research protected their children from violence, abuse, and the involvement of statutory child protection authorities. Parents seemed to provide stable, nurturing home environments where their children felt loved and protected. At least one moderating factor was present in eight of the nine families.

Chapter 8 addresses the factors that appear to moderate the negative impacts of institutional “care” on parenting. Five key moderating¹⁷⁷ factors were identified: Doing the opposite, Sharing the story of the parent’s childhood, Working through by parent, Acts of generativity, transformation and transcendence, and Supportive relationships. These key factors have been informed by the overarching themes and subthemes that emerged in the findings. I draw attention to the relevant themes in Chapters 5 and 6 that inform each factor. The factors are presented here as discrete for the convenience of reporting. But in reality, they were often interlinked. For example, ‘working through’ was associated with generative actions such as advocacy, which in turn, provided an avenue by which parents were able to share their story of institutional “care” with their children.

Doing the Opposite

The first moderating key factor, ‘Doing the opposite’, emerged from a high order analysis of the overarching themes described in Chapters 5 and 6. This key factor was broken down into five pathways¹⁷⁸ by which “care” leavers did the opposite in parenting their children to what had been done to them. The pathways were: nurturance, support and commitment, open communication, preparing for the threat of adverse events, children’s differentiation from their parents, and the transmission of intergenerational care.

¹⁷⁷ I have borrowed this term from Alink et al. (2019, p. 3).

¹⁷⁸ I borrow the term “pathways” from Auerhahn & Laub (1998, p. 37).

Nurturance, Support and Commitment

In the findings (in Chapter 5), parents described their close relationship with their children was expressed as an unwavering commitment to keeping the family together despite the challenges of parenting. Parents prioritised being available through regular contact so that their children did not feel alone or abandoned as they had been when they were in institutional “care”. These findings are consistent with others’ research on breaking the intergenerational cycle of childhood trauma (Murray et al., 2009; Woods-Jaeger et al., 2018). The children corroborated their parent’s narratives when they spoke to me about the emphasis their parents had placed on the importance of family. Examples are described in Chapter 6.

The absence of family bore heavily on all parents. Consistent with Murray et al. (2009), most “care” leavers spoke about their determination that their children would not suffer the way they had suffered when growing up in “care”, and that they would not do to their children, what had been done to them. In this regard, their commitment to parent differently is reflected in the notions of “Doing the opposite” (Armsworth & Stronck, 1999, p. 309) and “Passing on a new legacy” (Martsolf & Draucker, 2008, p. 338). In Martsolf and Draucker’s (2008) study, abuse survivors sought to create a new legacy, vowing to “stop the cycle” of abuse, through ensuring their children felt loved, protected, and nurtured within a stable environment (p. 338).

Echoing others’ research, the “care” leavers in my research emphasised the importance of creating a loving and safe family of creation and they spoke of a steadfast commitment to ‘keeping the family together’ (Murray et al., 2009; Sheridan & Carr, 2020). They were adamant their children would not be taken into state “care”; and none were. Parents spoke of having “life-lines” for their children, so they would never feel alone or abandoned as they were. Life-lines included regular phone calls, text messages and home visits. In contrast to their own childhoods, parents spoke about the importance of spending time with their children, supporting their endeavours and celebrating their successes. The descriptions of themselves as “being there”, “listening” and “never giving up” on their children was acknowledged by their children’s experience of their parents as approachable, caring, and helpful.

Despite hardships, for example challenges with poor mental and physical health, troubled marriages and economic deprivations, parents remained committed to their parenting. Child Protection authorities had not intervened in their families’ lives. Corresponding with Murray et al.’s (2009) and Armsworth and Stronck’s (1999) findings, the mothers I interviewed, all of whom described the absence of any positive mothering experiences from which to learn from, told me that their ideas about family and good parenting came from watching television sitcoms.

Parents’ commitment to provide something they never experienced - a caring family environment and a sense of belonging - was sustained during their children’s challenging

adolescent years. In what seemed to be a parallel process, it became an opportunity to undo or repair their own childhood trauma (Rubin, 1996). Perhaps, in becoming the parents they had needed when they were children, they reassured themselves of their own capacity for love and nurturance (Rubin, 1996). For some families, parenting offered joy and helped build a positive sense of pride, seen for example in Isabelle's example of her licence plate entitled: "The Smith girls".

This importance of belonging and its connection to having a safe place to return to, was underscored by parents who described feeling like they had never belonged in childhood (Smith et al., 2020). The determination to not let their own history of abandonment be repeated in their family, became emblematic with the notion that the "front door is always open". Their children spoke of a closeness with family that was experienced as their parent being reliable, understanding and loving. Regular contact and support were expected and actively encouraged by parents. Whilst this sentiment at times could be seen as reinforcing over-protection and mistrust of outsiders (Rowland-Klein & Dunlop, 1998), for these families, it was more a protective factor; a container that offered security from which they could leave and return to as needed.

A Second-Generation Example. Laura's case offers a second-generation example of a concerted effort to not repeat the abuse she and her mother had suffered. It marks a profound shift from her mother's narrative of failure and victimisation. During our interviews Laura cried as she remembered the pain of having been hurt as a child. She told me about learning to consider her own actions through putting into practice what she has learnt at "mindfulness training". She spoke about being "mindful" of her parenting behaviour, relaying that "I've been trying to be mindful and lay down good memories for the kids. I'm very thoughtful and mindful but then sometimes I can slip up and it will come up the wrong way".

Laura's affective recall and capacity to reflect on her experiences may have buffered her from repeating to her children what she experienced growing up (Fraiberg et al., 1975; Siegel & Hartzell, 2003). Being conscious of doing the opposite as a parent, she has never physically disciplined her children because she said, "I've learnt that physical abuse is not ok obviously and I'm also mindful that verbal abuse is just as damaging". She apologises when she raised her voice or became angry: "There's no excuses, and I acknowledge when I stuffed up". In total contrast to her own upbringing and supporting the notion of 'doing the opposite', Laura is committed to one partner, lives in the same house her children were born in, and she provides her children with opportunities to engage in extra-curricular activities.

Open Communication

Most of the parents did not repeat the silence, secrecy and lies that had been the hallmark of their childhoods. In Chapters 5 and 6, both parents and children described the importance of communication in fostering closeness between them. This was often described as the creation of a family atmosphere of “openness”, where parents were experienced as approachable, caring, and helpful. Several parents and their children spoke of having a “no secrets” policy with “no topic we can’t talk about”. In contrast to their own childhood experiences, they wanted their children to have someone to talk to and not be afraid to share their problems, especially if they were being hurt. One element of this ‘openness’ could be explained by the parents’ needs to protect or prepare their children for the threat of adverse experiences (Woods-Jaeger et al., 2018; Wright et al., 2012).

Protective Parenting Due to Fears of Threats from Adverse Experiences¹⁷⁹

In Chapter 5, parents told me that their childhood experience of danger and a lack of protection created a priority for protective parenting, driven by their desire to not let their children suffer the adversity they had experienced. Preparing for the threat of adverse events was expressed as being strict, over-protective, warning their children of dangers in the world and being fastidious at keeping the home clean. Placing a high value on clean and orderly homes is common across “care” leavers (Murray et al., 2009). It reflects their experiences in institutions and of fears relating to their children being taken away. However, echoing Murray et al.’s (2009) research, the focus on order and cleanliness did not appear to impair ordinary functioning and positive care giving.

Like other abuse survivors (e.g., Murray et al., 2009; Wright et al., 2012), many of the parents spoke about their fears that their children may be removed from home by the statutory authorities, that they may be sexually assaulted, or other harms may befall them. Given the documented history of multiple generations of children being taken into institutional “care”, parents’ fears seem well founded (SCARC, 2004). However, for these parents, their fears did not seem to be based on objective evidence.¹⁸⁰ Instead, these agonising concerns were fuelled by the terror of history repeating.

Parents spoke to their children about dangers in the environment that required them to be well prepared to meet those potential threats. This included teaching children the importance of independence and emphasising the value of education, which was denied to them

¹⁷⁹ Examples of adverse experiences parents told me they worried about were sexual abuse, socioeconomic disadvantage, delinquent peer groups and being removed from home by statutory welfare authorities.

¹⁸⁰ By this I mean that child protection had never threatened to remove children from the families I interviewed.

in institutional “care”. In discussing the adverse effects of institutional “care” on their capacity to learn, parent’s experiences reflected the detrimental consequences of educational disengagement and disadvantage (Blakemore et al., 2017). Many described the shame they endured for being unable to read and write and hence, in ‘doing the opposite’ with their children, they emphasised the value of education.

Parents’ Differentiation from Their Children

As described in Chapter 5, parents’ determination to ‘do the opposite’ extended to their aspirations that their children will have better lives than they had experienced. This was reflected in respecting their children’s life choices and seeking to guide and support them without being too directive. Emerging from their narratives was a sense that parents placed great value on their children being independent as individuals. There was no suggestion in their narratives of a lack of boundaries, over-identification with parents’ experiences or difficulties with separation from parents. This is contrary to what might be expected, given that literature in the intergenerational transmission of trauma field suggests individuation for children of trauma survivors is problematic because parents may unconsciously communicate that they cannot endure more separations (e.g., Hass, 1990; Rowland-Klein & Dunlop, 1996; Walters, 2015).

On the contrary, several parents provided specific examples where there was conscious encouragement of their children’s independence, and a conscious effort to not burden them with their problems. But this was done in an atmosphere promoting close relationships and sensitive communication about their “care” experience. These are important findings, because children’s differentiation from parents and appropriate communication about the traumatic experience have been identified as protective factors against the intergenerational transmission of trauma (Giladi & Bell, 2013; Isserman et al., 2011).¹⁸¹ Isserman et al. (2011), noted that parents’ apparent capacity to distinguish between their own needs and those of their children seems to contribute to parents’ ability to provide the nurture and responsiveness their children need to develop in healthy ways. As described in Chapter 6, children did not deny their parent’s suffering; they described an awareness of their parent’s internal struggles. At the same time however, they acknowledged that their parent was not so preoccupied with their own problems to the extent that parenting was affected. The narratives of the families I interviewed seem to suggest that these parents did not use their child as a means of “psychic recovery” (Rowland-Klein & Dunlop, 1998, p. 367). There did not appear to be evidence of a general transmission of fear and distrust seen in other families of trauma survivors (Auerhahn & Laub, 1988; Hass, 1990; Rowland-Klein & Dunlop, 1998; Walters, 2015).

¹⁸¹ Chapter 6 describes the impact of sharing information about history in “care”. I discuss how much to tell in “Sharing the story” below.

Intergenerational Transmission of Care: The Only Example

All parents, except Reg, experienced the absence of positive parenting role models. In Chapter 5, Reg described how memories of nurturing experiences of his grandmother's care did support his parenting. He retained these memories despite, or perhaps because of, the devastation of removal from her home and the subsequent loss of sibling contact. Reg, who acknowledged that he "worked off" his memories of being cared for by his grandmother when he parented, re-created those positive caregiving experiences with his own children. Reg's grandmother may have been the "angel in the nursery" for Reg, sustaining him throughout his experience of institutional maltreatment and loss, and offering perhaps, evidence for the intergenerational transmission of care (Lieberman, Padron, Van Horn & Harris, 2005, p. 504). The positive impact of Reg's life on Amy (his daughter) is further discussed below.

Summary

For most families, parent-child relationships were mutually described as "close" and in positive terms. Most of these parents did not repeat their abusive childhood experiences.¹⁸² All parents except Tony,¹⁸³ maintain regular contact with their children, and many were described by their children as able to manage their sadness or overwhelming feelings without imposing on their children. Positive parenting patterns were demonstrated by open communication, mutual empathy, closeness, and commitment to children (Isserman et al., 2011). As with Isserman et al.'s (2011) observations, my findings reflect a capacity to rebuild life and family in ways that are not typically predicted based on the extent of trauma endured by parents when they were children. Open communication about the traumatic "care" experience emerged as a central feature in the sharing of a parent's history in institutional "care" which in turn led to children's compassion for their parent. This will be discussed next.

Sharing the Story of the Parent's Childhood

This key factor is informed by the findings in Chapter 6, which revealed that learning about a parent's history in institutional "care" seemed to improve relationships between children and their parents by offering understanding, and at times, compassion regarding the parent's behaviour towards their children when they were younger; including when the behaviour was emotionally and physically distant or abusive. Hence, I have conceptualised 'Sharing the story of the parent's childhood' as a factor that may moderate the intergenerational impact of institutional "care".

¹⁸² Dorothy is the notable exception.

¹⁸³ Dorothy is also estranged from one of her children - her son.

Sharing the story, is the counterpart to 'silence' which I described in Chapter 7 as contributing to negative impacts of institutional "care" on parenting. As per Wolf's (2019) and Kellerman's (2001) observations, my findings counter the dichotomous paradigm of telling or not-telling, talked about too much or too little. Parents revealed a complex process of telling "bits and pieces" slowly over time with varying degrees of sharing. "Sharing the story" positions the 'in-between' as a protective factor, countering the two extremes of "silence" and "over-disclosure"; each of which were identified in the previous chapter as contributors to adverse impacts of institutional "care".

My research revealed that considered and thoughtful sharing that is age appropriate, provided the children with insight to their parent's behaviour and helped them better understand and contextualise their parent's behaviour. Thoughtful sharing also appeared to elicit a child's admiration, compassion, empathy and understanding towards their parent. In this section I discuss the nuances of how much to tell and when to tell it, the purpose of sharing and the impact on children when they learnt about their parent's "care" experiences.

How Much to Tell and When to Tell It?

Parents described the thoughtful and dynamic sharing of their childhood experiences with their children through stories that increased in detail as the children became older (usually late adolescence) and showed more interest in knowing what had happened to their parents. Parents also showed an awareness of their children's capacities to understand and to psychologically tolerate the content of the stories and thus, further detail was provided when asked. Various mediums were used by parents to share their story, including watching movies about institutional "care", visiting the orphanage or Home that housed their parent or by making music. These mediums offered an opportunity for a symbolic working through of the parental experience, enabling the sharing of the traumatic events from a distance, by using non-threatening mediums (Braga et al., 2012). The sharing was typically precipitated by a relevant context or situation, for example, when adolescents were engaging in at-risk behaviours. As with others' observations, sharing the story of a parent's history was also associated with open communication styles and healthier relationships between survivor parents and their children (Bowen et al., 2011; Braga et al., 2012; Giladi & Bell, 2013; Wolf 2019).

One of the elements at play in thoughtful sharing was that parents seemed to be aware of how much to share so as to not overwhelm their children; this also contributes to healthy family dynamics (Alford, 2015; Bowen et al., 2011; Braga et al., 2012). As Wolf (2019) had found with Holocaust survivors and their children, there was a dynamism about the way stories were told and what was told; the telling was never a one-time static event. Sharing ranged from, as Vera described, "drip feeding", all the way through to significant sharing, as demonstrated by

Eddie to Gabrielle. Parents spoke of their willingness to answer their children's questions but not to share the "nitty gritty"; thus, protecting their children from knowing the extent of damage they suffered and perhaps, as Bowen et al. (2011) had observed with Holocaust survivors, protecting themselves from overwhelming emotions. As one father told me, he had avoided talking about his story because it would have made him "too vulnerable".

Some of the children acknowledged that knowing more detail would have been "overwhelming". Therefore, the omission of trauma details appears important and helpful in terms of not emotionally flooding the children (Ancharoff et al., 1998). The "drip feed" sharing also seems to have met the children's needs as per their assertions that they did not wish to be told any more information than what their parents were willing to share. Perhaps this was self-protective because a child's perception of their parent as vulnerable, could be associated with increased personal guilt (Wiseman et al., 2006). All but one of the children became visibly moved and teary when they considered how vulnerable their parents had been when they were housed in institutions.

For many of the parents, the sharing of their childhood history seems situated between the two extremes of traumatised parents who either speak incessantly about their trauma, or not at all (Wolf, 2019). The "drip feed" sharing suggests parental awareness about their children's capacities to understand, and what they could psychologically tolerate, leaning into what Merrill and Fivush (2016) describe as an "optimal amount" of information, that is neither vague, nor too difficult to grasp, and is accessible without being overwhelming (p. 85).

Purpose of Sharing

In Chapter 6, the findings describe parents' motivations for sharing their story, not only as a response to children's questions, but encapsulating a sense of self-revelation, in terms of their children knowing about their parents' traumatic histories. Bowen et al. (2011) also found that disclosure of this nature, contributes to healthier parent-child relationships because this type of sharing allows the parent trauma survivor to feel known, and the listener to hear the story "without feeling the pressure" at being told emotionally charged information (p. 218). Parents also shared their history for the purpose of protecting the children from dangers in the world (sexual abuse or family violence victimisation and involvement of statutory authorities), which Bowen et al. (2011) described as "inculcating preparedness" (p. 209).

Bowen et al. (2011) proposed that another motivation for a parent's telling of their story is that telling may release a person from being "stuck in time", offering a means of transcending their victimhood and promoting a sense of meaning and personal value (p. 220). Similarly, Wolf (2019) contends that survivor parents who share their story may be exerting their agency in the telling. My research echoes these findings that suggest imparting age-appropriate information,

without overwhelming the child, may disrupt or lessen the intergenerational impacts of a parent's trauma (Alford, 2015; Bowen et al., 2011; Wolf, 2019).

The Impact on Children of Knowing Their Parent's Story

One of my key informants, Dr Frank Golding, had highlighted the importance of sharing stories when I had asked him about the future needs of "care" leavers and their children. Dr Golding told me that:

Some of the children come to CLAN meetings and say things like, 'I'm glad my mum and dad are members of CLAN because it's helping them and in helping them, it's helping me because I know what's driving them, I know why they behave the way they do'. There is a need for the second generation to understand their parent's story. And to see it through non-judgmental eyes.

Dr Golding's reflections emerged in my interviews with the children and are described in Chapter 6. The findings revealed that knowing about a parent's history provided the children with empathy and understanding about their parent's behaviour, including their inclination for over-protective behaviour and emotional and physical distance. The children told me that even when their parent's history was shared later in life, it helped improve their relationship with their parent. Consistent with Wolf (2019), parents' narratives were deeply appreciated by their children who spoke to me of their admiration, respect, and appreciation of their "care" leaver parent. For Laura, who suffered abuse by her mother, learning her mother's history led to forgiveness. For David and George, sharing their story seemed to contribute to positive changes in their relationships with their adult sons.

Kliger and Hollander-Goldfein (2011) posited that the capacity for transforming trauma may depend on the capacity to recognise personal teachings embedded in the process of sharing stories and to integrate these narratives through life-affirming belief systems. For several families, it appears that positive life lessons were bequeathed by parents to their children, such as resilience, persistence through troubling times and helping others (Wolf, 2019). This is seen for example in Gabrielle's perseverance with attending to her mental health concerns, Laura's commitment to social justice and Amy's passion for her work with vulnerable children.

Summary

My research suggests that the thoughtful sharing the story of one's history, with motivations related to self-revelation and responding to children's questions, seems to have a reparative effect on the relationship between a child and their traumatised parent. Parents

exerted their agency by managing *what* and *how* they transmitted their history, imparting information according to their child's age and development (Wolf, 2019). Stories were shared dynamically and longitudinally, not as one-off events (Wolf, 2019). Admiration, respect, and compassion were reported by the children who were able to contextualise their parent's behaviour as a consequence of their history in institutional "care".

Working Through: Self-Contemplation and Advocacy

This key factor is informed by the theme "Overcoming adversity" and the positive changes in parent-child relationships, both described in Chapter 5. It encompasses the process and effort made by parents to work through their childhood trauma and the impact that their 'working through' appeared to have on their relationship with their children. Most parents' narratives included themes about overcoming the adversity of their early troubled lives, which I believe was demonstrated by their capacity to maintain loving relationships, to be successful in their work, and to be helpful to others in the community. For this key factor, my analysis describes the processes parents utilised that seemed to support parent-child relationships. First, I discuss the notion of "self-contemplation", which led to personal changes that helped parents reflect on their parenting. I then discuss "advocacy", which also became a medium through which parents shared their story.

Self-Contemplation

Several "care" leavers engaged in what could be described as deep self-contemplation to understand themselves, their experiences of childhood trauma, and the impact of their behaviour on themselves and others. This deep self-contemplation was often precipitated by critical "turning points", such as a divorce, involvement with the criminal justice system or a violent incident (Easton et al., 2015, p. 166). These events seemed to urge parents to 'better' their lives and their relationships through taking control of their lives and making conscious efforts to stop the cycle of abuse; thus, reaching a stage of healing from childhood abuse, which Draucker et al. (2011) identify as "Laying claim to one's life" (p. 456).

Research suggests that it is the absence of self-reflection *about* the trauma, not the actual experience of trauma, that underlies the risk of its intergenerational transmission (Berthelot et al., 2015; Hesse et al., 2003).¹⁸⁴ The "care" leavers who parented in the opposite

¹⁸⁴ Fonagy et al. (1993) hypothesised that a reflective self-function (later termed 'mentalising') plays a central role in parenting in that the parent's capacity to generate a psychological world for her infant is dependent on coherent representations of her own mental world and that of another (p. 984). The coherence of a parent's perception of the past "derives from an unhindered capacity to observe and reflect upon their own mental functioning, to have a plausible view of themselves and their objects as human beings, thinking, feeling, wishing, believing, wanting and desiring" (Fonagy et al., 1993, p. 984).

way to what they had experienced had, to varying degrees, contemplated the pain of their childhoods. They shared stories about accessing painful feelings such as despair and helplessness, grief, and sorrow for the suffering they had endured. Their self-contemplation included reflecting on the hurt they had caused others and the making of amends.

Reg's narrative offers yet a different example of self-contemplation, whereby he said he coped with institutional abuse by rationalising it. He repeatedly told me "You got to relate things back to the era. [Abuse] was the discipline everyone used". Reg's rationalisation of the abuse had the effect of appearing to minimise its impact. A discourse that can rationalise abusive behaviour, "legitimises and therefore mitigates" its suffering (Hollway & Jefferson, 2013, p. 17). A psychoanalytic perspective suggests that this narrative is used by Reg as a defence against the overwhelming anxiety that would be evoked if he were to allow feelings of despair and helplessness to emerge into consciousness (Hinshelwood, 1989). Reg's comment that "to deal with it mentally" one has "to relate things to the era" suggests an attempt to avoid the vulnerability that is evoked when emotional pain is felt. This was later confirmed when, during the second interview, Reg acknowledged the avoidance of feelings as a child: "Gradually you had a shutting down process; it was like you're going into survivor mode"; and as an adult: "You don't get close to people, your emotions disappear. You're assessing all the time. So basically, you're shut down".

There may, however, be an adaptive aspect to Reg's rationalisations. Feelings may be consciously suppressed in an effort to manage potential emotional overwhelm (Rubin, 1996). Common across those who have triumphed over abusive histories is the capacity to limit the pain one allows themselves to experience, "to dole it out in doses small enough to be manageable emotionally" (Rubin, 1996, p. 142). The pain is deferred until it is safe enough to be processed, and distant enough so that its experience feels more muted. Perhaps Reg could maintain some sense of control, "if not over external events, then over how he perceived those events", helping him regulate anxiety and emotional reactivity, and strengthening his determination to "not be a passive victim of [his] circumstances" (Rubin, 1996, p. 226). This is protective because as Giladi and Bell (2013) identified, heightened emotional reactivity and difficulties in anxiety regulation, are both mechanisms by which a parent's trauma can be passed on to the next generation. Reg's narrative suggests that 'working through' does not mean having to process all of one's trauma.

No matter how late in life, the capacity to develop some insights about the pain and impact of institutional "care", seemed to offer "care" leavers an opportunity to move forward and to commit to personal growth, which helped them repair relationships with their children (and others) and not allow trauma to define their present reality (Rubin, 1996). These findings echo recent research with survivors of institutional childhood abuse where factors such as

cognitive insights, intrapersonal growth, interpersonal relationships, and altruism promoted survivors' trajectories of positive change and personal growth (Sheridan & Carr, 2020). However, growth and distress, in the form of post-traumatic re-experiencing of symptoms, co-exist. As with my findings, Sheridan and Carr's (2020) participants also spoke about their life trajectories as the interweaving of positive behaviour changes, and continued distress.

Advocacy

"Care" leavers spoke about the power of advocating for themselves and others. Advocacy emerged as a medium by which "care" leavers were able to tell their stories of abuse and seek justice.¹⁸⁵ According to Easton et al. (2015) this has been identified as particularly important to the healing process of child sexual abuse, by offering empowerment through helping others. For some "care" leavers, advocacy was expressed as their life's "mission". They spoke about a commitment to make the world a safer place for children through their determination to "never let the bastards win. You just do what you got to do".¹⁸⁶ According to Braga et al. (2012), we could understand these sentiments to be a "defence of universal, humanist values" such as freedom from abuse and social justice (p. 7).

Such actions were also associated with the transmission of resilience patterns in the children of survivors of trauma and offer an example of what Braga et al. (2012) have identified as parental "working over" of trauma (p. 8). It is the defence of universal values, made possible by involvement with CLAN or volunteering opportunities, that seemed helpful for these parents. Sheridan and Carr (2020) identified similar altruistic behaviour from survivors of institutional "care". In their research, "care" leavers' personal growth was prompted and expressed by their "meaningful engagement" in altruistic behaviour that included, like my participants, helping vulnerable and marginalised children and adults (p. 8).

As children, these parents were silenced, hampered by a litany of barriers preventing disclosure of abuse. As adults, they are passionate advocates and seem to display a "righteous anger at the injustice that was not deserved and must be avenged" (Lehrner & Yehuda, 2018, p. 23).¹⁸⁷ Lehrner and Yehuda (2018) proposed that there may be a healthy or appropriate degree of "embitterment" that spurs individuals or communities into action, leading to an adaptive response to injustice (p. 24). The pursuit of justice for participants was demonstrated through attendance at regular CLAN meetings, participating in silent protests, organising social

¹⁸⁵ Examples provided in the findings, Chapter 5.

¹⁸⁶ "Bastards" refers to perpetrators of child abuse.

¹⁸⁷ Lehrner and Yehuda (2018) describe Post Traumatic Embitterment Disorder (PTED) as a mood state of anger and helplessness, a belief that the world has treated one unfairly and that there has been a violation of one's beliefs and values. It is characterised by righteous anger at the injustice that was not deserved and must be avenged (Lehner & Yehuda, 2018, p. 24).

gatherings for “care” leavers, writing letters to politicians advocating for recognition of suffering and redress, volunteering to help children at schools and hospitals, writing music and singing about their “care” experience.

Advocacy also seems to have cultivated intimacy, caring and belonging – the healing compensation for what was missing in “care” leavers’ childhoods. Social connection, the need for a safe space and the desire to belong have been identified as significantly important for “care” leavers because their absence is a hallmark of the harmful legacy of institutional “care” (Smith et al., 2020). Advocacy offered opportunities to connect with others who have similar experiences, and it also fostered a sense of belonging and feeling cared for – all central to the facilitation of improved interpersonal relationships which are crucial in helping people cope with traumatic events and have a positive impact on parenting (Schofield et al., 2013; Sheridan & Carr, 2020). In particular, involvement with CLAN seemed to offer an experience of “communion”, exemplified by participants’ connection to the community of “care” leavers, where the traumas of childhood could be at times silently shared with others (McAdams & McLean, 2013, p. 234). As one “care” leaver told me, “You know what’s happened just by looking into their eyes”.¹⁸⁸

“Care” leavers’ narratives testified to the merit of advocacy groups and community level opportunities to tell their story and expose the institutional settings of trauma. Advocacy initiatives offered dignity for survivors and their children, creating the possibility to transform “anger and helplessness at injustice into self-efficacy” (Lehrner & Yehuda, 2018, p. 27). It provided “care” leavers with agency in creating social policy changes, service provision, establishing inquiries and increasing community awareness of the suffering endured in institutional “care”, and it challenged “the rose-coloured official narratives that formerly privileged the power, the gatekeepers and the literature” (Wilson & Golding, 2015, p. 38).

The pursuit of justice also appeared to have therapeutic benefits that impacted positively on the parent-child relationship. Parents’ advocacy provided opportunities for them to share their history with their children, fostering better communications and a closeness between themselves and their children. The recognition of their parent’s commitment to advocacy encouraged some children to accompany their parents to “care” leaver events. Braga et al., (2012) identified visitation to sites related to traumatic parental experiences, along with the parent’s general social activism, as associated with the transmission of resilience patterns in the children of trauma survivors. Many of the children I interviewed attended silent protests for Redress,¹⁸⁹ CLAN meetings, and some visited the Homes in which their parents had lived. With

¹⁸⁸ The “care” leaver was referring to knowing the trauma other “care” leavers had suffered.

¹⁸⁹ Since 2007 an increasingly important part of CLAN’s political lobbying took the form of dozens of silent protests, held outside politicians’ offices, the Department of Social Services and outside Parliament. CLAN

these mediums, their parents' childhood history became more accessible, without being necessarily overwhelming. It seemed to allow for a "symbolic working over of the traumatic parental experience" by placing the distant traumatic stories on a concrete accessible real plane (Braga et al., 2012, p. 7). The shared experiences seemed to foster a closer relationship between the parent and child. Sharing the experiences of the past and engaging in advocacy seemed to provide parents with an experience of meaning making, whilst also allowing the broader community and their children, to bear witness to the suffering "care" leavers experienced (S. Murray, 2015; Sheridan & Carr, 2020).

Understanding, forgiveness, and closeness in later life. Self-Contemplation and advocacy seemed to also contribute to understanding, forgiveness and closeness from children towards their "care" leaver parent. As Herman (1992) had observed, remembering, and telling are prerequisites for the healing of trauma. The six care-leaver parents who made statements to either the police or to the Royal Commission, were unequivocal about the power of being witnessed, believed, and understood by authority figures. This was, as Arthur stated, "the most important thing". In turn, this elicited a greater understanding, forgiveness, and closeness from the children, concerning their parent's experience and the impacts on them of some of their parenting behaviour. Here, sentiments of compassion and admiration were woven through the narratives of children, which is echoed in others' research into the impact of parental trauma (Braga et al., 2012; Kliger et al., 2011; Wolf 2019).

For example, George, David and Dorothy told me that they had apologised to their children for behaviour towards them that was aggressive, abusive and neglectful. Interestingly, these apologies came later in life when the children were well into adulthood, which seems a time when conciliation with their children could be better understood and appreciated. For Dorothy, perhaps the process of self-contemplation in later life, possibly aided by years of receiving psychological treatment, equipped her to genuinely consider the impact of her abusive parenting behaviours. Seeking forgiveness and apologising became an important moderating factor in her story. The reparative impact on her relationship with daughter, Laura, was demonstrated when Laura was able to forgive her mother, and could form a close relationship with her, despite acknowledging the challenges and burden of caring for a parent with chronic mental health problems.

members would use big banners with clear messages. These protests had a huge impact. Members protested for the establishment of state-based and federal inquiries, eventually resulting in the Victorian Parliamentary inquiry and the Royal Commission into Institutional Responses to Child Abuse. <https://archive.crin.org/en/library/publications/australia-care-leavers-fight-redress-historical-abuse.html>

Summary

‘Working through’ appears to be a significant factor in moderating the negative impacts of institutional “care” on parenting and relationships between parents and their children. This opened up possibilities of creating healing relationships with their children and the wider community.

For “care” leavers, the avenues of self-contemplation and advocacy became the tools to support the development of a sense of being able to reflect on impacts of painful and traumatic experiences on themselves and their family relationships, along with the importance of being able to have a voice and be heard by the community. Both tools had important implications for the relationship between parents and their children; they elicited understanding by children in a context where parents sought forgiveness. These experiences fostered closeness and allowed the parent – child relationship to be framed and consciously experienced in terms of the impacts of the past and the efforts to moderate them.

Acts of Generativity, Transformation, and Transcendence

Dedication to advocacy and the pursuit of justice were not only associated with “working through” as generative actions, they were also key components in participants’ narratives that seemed to describe a process of transformation and transcendence.¹⁹⁰ As moderating factors, these processes were closely associated with “care” leaver parents’ capacity to overcome difficult and traumatic childhoods, and played an important role and connection with their children.¹⁹¹ In this section I discuss the importance of generative actions for “care” leavers and illustrate how they contributed to narratives that suggest the processes of transformation and transcendence were important in mitigating the harmful impact of institutional “care” on parenting and on children’s perception of their parents.

Generativity

As Sheridan and Carr (2020) found, advocacy and the pursuit of justice seemed important and meaningful for “care” leavers because these action-oriented efforts seemed to offer a restored sense of self-efficacy. In helping “care” leavers to not remain locked in a struggle with their painful past, they offer an experience of empowerment against a backdrop of childhood despair, hopelessness, and abuse. I describe advocacy and the pursuit of justice as generative because they also seemed to drive a commitment to promote the development and wellbeing of future generations (McAdams, 2006).

¹⁹⁰ I borrow these terms from Hunter’s (2007) research which I have described more fully in Chapter 2 - the Literature Review.

¹⁹¹ See Findings Chapter 5.

Like Rubin's (1996) transcendent adults, the parents in this study seemed committed to something beyond their personal interests. Their childhood experiences of injustice seemed to ignite the spark to ease others' suffering, as well as their own. They spoke of being "proactive", galvanised by their history to "keep fighting" for "care" leavers. They spoke, like other abuse survivors, about their care, concern, and commitment to the new generation of children not suffering as they once had (Branigan et al., 2008; Martsof & Draucker, 2008; Sheridan & Carr, 2020; Thomas & Hall, 2008). They advocated for themselves and for children through actions such as giving evidence at the Royal Commission, attending CLAN meetings and through volunteering as mentors for disadvantaged children. Most parents and their children told me that their participation in this study was also motivated by their wish to create a safer world for children, to give abused children "a voice", and to help their own children understand their trauma history. In this regard, they contribute to "an improved world" (Michell, 2019, p.218).

Overall, despite long standing mental and physical health concerns, most "care" leavers seemed to turn their focus on what they could control in their life. According to McAdams and McLean (2013), agentic narratives have been associated with higher levels of wellbeing and successful adaptation. Most "care" leavers' stories were consistent with agentic narratives (McAdams, 2016), emphasising a pride in their accomplishments and an ability to control their own fate; resolute in the importance of relying on themselves. As Eddie said, its "part of the survival strategy". Born of traumatic childhood experiences, their sense of self-reliance is described as hard-working and able to maintain ongoing employment; either in their own business or working for others. For many, their home was symbolic of their success and exemplified a capacity to create something from the rubble of childhood. I witnessed the pleasure with which they showed me around their homes during the interviews.

Some parents told me that what got them through was a belief that "there is always worse". This perspective seemed to help them to appreciate their current circumstances rather than dwell in the past. Some made references to being "lucky" with relationships, friendships or with creative talents. In many regards, they have emerged undefeated by their past (McAdams, 2006; Murray et al., 2009). Their acts of generativity are exemplars of narratives that suggest processes of transformation and transcendence became important elements in overcoming the impacts of the childhood trauma.

Transformation and Transcendence

In the context of the overarching theme of Overcoming Adversity from the findings in Chapter 5, almost all "care" leavers told narratives imbued with themes of transformation and transcendence. Like other "care" leavers (Murray et al., 2009; Sheridan & Carr, 2020), they did not deny the harm endured in institutional "care", however, they acknowledged that they had to

be able rise above it. Their stories were consistent with those told by others who had overcome childhood adversity (Hunter, 2007). In Hunter's (2007) research, 'narratives of transformation' were told by those who had developed a powerful sense of seeking justice and preventing future abuses; whilst 'narratives of transcendence' were told by those who refused to be defined by their childhood experiences or refused to be seen as victims who are defined by the negative impacts of their trauma histories.

Participants in this study did not deny the impacts that childhood trauma had on their lives and their parenting; however, most did not let the past overwhelm them and refused to be defined by their trauma history. For Reg, it was his rational perspective, for David, it was his spiritual growth, for Isabelle, it was about self-image and for Eddie, it was hard work in creating a home. For Roy, Vera, and George, a sense of Hunter's (2007) transformation occurred as they engaged in generative activities to help break the cycle of abuse for future generations, through direct advocacy and relentless dedication to speak out and publicly challenge the wrongs of the past. This speaking out also seemed to be linked to a process of transcendence, as they reflected on their stories and experiences, processing and challenging the trauma laden narratives they received from childhood.

As with other survivors of abuse, "care" leavers did not arrive at narratives of transformation and transcendence unscathed, nor in a linear process (Farber, 2017; Martsof & Draucker, 2008; Sheridan & Carr, 2020; Thomas & Hall, 2008; Wright et al., 2012). Post-traumatic symptomatology among institutional "care" leavers has been identified as 12 times higher than that in community samples (Carr et al., 2019). Hence it is of little surprise that "care" leavers' stories were complex, with varying degrees of being able to transform and transcend stories of the life-long distress associated with institutional "care". Their narratives reflected progress and personal growth, alongside setbacks, health problems and inter-personal disappointments. This co-existence of growth and distress is also echoed by Sheridan and Carr (2020) in their study of "care" leavers.

I now move to discuss children's experience of their parents' generativity, transformation and transcendence and the positive impact these seemed to have on the relationship between them.

Children's Experiences of Their Parent's Generativity, Transformation and Transcendence. Engaging in advocacy and the pursuit of justice offered survivors the opportunity to develop agency over their lives; transforming experiences of anger and helplessness at injustice, into self-efficacy and meaning making (Lehrer & Yehuda, 2018). In turn, the parent's capacity to survive seems to have affected the children's development in constructive ways, by fostering admiration and compassion for their "care" leaver parent

(Isserman et al., 2011). All children spoke about their admiration for their parents' capacity to survive their childhoods and they drew inspiration from their parents' resistance to be defined by, or held back, by their histories. For some, their parents' perseverance and fortitude seem to have become integrated as core values and guiding principles in their own parenting or in their professional work practice (Kliger & Hollander-Goldfein, 2011).¹⁹²

Summary

My research suggests that acts of generativity may cultivate narratives of transformation and transcendence over one's abusive childhood. Advocacy and the pursuit of justice offered a restored sense of self-efficacy and experiences of empowerment. The focus was not only on righting wrongs of the past, but also on promoting the protection and wellbeing of all children. Parents spoke with pride about their successes and personal growth, despite the lingering distress reverberating from their childhood traumas. Their children, in turn, were witness to their parents' perseverance, survival and contributions to social justice; attributes which seemed to promote compassion and admiration for their parent, and, for some children, informed their core values and guiding principles for their own outlook on life, on parenting and in their professional work practice.

Supportive Relationships

The importance of supportive relationships with others was spoken about by the parents who described close relationships with their children. This factor is informed by descriptions of the importance of friendships and intimate relationships in "care" leavers' lives and the helpful impact of these relationships on their parenting.¹⁹³ Observing and learning healthy parenting by friends or partners was able, to some degree, to compensate for the lack of positive parenting role models from institutional "care". Many "care" leavers reported that due to the absence or neglect from their own families of origin, friendships established in the institutions or in adulthood, endured and became, as Isabelle and her daughter told me, "like family" (Sheridan & Carr, 2020). This is consistent with research that suggests having positive, emotionally intimate, supportive, and warm relationships with others is central to the prevention and mitigation of generational impacts of adverse childhoods (Armsworth & Stronck, 1999; Bethell et al., 2017; Madigan et al., 2019; Schofield et al., 2013). Friends or partners role modelled positive parenting examples that "care" leavers asserted helped them change their own parenting and promoted closeness with their children.

¹⁹² Examples are described in Chapter 6.

¹⁹³ Examples are described in Chapter 5.

The Significance of Supportive Relationships with Intimate Partners or Friends

Although relationship problems are a common feature of many “care” leavers experiences,¹⁹⁴ most parents were able to talk about the power of having had one significant emotional relationship that to some degree, seemed to compensate for the adversity they experienced in childhood. Reflections about the power of love, support, and positive influence from others, including partners, family in-laws and friends, is echoed by other research with “care” leavers (Murray et al., 2009; Perry et al., 2006; SCARC, 2005; Sheridan & Carr, 2020). My findings do not discount the lifelong struggle that some “care” leavers face in maintaining loving and stable relationships, however, they draw attention to the importance of having a supportive partner to help create a stable home, and to the powerful impact of love and support from extended family and friends in helping them soften the wounds of their traumatic past.

The male “care” leavers, all of whom had experienced or witnessed sexual abuse as children, saw their relationships with spouses and friends as offering experiences of care and role-modelling, that helped change their life trajectories. They offered examples such as their spouses’ influence in helping them cease excessive alcohol use or resolving conflicts without resorting to violence. Research by Easton et al. (2015) revealed that influential relationships constituted significant “turning points” towards healing for men recovering from childhood sexual abuse (p. 166). Consistent with Murray et al.’s (2009) findings, all “care” leaver parents spoke about learning to parent from others. The men learnt through “observing” other men or their spouses, whilst the women spoke about watching television shows that demonstrated a way of raising a family that was the ‘opposite’ of what they had experienced as children. For most parents, these observations were their first encounters with loving parent-child interactions.

Many of the friendships described by “care” leaver parents have been sustained, surviving the test of time, and enduring the impacts of divorce, alcoholism, and geographical relocation. Friendships provided a template of consistent care regardless of the challenges the parents faced. Several spoke of special bonds with specific friends or their spouses that seemed to fill the emotional void left by an abusive childhood (Rubin, 1996). Several of the “care” leavers’ children validated their parent’s moving experiences of deep friendships, and the positive impact this had on their parents and on them, often referring to these friends as “family”.

¹⁹⁴ For example, social disconnection; relationship breakdowns; abusive relationships; difficulties forming and maintaining trust; remaining alone and never marrying (Murray et al., 2009; Perry et al., 2006; SCARC, 2005; Smith et al., 2020).

The Positive Influence of the Other Parent

Supportive relationships with others, especially a spouse, can mitigate the negative impact of the emotionally distressed parent (Hollander-Goldfein et al., 2011b; Murray et al., 2009; Schofield et al., 2013). The mediating influence of a supportive spouse was observed in Eddie's, Arthur's and Laura's marriages. This has been described by Siegel & Hartzell (2003) in terms of an "earned" secure attachment (p. 123).¹⁹⁵ According to Siegel and Hartzell (2003) nurturing relationships support a person's growth by helping the person develop the capacity to reflect and make sense of their early life history and its impact in their life, including on their parenting. This was evident in Laura's example of when her husband helped her remain "mindful" of the impact of her childhood on her parenting when he gently reminded her of her own childhood upbringing as "not normal".

Others spoke at length about the positive influence of their spouse's support on their parenting; that through observation and their spouses' reflections, they were able 'fill the gaps' in their experience of how to be good parents. According to Hollander-Goldfein et al. (2011b) and Murray et al., (2009), the healthier parent in a family may successfully mediate the negative impact of the emotionally distressed parent through their positive relationship with the child. Gabrielle, Katie, and Alison all described their mediating parent (their mothers) as affectionate, loving and with whom they had open communication and closeness. As per Murray et al.'s (2009) research, these mothers acted as a buffer between the children and their father when the children were experiencing difficulties and did not understand their parent's physical and emotional distance. In appreciating that the "care" leaver fathers' difficulties were born of inadequate role modelling and abuse experiences from institutional "care", these mothers explained the fathers' behaviour by contextualising it within their childhood history, as well as making themselves available for conversations that these fathers struggled to have. Therefore, spouses could act as a counterbalancing influence on the children's lives, providing nurturance, closeness, and positive affective expression (Hollander-Goldfein et al., 2011b).

Summary

The lack of positive parenting role models in childhood can be overcome, to some degree, by those whom "care" leavers were able to observe for guidance as to how to parent. The fathers spoke of learning to parent and interact with their children by watching their partners, families-in-law, and friends, whilst the mothers learnt from watching television sitcoms

¹⁹⁵ Individuals with earned security may have had troubled relationships with their parents during childhood but they come to make sense of those experiences and the impact of these on their development (Siegel & Hartzell, 2003). Secure attachment is important because it predicts the provision of sensitive and supportive parenting which helps mitigate the transmission of trauma (Siegel & Hartzell, 2003, p. 123).

about loving families. All parents spoke about the significance of the positive impact that caring, supportive, committed relationships had on their lives and their parenting. It seemed that this support, along with observations of healthy parenting, seemed to help them learn to “do the opposite” in parenting to what they had experienced as children. This suggests that the presence of a continually involved, caring person, can help to mitigate the harm of childhood adversity and improve the lives and functioning of “care” leavers; even when there was an absence of caring, attentive people throughout childhood and adolescence (Perry et al., 2006).

Summary of Chapter 8

In Chapter 8 I have attempted to provide an analysis of the key factors and practices that emerged as moderating the impact of “care” leaver’s traumatic experiences of institutional “care” on parenting and family relationships. These were: Doing the opposite; Sharing the story of the parent’s childhood; Working through; Acts of generativity, transformation and transcendence and Supportive relationships.

To varying degrees, moderating factors were present in most families. It is notable that most parents did not repeat the violence, abandonment and abuse inflicted upon them as children. No children were relinquished to state care and statutory authorities were not involved in the families’ lives. Despite the presence of pervasive adverse impacts related to institutional “care”, parents spoke of creating homes where their children felt loved, and they provided a stable nurturing environment. This was an unexpected finding that was contrary to expectations based on my clinical experience and much of the literature in the field. Parents showed a persistence and determination to overcome their challenges, through self-contemplation and acts of generative behaviour such as advocacy, justice seeking and preventing future abuse of children. Their children spoke of feeling closeness, admiration, compassion for their parents. Their understanding of parents’ behaviour increased as they learnt more about their parents’ histories. Supportive relationships with spouses, extended family or friends were critical in compensating for lack of positive parenting role models, by helping “care” leavers cope with emotional difficulties and through offering examples of healthy parenting.

In the final chapter 9, I summarise the key findings of the research, including limitations of this study and directions for further research. I conclude with a discussion of the significance of this research in terms of recommendations for those working with “care” leavers and their families, children in out-of-home care, and mental health professionals who work with survivors of childhood trauma.

CHAPTER 9: Conclusion: A Summary of Key Findings, Suggestions for Future Research and Recommendations

Introduction

I begin this chapter with a summary of the key findings related to the research questions. I then acknowledge the limitations of this study, followed by suggestions for future research. I conclude with a discussion about the relevance of my research findings for those who work with “care” leavers and their families, children in out-of-home care and survivors of childhood trauma. Finally, I propose a series of recommendations that may be informative for those working in the fields of mental health, counselling and psychotherapy, as well as advocacy and public policy concerning “care” leavers.

Summary of Key Findings

The aim of this research was to explore the intergenerational impact on parenting for those who experienced Australian institutional “care” pre-1974. The findings are drawn from in-depth interviews with nine “care” leavers and seven of their adult children. Rich data emerged from research questions that were oriented to understand how the experience of institutional “care” affected survivors’ parenting and their relationship with their children; and how, and to what extent, the (now adult) children were impacted by their parents’ traumatic institutional “care” experience. A higher order analysis revealed factors that seemed to contribute to or moderate the traumatic impacts of the parent’s experience.

Stories of the adverse and ongoing impacts of a parent’s traumatic experiences of institutional “care” were identified as contributing factors that featured in all “care” leaver narratives, shaping how they saw themselves, their parenting and relationships with their children. The impacts ranged from feelings of loneliness, depression and anxiety to hypervigilance and fear. These impacts were highlighted in some of the children’s narratives, where for some, during childhood, the mere presence of a parent would sometimes evoke such feelings. Again, to different degrees, parents’ struggles with emotional and physical distance towards their children, through to neglect, physical and emotional abuse, powerfully shaped children’s perception of early parent/child relationships. For one parent, the devastating impact of emotional and physical distance, aggression, silence and a troubled marriage seemed to contribute to the unresolved and long-standing relational difficulties between himself and his children. This parent was the only participant in my research who has ongoing poor or estranged relationships with all of his children.

Six key factors emerged as contributing to harmful impacts of institutional “care” on parenting and parent - child relationships:

- Emotional and physical distance from parents to their children

- Expressions of aggression and violence towards children
- Silence about the parent's history in "care"
- Over-disclosure about the parent's history in "care"
- Negative experiences of marriage and relationships
- Narratives of ongoing suffering

Many of these factors are described in the literature on the intergenerational impacts of trauma from one generation to the next and, as described above, some of these features emerged in my research. However, contrary to my expectations, formed from the literature and my clinical experience in the trauma field, my findings revealed that most parents had to different degrees, broken the cycle of trauma that they had been born into. Despite the lifelong adverse impacts of childhood experiences in institutional "care", most parents did not repeat the abandonment and abuse that was inflicted upon them as children in care.

Emerging as moderating the impact of institutional "care" on parenting were five key factors:

- Parents 'Doing the opposite' to how they were parented
- Parents sharing the story of their childhood
- Working through by parents
- Acts of generativity, transformation, and transcendence
- Supportive relationships

The homes and families most parents created did not resemble those of their childhoods. Most parents maintained a stable home and nurturing environment so that their children felt loved and protected. None of the "care" leaver's children were relinquished to state care, and statutory authorities were not involved in their lives. Many parents remained in stable intimate partnerships and demonstrated a commitment to their children even when parenting was a challenge, for example during the adolescent years. Where parents struggled in marriages that subsequently led to instability and divorce, efforts were made as their children grew up, to become closer and repair the parent - child relationship. When parenting in childhood was difficult, parents spoke about going to great efforts to understand themselves and their behaviour. For some parents, this process took many years; nevertheless, this difficult work, after years of suffering and exposure to multiple stressors, seemed to pave the way for most to form closer relationships with their children.

Parents also described their determination to pass on values to their children that stressed the importance of family, belonging and closeness, nurture, and open communication. These were all elements that highlight the work of the moderating factor of 'doing the opposite' of

what “care” leavers experienced in “care”. Parents strived to consciously not let their childhood experiences influence or be repeated in their parenting. In this regard, they engaged in processes of self-contemplation, acts of generativity and advocacy, where speaking out about justice for “care” leavers or supporting other vulnerable people, cultivated a sense of their own worth and empowerment, fostering personal transformation and transcendence from childhood trauma. For the “care” leavers’ children, these contemplative processes and generative acts provided a context to understand the struggles that confronted their parents, both personally and in their parenting. This resulted in their children gaining a deeper understanding and respect for who their parents had become.

A feature of the children’s narratives was the importance of hearing and learning about their parent’s “care” leaver experiences and the impacts that the associated trauma had on parenting and their relationship with their parent. Being able to develop an understanding and appreciation of their parent’s story promoted feelings towards their parent that spoke of compassion, admiration, and a sense of closeness in their relationships. Contrary to the family silence and secrets that marked “care” leavers’ childhoods, the parents also had to make agentic choices about when, what, and how much to share of their experiences of institutional “care”.

Time and time again, for these parents, their traumatic past intrudes and is represented in emotional ‘shutting downs’, withdrawal, disrupted sleeping, nightmares and haunting memories that dwell in the body, along with histories of anxiety, depression and addictions. These effects were associated with what I describe here as, “contributing factors”. Yet, despite these responses to the past, the “care” leavers’ stories also represented moderating factors that inform the human capacity to be able construct a life very different to one’s own traumatic childhood (Bonnano, 2004) and to protect their children from parental trauma. The stories they and their children told, of transformation and transcendence and their acts of advocacy and generativity, seem to have countered the helplessness of a childhood in institutional “care” and demonstrate that they are not defined solely by their traumatic childhood experience. What seemed to be revealed was an ability to access these inner and outer resources to create a different, or counter life to the “care” leaver experience, for themselves and for their relationship with their children. Moderating factors seemed to have protected their children from the impact of parental trauma and facilitated the development and maintenance of “care” leavers’ positive relationships and ongoing contact with their adult children.

Some Final Reflections

Against a background of chronic stressors which include, mental and physical health struggles, relationship problems, emotional vulnerabilities and the absence of positive parental role models, the “care” leavers in my research showed determination to overcome their

challenges, moderating in the process, the transmission of the harmful impacts of institutional “care” to their children. Varying degrees of close relationships with parents were reported by all children interviewed. Some had always been close; others’ relationships were strengthened when the children reached adulthood. Perhaps, the greatest indicator of the parent-child bond was the children’s participation in this research, with all children acknowledging they participated because their “care” leaver parent had asked them to and because they seemed to appreciate that the research was deeply important for their parent.

Limitations and Suggestions for Further Research

The small number of participants precludes generalisability to other “care” leavers or discussions about gender differences. There was a natural bias in the recruitment whereby parameters for eligibility assumed some relationship continues between “care” leavers and their adult children. To this end, interviews with the two “care” leaver fathers whose children did not participate, offered insights into some of the difficulties experienced by “care” leavers with respect to their relationship with their children.¹⁹⁶ The criteria for eligibility excluded “care” leavers who have ‘moved on’ from their childhood experience or do not feel traumatised by it. Conversely, it also excluded those with significant psychosocial concerns, such as homelessness or incarceration, who may not have been exposed to the recruitment advertisements. It also excluded those who continue to experience post-trauma impacts to the extent that engagement in the research may have been detrimental to mental health (Carr et al., 2010; Murray et al., 2009; Sigal et al., 2003). In this regard, the findings may underestimate the extent of intergenerational impacts for those who experienced institutional “care”. The challenge I faced in recruiting parent-child dyads is perhaps another indicator that parenting and relationships with children is a difficult area for “care” leavers to discuss.

The challenges related to the retrospective nature of the research, with respect to accurate recollections of parenting, were somewhat offset by the interviews with the children, who were able to corroborate and add to their parents’ reflections. However, not all siblings were interviewed and hence there was an absence of collateral sources to corroborate parents’ accounts of parenting or their impact on other children. This was a key limitation in the accounts of two fathers whose children did not participate. Nevertheless, the study design with its focus on in-depth interviews with multiple strategies used for validation, and the emotional

¹⁹⁶ Both fathers had told me their children would participate but this did not eventuate. Both fathers had recently reconnected with their sons. Tony’s relationship with his son was so tenuous that by the time I conducted the interview with Tony, he had become re-estranged from his son. When I met George, he told me he had chosen not to give his son further information about the research because he did not want the research interviews to jeopardise their newly formed bond.

congruence that accompanied the narratives, seems to preclude evidence or motivation by parents to inflate or deflate the extent of problems in the parent - child relationships.

To this end, further research in intergenerational issues could focus on the experiences of “care” leavers who are estranged from their children to provide a broader picture of the parenting issues faced by those who experienced institutional “care”. Research with adult children (including their siblings) of “care” leavers who are and who are not estranged from their parents, would further add to our understanding of the impacts of institutional “care” trauma on the children of survivors. As seen in Laura’s case, the possibility of resilience as an intergenerational impact may also be further explored.

Another limitation is that validated measures assessing trauma symptoms were not employed and therefore objective measures of trauma in neither the parents nor their children, could not be ascertained. Future research could incorporate empirical assessments to assess for trauma in “care” leavers and their children. My research attempts to create a platform from which further research can delve towards these deeper explorations.

As others have identified, the study of intergenerational impacts of traumatic experiences are extremely complex because of the multitude of variables that influence peoples’ lives (Bar-On, 1996). It was beyond the scope of this research and not its purpose, to examine the impact on parenting related to participants’ lives prior to their experience of institutional “care”. From each of their accounts, life with their parents was marked to different degrees by abuse, neglect and ultimately, abandonment. Although the study design made it impossible to differentiate the effects of institutional “care” and family adversity prior to “care” (Carr et al., 2010), each “care” leaver was unequivocal about the adverse impact of institutional “care” on their lives and all but one of the “care” leavers, expressed concerns that their experiences in institutional “care”, to varying degrees, negatively affected their parenting. Future research could explore the differences between “care” leavers’ experiences of parenting, as well as the differences between their perceived impacts of institutional “care”.

Further research could deepen the understanding of the factors I have identified as contributing or moderating and whether these factors are generalisable across a broader group of “care” leavers and their children. “Care” leavers’ commitment to advocacy and generativity and the helpful impact of these factors on parent-child relationships highlights an important avenue for research. Why are some survivors able to engage in acts of altruism and others are not? Similarly, why are some survivors, and not others, able to ‘do the opposite’ with respect to parenting? What more could we learn from the families that report few or no adverse impacts on parenting? Given that failure to recover from trauma mediates the impact of parent’s trauma on their children (Lehrner & Yehuda, 2018), what do “care” leavers need to help them along the healing trajectory? Future research could deepen the exploration of the impact of sharing the

story of a parent's childhood experience in institutional "care" and the nuances associated with sharing, such as the nature of content, the extent of sharing and at what ages is sharing appropriate and helpful.

Significance of the Research

This is the first known study to explore the impact of institutional "care" on parenting through in-depth interviews with Australian born non-Indigenous people, who experienced institutional "care" pre-1974, and their children. Children's accounts of parenting provided the "other piece of the puzzle" allowing for corroboration or challenge to parents' accounts and deepening the understanding of the intergenerational impacts of institutional "care" trauma (Goldenberg et al., 2011, p.6).

The bulk of research currently available about Australian institutional "care" leavers has been conducted in the fields of social policy, sociology, and history, but not psychology. To my knowledge and in accordance with reflections made by my key informants, this research is unique because firstly, it is undertaken by a psychologist; secondly, I sought to explore the intergenerational impact of institutional "care" on parenting through interviews with parents *and* their children; and thirdly, I sought to understand the factors that contribute to or moderate the intergenerational impact of institutional "care" on parenting.

The findings revealed factors that seem to contribute or moderate the intergenerational impacts when a parent has experienced institutional "care" trauma. The discovery of both, contributing and moderating factors, in almost all families interviewed, suggests that whilst a parent's history of abuse increases the risk that their child will suffer maltreatment (e.g., Madigan et al., 2019), there are various factors that may be helpful in breaking the cycle of trauma. Awareness of these factors could protect parents with childhood trauma histories from experiencing difficulties in parenting their own children. They may also be useful in guiding therapeutic interventions for survivors of childhood trauma and their families. I offer further recommendations below.

A strength of this research lies in its intensive examination of in-depth data. The narrative methodology informed by a psychosocial approach breathes life into the data and adds a level of understanding to the intergenerational impact of institutional "care" that would not have been possible to achieve without intense examination and attention being accorded to each parent-child dyad.

The significance of hearing from "care" leavers at their pace, in interviews conducted at a choice of their location, is critical and reflects the growing call for research that engages and involves "care" leavers as they find their voice after decades of being silenced (Murray & Goddard, 2014; Smith et al., 2020; Wilson & Golding, 2015). The Life Stories/Pen Portraits given

to participants with request for feedback, offered a counter-experience to childhood shame and helplessness related to “offensive, inaccurate, incomplete or misleading” institutional case files (Golding, 2020).

This research offers a broad and complex picture of the parenting trajectory of nine institutional “care” survivors and the experiences of seven of their children. Some of the key strengths of the study findings were: that the possibility of ‘doing the opposite’, change and transformation seems to co-exist alongside the unrelenting hauntings of distressed childhoods; that advocacy and generativity may moderate the intergenerational impact of institutional “care” trauma on parenting by creating opportunities for the parents to share their story and by facilitating a sense of agency; and that engagement in the pursuit of justice and advocacy for vulnerable others, supported parents and their children along a healing trajectory, steering them away from victimhood and into experiences of transformation and transcendence. Overall, the research has brought to light the burden of institutional “care” on survivors’ lives and parenting, at the same time highlighting parenting practices that were mobilised to break the cycle of trauma and influence engagement in generative behaviour and supportive relationships.

Recommendations

Despite the challenges with generalisability of a small sample, the insights derived from intensive examination of in-depth data may be useful to other contexts with similar features (Yardley, 2015). Hence, the findings may benefit not only those concerned with “care” leavers, but those who work with children in out-home care and mental health professionals who work with families where parents have a history of childhood trauma. Contributing and moderating factors were present in almost all families interviewed, suggesting that intergenerational impacts of institutional “care” are dynamic and multidimensional, highlighting the need for trauma informed and family sensitive interventions. Understanding contributing factors illustrates the considerable impact of institutional “care” on survivors’ lives and their parenting. These factors could be identified early in therapeutic relationships and addressed accordingly. At the same time, measures could be employed by community/support agencies that specifically target these risk factors through policy and practices that can offer a mitigation of intergenerational trauma impacts on parenting by utilising aspects of the moderating factors.

The research also showed that the impacts of institutional “care” trauma experiences are both individual and relational, with repercussions on future generations. The significance of CLAN, advocacy and generativity and their importance in supporting positive parent - child relationships were acknowledged by almost all “care” leavers and their children. Funding is recommended for community/support agencies which foster connection and a place to belong

for survivors of institutional “care”, and who offer opportunities for commemorative activities, emotional support, and advocacy.

Timely funding towards research that can address the intergenerational impacts of institutional “care” trauma is warranted, particularly because “care” leavers are an ageing cohort who may wish for reparation with, or support of their children as they enter their senior years.

Given that, supportive relationships offer a counterbalance to the impact of childhood trauma on a parent’s capacity to parent, community/support agencies as well as clinicians who offer therapeutic interventions regarding parenting or family concerns, could include those whom survivors identify as supportive, and aim to strengthen these supportive relationships and enhance opportunities for connection with others (Smith et al., 2020). Where requested, family reunification should be explored with the help of specialist agencies and support staff (S. Murray, 2015).

Training is recommended for psychologists, family therapists and counsellors, either at university level or in the workplace, regarding the importance of including in assessment, an exploration of whether there is a family history in institutional “care”. As Smith (2017) advised, identifying a person as a historical “care” leaver early in the therapeutic relationship, may “assist in minimising the possibility of re-traumatisation” of authority figures (p. 3). Therapists need to understand the clinical implications and the intergenerational impact of the institutional “care” experience for survivors and their families, including that absence of evidence of trauma does not negate ongoing distress. A history of intergenerational institutional “care” should be included alongside other risk factors that predispose parents to difficulties with parenting their own children. Therapeutic interventions should acknowledge “care” leavers’ strengths whilst appreciating their suffering and continued vulnerabilities in mental health and in relationships with their children.

Finally, the stories of nine institutional “care” leavers and seven of their adult children were often told in an emotionally raw tone, expressing both their pain and courage. Their narratives not only broaden our insight into the personal and relational experiences and impacts of institutional “care”, they also offer a valuable qualitative long- term picture of the complexity surrounding the challenges and strengths of parenting and parent - child relationships after growing up in such environments.

“If there was one thing that was not going to happen to me is that I was not going to bring up my children the way I was brought up” (Isabelle)

“I’ve done everything to be a better parent” (George)

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Appendix A - Life Story/Pen Portrait: VERA

Vera, aged 58, was interviewed in her home which she shares with her husband Arthur, aged 71. Their home is in regional Victoria in a quiet suburban street. A simple, neat and comfortable home, I was greeted by a table covered by flyers for CLAN events which Vera was proud to show. Vera settled in to a soft armchair as she began to respond to the interview questions. At times, Vera cried and took some pauses but was adamant to continue even when provided opportunities for a break. Other times, Vera spoke with a sarcastic dry tone shaking her head with irony. When asked what she remembered most from childhood, Vera said, "There was no real childhood. It was rejection and guilt". She emphatically noted that she refers to her parents and grandparents by their first name. When our interview ended, Vera invited me to meet other "care" leavers over coffee at a local café. Vera's warmth and the nourishment she receives from her community was evidenced as she introduced me to her friends and as she effortlessly facilitated the conversation between us all with the sensitivity of a person who understands another's suffering.

Childhood Before Institutional "Care"

Vera was born in regional Victoria, the youngest of two children to her parents who separated when she was aged twenty months. Vera described her father, Bob, as "a chronic alcoholic who belonged to a paedophile ring". Her paternal grandmother was aware of "the games he was making me play but did nothing to stop them". Vera now recognises that period of her life as being "groomed" and said her paternal grandmother blamed her for her mother, Susan, leaving the family home "because Bob no longer needed a wife", insinuating his sexual pleasure was now derived from his abuse of his daughter. When Susan left the family home, she abandoned Vera and her younger brother, leaving them with their father who, according to Vera, was a "paedophile". Once Vera had her own children, she began to look for Susan by ringing "all the Browns in the phone book". When Susan was "found" about 10 years ago, she told Vera, "This is the phone call I knew I might sometime get but hoped to God I never would".

Susan told Vera that she left her first family (a husband and a son) when she met Bob who "showed her sex like she's never had before, that's what she told, so she left her son and came and spent four or five years with my father". Due to Bob's alcoholism, Susan "couldn't handle it so she left us there, went back to her previous husband and continued to have two more boys and another girl". Vera cannot recall when her father died. Her mother is still living and "will not permit" her to meet her half siblings "because she doesn't want to disrupt her children and hurt her children. This is what she said to me". Susan never told her other children

about Vera or her brother. On the few occasions, Vera has been out with Susan, Vera bitterly recalled that Susan introduced her as a “friend”.

These days Vera has occasional phone contact with Susan but “there’s nothing there”. When asked about her feelings towards her, Vera was incredulous. She exhaled and said, “I do not know how in the hell someone can move from family to family and abandon and reject and still reject now”. Vera reluctantly maintained contact with Bob because the hospital where he was regularly admitted for chronic alcoholism would demand she pick him up. Vera lamented that she “tried very hard to make sure he didn’t get to any of my kids, but he got to one of my daughters, not badly but bad enough”. Vera had her father charged with sexual assault of her daughter and resolved that she “was just determined that the cycle was going to cut right then and there. I couldn’t speak for myself, but I could speak out for my kids”.

Sometime after Susan’s abandonment, Vera lived with her father’s sister Melanie, and her husband Johnny, who “tried to protect” her from Bob as much as possible. Vera recalls her time with Melanie, whom she used to refer to as “mum” as protective and loving, “my strongest memories are of the protection; being protected from Bob. Hiding in the dark behind trees”. Bob, however, was a threatening and scary man and his visits could not be stopped. During those times Vera would see her brother who had remained in his care. Vera’s relationship with her brother was described as “a distant one” and he stopped talking to her when she charged Bob with sexual assault because, she wryly noted, “I destroyed his family”. When visiting Bob, Vera experienced sexual assault and emotional and psychological abuse from her paternal grandmother who once pointed to a swamp and said that Susan had “drowned herself there because she couldn’t live with the fact that she gave birth to something like me”. Vera described her grandmother as “pure evil” where only “males in the family mattered. They were the important ones”. Eventually Vera’s rage took over and she was proud as she told me that “I flipped out! I charged right into her, and body slammed her and cracked a couple of ribs”.

Life in Institutional “Care”

At age 10 Vera was placed in a Girls’ Orphanage where she stayed for three and a half harrowing years. Vera’s voice sounded tired and drained as she told her story. She coughed throughout and spoke slowly but cogently about her experiences. Vera recalled that on an ordinary day she arrived home to find her Aunt Melanie with Bob and a priest on the veranda, with a suitcase next to them. She described the day in detail, becoming emotional as she spoke of her belongings and in particular her special “rainbow dress” being taken from her. She recounted the following as though it occurred recently, not nearly 50 years ago:

Melanie told me to go in and change my clothes and pick out one of my dolls, so I did that. I came out, she said goodbye to me, I got into the back seat of the black car with Bob, and the priest drove me to the orphanage. We drove up the driveway and I'd never seen so many kids looking so much alike, all with their blue pinnies on over their clothes. We got out of the car. The priest went up and said something to the nun. Bob and the priest got back to the car. And they left me there. I was taken into a changeroom, my doll, my rainbow dress and the suitcase for the clothes were taken. I was put in a dress with one of those pinafores and yeah, just taken outside and that was it. Come tea-time, I went into the dining room area, there was an old nun there, the dessert was sago and I'd never eaten it in my life, so I refused to eat it. All the other kids had left so I was sitting there at the table with this nun holding my head back to my neck and shoving this stuff down my throat and I'm spewing it up and she's scraping it off the table and shoving it back down my throat until one of the other nuns came and told her, "That's enough" and I was told to go into the dormitories. And that was my first day at the orphanage.

Without a coherent story to understand her removal, Vera blamed herself believing that "I'd done something wrong; that it was my fault". She later found out her aunt had been very ill and that due to "continuous interference" by Bob, Aunt Melanie could no longer look after her.

Vera bitterly reported that her years in the orphanage were marked by the barest of written records. She quoted the records, "that she was a highly disturbed child" and she was "uncontrollable". Reports on her behaviour do not surprise her given the intolerable conditions in the orphanage. Vera described orphanage life as emotionally, physically, and psychologically abusive; her experiences there in stark contrast to the impression the orphanage strove to make to the community. One of the nuns would "walk around with razor straps in her pockets. And she figured you were either coming to or coming from trouble and treated you accordingly". When the nun found out that Vera had been talking with a boy, she was beaten with the straps until she bled. Johnny was never allowed to visit the orphanage because he was "not blood" however, Bob visited occasionally, giving her money during those times.

Vera survived orphanage life because of her savviness. She recounted sleeping "underneath my bed because I was a bed wetter and that way if I wet myself, I'd only wet the floor and not the bed so I wouldn't get a hiding for it". In another example, she described working out how to steal cupcakes from the nuns so she could use them to barter for menstruation pads which she did not have easy access to.

The emotional climate in the orphanage was described as "cold" with "no affection" and "scary". To endure it, there was no choice but to be vigilant. Vera explained:

You withdraw into yourself and protect yourself at all costs. You don't get chummy-chummy with anyone because they can use it against you. You make sure you do what you've got to do and what you can get away with to survive. Self-preservation was a very big thing. You didn't trust anyone.

The disproportionate punishments, including "flogging" for the slightest infractions, created an atmosphere of terror where the adults perpetrated the violence and could never be relied on for help. For example, Vera could not tell a senior nun that her friend's husband was sexually abusing her each time she went to their home for respite. She shook her head as she said, "You reckon she was going to believe you? And did you not know what you knew was going to happen to you if you said anything?!"

The need for "self-preservation" drove and perpetuated her silence. It was only when Vera was asked by the Royal Commission, whether sedation was involved in her sexual abuse, that it "clicked into place" that she was drugged with hot chocolate at each visit - a drink she can no longer consume.

Vera's only positive experience came from looking after a little girl with disabilities called Betty. This emotional connection led to Vera "behaving better to protect her" however, it did not mitigate the agony of the totality of orphanage experience, referred to by Vera, as "torture". At 13 and a half years of age, Vera was forced to work. A senior nun told her that:

Because I was born the seed of the devil and you can't be expected to get married and have children because God does not want to see the devil breeding, that my 'calling in life' was to assist a good Christian family to bring up their children.

She was then placed with a married couple who had four children under the age of six whom Vera was entrusted to look after. The nuns got all her wages and the sarcastic tone in which Vera spoke, revealed her sense of exploitation by the orphanage and this 'foster home'. Vera's placement in this home ended when she found pornographic photos of her foster parents. Vera ran away, hitchhiking to her father's home "because I didn't know where else to go". This was a desperate choice because Bob continued to abuse alcohol and be violent. She lasted a few days before running away again. Somehow, her former foster mother's best friend, Trish, took her in and Vera lived with her for 12 months before she ran away again. It seemed one of the only ways to cope: "I'd loved to run; it was my way of getting away from things."

With Trish's help, Vera who was still a teenager, found accommodation in regional Victoria. Alone and underage, she became pregnant by a boyfriend and without being given any information or providing informed consent, she was "taken down to Melbourne and given a

termination”, an experience she described as “another form of assault, with no power to say ‘no’”. To manage her distress, Vera was prescribed medication, which marked the beginning of her addiction to prescription medicines; she needed to “self-medicate”. Then Vera met Arthur, and one week after their meeting he “threw all my pills down the sink and stayed with me”.

Vera referred to her childhood trauma as “all the ingredients to a really shitty cake; you put it all together you mix it up and that’s me”. She described a life marked by the sheer will to “never let the bastards win. And you just do what you got to do”. Vera coped by keeping busy because moments of stillness could be triggering. She elaborated:

You make sure you don’t have to deal with it because when you sit and you have quiet time, is when the Pandora’s boxes like to open. The pandora boxes had free range in the night and that was enough.

Hidden deep in one of the pandora boxes was her experience of sexual abuse by her father, which “sprung open when confronted with what he did with Julie”, her youngest daughter whom Bob sexually abused on one occasion. She said, “I didn’t trust him, but I couldn’t put a finger on why”, although “I was having the nightmares so my subconscious must have known but I didn’t want to face it at the time”. Vera confronted her father for the first time about his sexual assaults of her the night of his sexual assault of Julie. Vera fought off her impulses of murderous rage all night long and by the morning, she ensured Bob got out of her house whilst she went to the police to report him. He was subsequently tried and convicted because he pled guilty.

Life After Institutional “Care”

In her late teens and with little support, Vera managed to rent her own flat and began to work in a pub where she met Arthur. At that stage of her life, her lack of trust, fear and anxiety were so great that she recalled on the first night Arthur slept over, she kept a butcher’s knife under her pillow. Several years into their marriage, Vera and Arthur became aware that they had each grown up in institutional “care”. Their childhoods “was never sort of a subject that was revealed or that came up”. It was not until Arthur had given evidence at the Royal Commission that Arthur’s experience of abuse crystallised in Vera’s mind. Prior to that, Vera said she “knew that years ago that something had happened to him because you can spot it; you knew, but he wouldn’t say anything”.

Vera and Arthur were married in 1975 and she proudly showed me a photo of their wedding, reflecting on how “spunky” Arthur was, and how much he helped her emotionally over the years. Soon after meeting they moved into a flat in regional Victoria, then moved again when

Arthur was “talked into” buying his mother’s house. This was described as a distressing period for Vera because Arthur required heart surgery. There was a lack of financial support or security, and Arthur’s mother was emotionally and physically abusive. Vera recalled her mother-in-law offering her “\$2000 to give her my son and to walk out and never come back” and “being kicked in the stomach and told to get back to the gutter where I belong”. To get away from Arthur’s mother, Vera and Arthur both moved back to regional Victoria.

Vera’s first “real job” was in an administrative role however, this “didn’t last long because I could not spell the names”. She then worked for 12 months for a community centre in a fundraising role. A sales job followed but devastatingly, after two months in this role, she “blew three aneurisms” and this ended Vera’s life in employment. Her potential remaining unmet, Vera’s recollection of her work experiences painfully reminded her that because of significant deficits in education as a result of institutional “care”, she has “not had any success in work. I could not write my own name when I left the orphanage and I was 30 before I read my first book”. Determined “to prove the nuns wrong”, Vera went on to complete a Diploma in Community Services. She taught herself to read and write by asking her children to read their schoolbooks to her whilst she listened and watched them sound the words.

The aneurism raised despairing indignation for Vera. During her time in the orphanage, she was “thrown down two flights of stairs” which she believes made her blood vessels weak and led to disintegrating vertebrae. She cannot remember a time when she has not suffered from headaches. She has had a total of five aneurisms, four of which have been operated on with another operation pending. Due to all her medical problems, Vera is currently on a Disability Pension.

The constant manipulation and threats from the orphanage staff left Vera believing that “you are the only one to be abused and if you put up with it and you shut up, it won’t happen to anyone else”. It was not until she read Dr Joanna Penglase’s book “Orphans of the living” that she felt understood and no longer alone in her experiences. She realised she was not the only “care” leaver with deep emotional scars. She struggles nightly with bad dreams and suffers insomnia as a result. She experiences depressive cycles which are intensified during “Christmases and birthdays and you know, those significant times when families are supposed to have, like those Christmases on tv”.

Parenting

The control the orphanage had exercised over her did not cease with her leaving the institution. Vera’s experiences from years in institutional “care” led her to do “the complete opposite” with her four children aged between 40 and 28. Her memories of living with Trish provided her with “a sense of what was right and how things should be”, so Vera drove herself

to do “the best you could to make things in your family how you thought they should be, not how it was for you”. Vera described herself as setting “strict rules” all of which were aimed at keeping her children safe from sexual assaults and physical harm.

Vera’s anxieties of her children coming to harm, which were precipitated by her general distrust of the world, led to her reflecting that “I’ve suffocated my children. I’ve stopped them from the normal wanting to grow up independence stuff because of the fears of what could happen to them and the fears of losing them”. Vera’s fears were based on her experiences of sexual assault and chronic rejection.

I was just making sure what happened to me wasn’t going to happen to them. I think the main fear for me is that I didn’t want any of them put in a position that they would be sexually hurt.

Vera links her dread of the children being taken away from her with her own experience of being removed from her aunt’s care. Despite the absence of a threat that her children may be removed from her care, Vera’s anxiety was so great that “I did everything in my power to make sure no one had an excuse to take them”. This included compulsive cleaning of her home.

I used to clean the toilet with a toothbrush every morning to make sure if any welfare person or any priest walked through that house that the house was always clean as I could possibly make it. I knew from the nuns that you had to have everything clean. Spotless! The children were never allowed to have anything second hand and there was as much food in the cupboard as I could possibly put in there.

Despite all her efforts Vera said she “failed” her youngest daughter because Bob sexually assaulted her. Her tremendous guilt at this assault leaves Vera in tears because she had worked so hard to protect her family asserting, “I did everything I could!” She believes Bob targeted Julie because she was the most vulnerable. Vera also spoke of Alison being very vulnerable “because she was the one who would run away”, by hitchhiking interstate for example. Vera understands Alison’s running away as a result of Vera’s over protectiveness and Alison’s demand for independence.

Vera’s protectiveness comes not only from her personal story but from her knowledge that “sexual assault in families is generational and unless someone is pig headed and stubborn enough to say they’re going to break the cycle, it’s going to keep going”. The fear of trauma repetition propelled “pure stubbornness on my part to make sure it was never going to happen to them”. Thus, “You live your life and do everything you can to make sure it doesn’t happen!

And when you slip, and something may happen, then you come back twice as hard and twice as fighting.” Despite the absence of love and security for much of her childhood, Vera was hopeful that life could be different for her children.

You want better for your kids than you had. We wanted them to have a better education, a better family life. You want your kids to be happy or content with where they go and how they do it and if things are going wrong for them, you try to have a gentle talk to them and warn them about patterns that you may see that may happen, to give them a chance to change their course of where they’re going.

Vera said her children now “know a lot” about her and Arthur’s childhood, because they became curious as to their parents’ involvement in the Royal Commission. Vera and Arthur revealed, “little bits, not the nitty gritty”. The children are aware of the sexual assaults but not the detail. They also know that the “nuns were evil bitches”. However, as the children were growing up, they knew little other than that Vera had grown up in an orphanage. Vera found that parts of her story would emerge during parenting moments when the situation seemed to require it. For example, when her children were “bitching and whining” about her obsessive cleaning, she told them: “Well because this is how the nuns wanted you to do it! And if you didn’t want to go back to them, that’s the way you did it”. When the children were upset at not being allowed to go to a party, “I’d tell them a little bit about why I was saying ‘no’ but not the whole lock stock and barrel. “Vera’s distrust of people precluded her from making any friends or telling anyone her childhood story. It was not until she was in her late 30s when she made her first true friend, that Vera could finally begin to speak about her traumatic experiences.

The Importance of CLAN

Vera’s involvement with CLAN began 15 years ago and the importance of this organisation in her life cannot be understated. Vera finds solace with other “care” leavers “because you don’t have to pour your guts out. You go have a cup of coffee with people that you know without having to say anything”. The silent understanding provides a sense of community and the platform from which Vera can engage in advocacy. It is through helping others that she helps herself.

What I do with CLAN is my therapy! If I can stand up there with a protest sign and let all these bastards know that they can’t get away with it and to stop it happening to other kids, that’s my therapy.

CLAN supported Vera with telling her story to the Royal Commission, an experience she found profoundly affirming because she was believed and “everyone was treated with a great deal of respect which we’d never had from anyone in authority before”. The newly emerged advocate in Vera asserted that “I used to be quiet as a mouse! And now the more I talk about it and the louder I talk about it, the easier it’s going to be for kids to talk about it!” Her activism is consistent with her determination to do what she can so that children are given “a voice”. She asserts children “have got to be listened to and no secrets and no subjects are taboo”. Vera said she puts her philosophy of ‘no secrets’ into practice with her own children. She provided examples of gently guiding her adult children through life choices but not imposing her will on them. As children, they knew “there was no such thing as secrets; nothing was off the table! “Vera actively made efforts to spend time with the children to talk with them about sensitive topics. When she reflected on what is required systemically to support children, Vera advised that therapists and residential carers need to be aware that:

Kids first need to know that they can talk to you about anything and then they’re going to talk to you about crap to test you and then they’re going to reveal little bits and wait to see your reaction. Then when they trust you, then they’re going to start saying stuff.

Despite being unable to recall any adult ever asking her about her feelings, Vera is well aware that all behaviour is a communication, especially from children.

There are signs! The signs! For example, if you walk into a room full of kids and they’re dancing and playing and laughing and carrying on and you look in the corner and there’s little Johnny trying to be invisible, he’s trying to be invisible for a reason. And it’s not because he’s anti-social. It’s because he needs to be invisible!

Concluding Thoughts

Vera’s profound childhood suffering has driven her motivation for family unity and underlies her persistent fears about her children’s safety. She was determined to not let history repeat. Her parenting style was embedded in the hope that life would be better for her children than it was for her. Now that her children are adults and Vera is a grandmother, she is no longer the silent, frightened little girl of her childhood. She has found her voice and discovered her passion. At this stage of her life, Vera draws on her experiences and uses her voice for advocacy and activism for those unable to speak for themselves, hoping in the process, that all children are heard, believed, respected, and protected.

Appendix B - Life Story/Pen Portrait: ARTHUR

Arthur, 71 years of age, was interviewed in the home he shares with his wife Vera, who was also interviewed for this project. As soon as I sat down on soft comfortable couches in the lounge room, Arthur handed me a big folder of letters and historical documents of his time in “care” and granted me permission to take photos of this paperwork which I hoped would give me a ‘sense’ of Arthur’s early life. I took photographs of several Breach of Parole Reports, a case history of interview with his parents and Arthur’s statement to the Royal Commission into Institutional Responses to Child Sexual Abuse. Arthur answered all my questions in a calm, relaxed manner peppered with dry humour. In many ways, he seemed surprised that his life had turned out as well as it has, given his devastating beginnings. He laughed as he said he is “past my use by date. Or is it the best by date?”. When asked what he remembered most about childhood, Arthur said “the abuse and the loneliness”. He spoke about the absence of trust and the persistent fear that precluded him making any friendships or getting close to people in any way.

Childhood Before Institutional “Care”

Arthur is the eldest of two sons born in 1946 to William and Marge. He described an emotionally impoverished, psychologically, and physically abusive childhood where he felt rejected by his mother his entire life. He said “all” he remembered was his parents fighting all the time and his mother not wanting him. Arthur recalled reading in his files that a social worker had written that “Arthur would have been better off being his mother’s dog”.

Arthur’s sentiments are supported by all the reports provided in the Children’s Court Prosecutions and Breaches of Parole, which document that Arthur’s mother was “extremely rejecting, intolerant and hostile towards Arthur. In her eyes this boy can’t do anything right, will never get anywhere and is “quite hopeless”” (Senior Parole Officer, 1961). According to these reports, Arthur’s mother reportedly showed “this rejection since Arthur was an infant, and when father tried to protect the boy, the marriage nearly broke up”. Her rejection was so extensive that another case history from a Youth Training Centre reported that the mother “does not want him home and feels only relief that he is in the institution so that she can have some peace. She has tried for years to place him in an institution”. The case histories further noted that Arthur’s mother openly rejected him in favour of his younger brother, and she did “not have one good word to say about Arthur”. Marge reportedly had “no insight whatsoever into her rejection of the child”. Arthur was made a state ward in 1961 and described in files as “emotionally disturbed and extremely unhappy due to a terrible home situation” (Psychiatrist Superintendent, 1961). A Senior Parole Officer in 1962 reported the bleak conditions of Arthur’s home life:

[The parents] were openly hostile to each other. ...The mother openly expressed what can only be described as hatred towards her son and husband. She stated categorically that she would not have the lad at home again under any circumstances. The father made no attempt to defend himself or Arthur. ...However, the father later emerged as actively negative. ...The lad's schooling and work habits have suffered because the father has championed him against all authority. He is almost equally to blame for Arthur's delinquency.

This despairing emotional climate left Arthur with little choice but to leave. He said, "I just kept running away and the police kept bringing me back". At age 11 he was sent to a school run by the Christian Brothers, however, following a sexual assault by one of the priests, Arthur did not return to school. When his mother found out she placed him in Boys' Home run by a Church. It is a testament to the anguish Arthur must have experienced at home with his parents that at age 12, he reported to a Parole Officer that he "feels more secure now that he is back in an institution".

Life During Institutional "Care"

Arthur reported that the Boys' Home was so "bad" that "it came out in the Royal Commission that there'd been five priests from there imprisoned" for abuse. Arthur stated that he was sexually assaulted in the infirmary by a priest and this experience ensured that he did everything he could to stay out of the infirmary. Within a year, Arthur had run away and when apprehended by the police and with the consent of his parents, he was placed into an orphanage which he described as:

Fierce. Not only was the priests and brothers tampering with the kids, it was the older kids picking on the younger kids. Same abuse. Monkey see monkey do. The priests were doing it to us, so we'll do it to the smaller kids.

In his statement Arthur recalled, "I could hear the priests going to some of the kids' beds during the night and the kids crying". He described serious and extensive sexual abuse occurring in this orphanage. Once again, Arthur "took off" and was arrested for stealing a car at the age of 13. Arthur reported the sexual assault to the police however he was disbelieved and given a "belting". He was made a state ward and sent to a Youth Training Centre where he lasted three to four months before running away again. Arthur was then sent to another Youth Training Centre where he "escaped" after 12 months. He was found and sent back to three other Youth Training Centres before making one final "escape" from the Youth Justice system. Arthur

disclosed sexual assaults by two priests during his time at the Youth Training Centres. He survived by being “very violent, extremely violent”. This “was the only way I’d ever seen of how people settled any arguments or disputes; they’d just belt each other”. The culture in institutional “care” promoted fighting and Arthur described children being “thrown into the boxing ring” and made to fight each other for the purpose of entertaining the priests. The violence was prolific. Arthur reported that there was “a lot of physical abuse yeah. That was just a normal day. Somebody would give ya [sic] a belting in the ear; a Brother, another kid. Just a normal day”.

Arthur’s parents visited him “once or twice” and he pretended “it was all good”. Well aware that “nobody would’ve believed you” if he reported the sexual abuse, “they’d have given you a slap over the ear”, he kept his victimisation to himself and learnt to tolerate the utter helplessness of a situation that one “knew was wrong but what can you do? Where do you go? What do you do? Who do you tell? You couldn’t tell any other kid there because it’s probably happening to them too”.

During periods of parole, Arthur was homeless and eventually apprehended for breaking and entering and theft. At age 15, Arthur told his Parole Officer that he “did not care anymore”. Although the Parole Officer saw “some glimmerings of hope in the future” for Arthur, his assessment was that Arthur’s “chances of rehabilitating himself were extremely slight”. The officer reasoned that this was understandable given Arthur “was a victim of family circumstances” but “should not be regarded as hopeless at this stage”.

The final “escape” from the Youth Training Centre at age 17 led to a sentence in an adult prison until he turned 18 and was released from state wardship. The next several years were a “repeat cycle” of being in and out of prison until the age of 27. It was not without irony, that despite being in a prison with adults charged with serious offences, Arthur reported that “I was safer in the jailhouse than I was in Boys’ Homes and institutions”. Arthur’s explanation for this was that the older prisoners wouldn’t “put up with that rubbish” referring to sexual assault. The men in prison seemed to respect the hierarchy within the prison and he recalled “very few fights and arguments”. Whilst Arthur said an “old medical bloke propositioned” him, Arthur was no longer frightened. By this stage he was hardened and could protect himself. At age 27, Arthur “had enough”. He realised he was “wasting” his life. His best friend is currently serving 14 years in prison, never having left the ‘system’ long enough to establish a life ‘outside’. This doesn’t surprise Arthur because the “care system” had been so violent.

The same stresses and fighting and that’s all you ever knew. That’s why I think there are so many care leavers that have killed people and they came from the system, and they just got worse and worse and worse and worse until they end up killing someone.

Arthur spoke about well-known Australian convicted murderers who were his peers during his time in institutional “care”. He understands their history, reflecting that “No one gives you any positive examples. You just blunder your way along, fight here, fight there, and hope to survive. And eventually you do. Or you don’t”. Arthur named a well-known Australian author who was a (former) inmate in prison, as one of only two people who helped him during his time in institutions. The author taught Arthur to read and write by doing crosswords. The second person that helped Arthur was a man who taught him to “fight properly”. Arthur soberly noted that nobody in authority showed any care. He concluded that “It’s not their job to help you. It’s their job to control you and keep you there”. Any sign of affection was met with hypervigilance, distrust, and paranoia because if “someone would have walked up and put their arm around ya, you’d hit them cos ‘what are you putting your arm around me for?’”.

Somehow, despite adapting to this violent, destructive, and bleak environment by becoming hostile and aggressive himself, Arthur found the strength to “walk away”. There was a total paucity of good memories summed up by this sentiment: “It was a shit of a life when you look back”.

Life After Institutional “Care”

In between stints in prison, in his early 20s, Arthur, fathered a daughter, Christine, whom he did not “find” until he was 46. Christine’s mother was 17 and unbeknown to Arthur during their relationship, she had also grown up in institutional “care”. She relinquished Christine’s care within a few months and Christine was subsequently adopted. Arthur “always” had his firstborn child “in the back of my mind”, however it was CLAN who were successful in finding her. Arthur said it was “weird and wonderful” to meet his daughter, now aged 47 years old, with whom he enjoys a warm relationship.

Arthur never kept his daughter a secret and this is consistent with his and Vera’s ethos that “there’s no secrets no more”. Arthur thinks “things like that are better out in the open”. Hence, he and Vera overtly stated to their children that “We don’t want you having secrets from us. If something’s happened that we should know about let us know”. For both Vera and Arthur, this is a complete contrast to their own upbringing where silence and secrets permeated their home environments and their subsequent institutional “care” experiences. According to Arthur “secrets are no good”.

Arthur’s education options were bleak. He completed only two years of secondary education before being forced to work.

As soon you turned 14, you worked in the garden, the laundry, the piggery. It was a farm; they were going to teach all us city kids how to be farmers and that was the last thing I was going to be - a bloody farmer.

He laments the loss of education that he believes occurred because children in “care” were used as “cheap labour. If they didn’t have the children there working for free, they couldn’t run them big mansion institutions they had”. Arthur learnt to drive a truck, and this was his primary source of income throughout his working life. Upon his release from prison, Arthur moved to regional Victoria where he has lived for over 40 years without ever returning to prison. He knew if he “went back to jail ever again it would be for a pretty long time”. It was his silent questioning of his inmate peers’ behaviours and the subsequent reflections he made that led him to gradually realise that:

You could see that what you were doing here was not getting you any smarter and all the smart people ‘I can do this, I can do that’, well why are you in the jail mate if you’re so smart? You’re an idiot. You got caught. So you can’t be that smart.

Arthur’s relationship with his parents and only sibling remained tense and unresolved. He never trusted his parents with looking after his children and he is mostly estranged from his brother, the latter who remained in his parents’ care for the duration of his childhood. When Arthur was in “Boys’ Homes, prisons, institutions”, his brother received “whatever he wanted” from the parents. Arthur had “no idea” why his mother “was so dirty on me”. He briefly reflected that “We just had a bad relationship. She didn’t like me, and I didn’t like her”. After our interviews had been confirmed, Arthur found out he had Aboriginal heritage from his mother’s side. Although he has no insight into his mother’s hatred of him, he wonders if “I might’ve been the wrong colour at the wrong time when I was born”. Arthur was considerably “darker” than his brother and his mother “didn’t want to be known as a half caste. She wanted the proper suburban life”.

Arthurs’s father, whilst described as passive and ineffectual, occasionally stood up for his son but soon after would withdraw his emotional and financial support. On his death bed, Arthur’s father gave him a brief apology: “I’m sorry for what happened to you over the years”. There was no explanation, no further remorse but it was a witnessing of some sort for Arthur who never expected to hear it. Arthur’s rage towards his mother and her hatred of him culminated in him “throwing” her after she tried to physically assault Vera. Marge never apologised or provided any insight regarding her loathing of her son. Arthur felt he got the ultimate revenge when, at her death bed, he held her hand and when she took her final breath

“the last thing she ever saw in her life was the thing she hated the fucking most. I got pleasure out of that”. The unresolved nature of their relationship did not appear to trouble him during the interview. He summarised his impressions of his mother by saying that “she was just nuts from day dot”.

Parenting

Soon after his release from Pentridge and moving to regional Victoria, Arthur met Vera. Together they have four children and several grandchildren. He described himself as “pretty violent, drinking a lot and fighting and arguing” during the early years of their marriage. Yet, despite neither he nor Vera having any example of what a good marriage entails, “we just sort of fumbled along”. Arthur recognised that “Once I’d stopped fighting and arguing and calmed down, it’s all been good since then”. It was by watching Vera with her girlfriends that Arthur saw a new way of resolving issues. He watched them “sit out the back and have coffee and I could see they were solving problems a different way than I was”. He learnt that he could use words instead of “throwing tables and chairs”.

When it came to parenting Arthur had “no idea” how being raised in institutional “care” impacted him. He said, “We just seemed to survive it. Somehow”. He seemed surprised by his and Vera’s capacity to survive because he is fully aware of the absence of any positive examples of parenting in his life. Arthur reflected that Vera did most of the parenting and that he “wasn’t home much and when I was, I was half drunk”. Whilst he no longer drinks to excess, he “just stopped”, Arthur drank to cope with the consequences of life in institutional “care”.

He described himself as “a guardian” of his children, willing to protect them from physical or sexual harm at all costs. Like Vera he was hypervigilant about the potential of “human services, welfare mobs” taking them away. He felt he was “overprotective”. Arthur was adamant that his children were “not going to go through the life you went through. It just wasn’t going to happen”. He and Vera were united in that front: “You take on one of us, you take on two of us”. This understanding between them was unspoken however, it was clearly mutual. Despite the challenges of raising four children, one of whom was a chronic runaway, Arthur was committed to their care: “We just never gave up”. In complete contrast to his own parents, he told his children:

Here the front door is always open. Doesn’t matter what trouble you get into or what happens, as long as you can get through the door, we can shut the door and sort from there. As long as you get through the door. Come home. Don’t ever be scared to go home. There’s no one’s going to yell at you, we’re here to help.

Arthur was unequivocal about his support of the Royal Commission, stating it has “done a wonderful job by exposing it and finally believing everybody”. With CLAN’s support over the last five years and the climate of belief of survivors of sexual abuse in institutional “care”, Arthur found the courage to speak about his own experiences. Telling his story to the Royal Commission “was like a weight had been lifted. You got it out at last. Someone knew. And someone believed”. According to Arthur, “being believed was the most important thing”. This was an antidote to the fear that precluded him from disclosing the abuse when he was a child:

Why would you tell something and they’re just going to walk away and say, “You’re an idiot” and laugh at ya? It was a fear about all of it. Priests don’t do that; they look after you and do the right thing.

Once he spoke to the Royal Commission his fear dissipated and he said, “I’m not scared anymore”. He was explicit that: “The cycle had to be broken”. Whilst his children had vaguely known he had grown up in Boys’ Homes they did not know about his experiences of sexual abuse until he gave evidence to the Royal Commission. Arthur feels loss and disappointment when he reflects on the pain of his childhood. It is hard for him to look at the welfare records and there was a sense of grief when he said, “That life shouldn’t have happened.” Looking back, Arthur wishes he had “a normal life. A mother and a father who look after you, maybe love you”. He was aware of the pain and hardship “all my life. It wasn’t fun. That’s the way it was. It was really hard”. However, he didn’t realise that his experiences weren’t “normal” because he had never met anyone who wasn’t “in the system”. Gradually, with time, as he “got older, and other people got older, and they didn’t have the same problems we had. You think, ‘How do they do that?’ So, you just watch and learn”.

Arthur’s reflections and experiences of hardship, even though not overtly spoken about between him and his wife and children, drove his protectiveness and persistence of care as a father because “you just don’t want your kids going through what you went through. You wouldn’t put an animal through something like that”. He and Vera never spoke “about the details [of our childhoods], but you just know”. Speaking at the Royal Commission improved his relationship with Vera. He reflected that “Now we understand each other much better. I found out why she wants me to peel the spuds and she doesn’t. It’s because that was her job in the orphanage. And now I know why I do the spuds”. He laughed as he recounted that it took him and Vera 25 years to find the courage to tell one another that they didn’t like broccoli. Their desire to please each other, in the context of an absence of “specific” discussions about the past, had suppressed their expression of their shared dislike of broccoli. Arthur laughed and said, “It’s amazing” that he reached 71 years of age, with a home, a wife, a long marriage, children, and

grandchildren. He said he doesn't know how he has achieved all of this; shrugging his shoulders, he told me, "I wouldn't have a clue!".

The Importance of CLAN

Arthur was clear about his life's current mission which results from his own experience of institutional sexual abuse and the silencing of victims. He advocates as part of his CLAN involvement "so that in the future people know. Don't touch kids. And if a kid is touched, well, they're not scared to speak up". He does not want other children to experience his loneliness and fear as a child where "there was no one to tell. Not a soul". Being a member of CLAN provides a camaraderie and a place of mutual understanding without the need for words. With other "care" leavers "you don't ask specifics. You just know". At this stage of his life, Arthur has decided to put "all my energy into CLAN". This involves raising awareness of the impact of institutional abuse through active campaigning. It is not only sexual abuse that children suffered but "broken arms, brain injuries from being thrown downstairs, arthritis because they worked like slaves as little kids and everybody's head is screwed up". Consequently, anxiety and depression are "just part of your life". Arthur copes through will power and optimism: "You expect, you know you're going to have bad days. But the next day is going to be better". Providing advocacy, gives Arthur a sense of belonging whereby "CLAN is, more or less, a big family because everybody there has been through what you've been through and you don't have to explain anything to anybody, they know what's happened. They're your sort of people". CLAN's mission inspires Arthur to help be part of a world where children are no longer abused. For Arthur, "It's simple. Just leave the kids alone".

Concluding Thoughts

Despite the absence of any care, warmth or love, Arthur created a life where he broke the potential cycle of abuse. He reflected that he and his wife Vera are "like two cranky old crows watching down on the kids and grandkids and then the wider circle". Arthur attributes "full credit" to Vera for giving him the hope that his family of creation would be different to his own upbringing. "Nobody helped me. The only help I've ever had was off Vera". Together, they did "the best you can with what you got, we did that much, and it's all worked out ok in the long run".

Appendix C - Life Story/Pen Portrait: ISABELLE

Isabelle's interview took place in her modern new home in regional Victoria, in a quiet cul de sac dotted by manicured gardens. Isabelle's home was full of colour, adorned with beautiful plants and multiple works of art. Decorated by Isabelle, her home's interior reflected the aesthetic of someone who knows colours and the importance of image. Isabelle's presentation blended seamlessly into her home. Much like her home, she possessed grace, style, and confidence. We held the interviews seated on plush leather couches, which were positioned in such a way as to allow me to absorb the striking artwork around the home. Isabelle's story unfolded over two days; she opened up more on the second day of interviews allowing herself to recall painful memories that she has worked hard to bury. Isabelle believes she is one of the people in Australia to have spent the longest time in "care" having been placed in an orphanage at age one. At age 17, Isabelle left the orphanage and began life as a "free" person. When asked what she remembered most from childhood, Isabelle faltered before saying "growing up in the orphanage I suppose" and then elaborated her narrative with themes of illness, domestic chores, church attendance and playing with other children. She was indignant when she recalled her anger at the absence of love and warmth: "Without feeling sorry for myself or anything, I didn't have a childhood. Like you never ever had anyone come up and just love you and look after you. Never. Nobody cared."

Life Before Institutional "Care"

At first, Isabelle's family story appeared straightforward. Isabelle aged 61, is the only child to Winston and Audrey, both of whom had children with their previous partners. Winston had a son, some 20 years older than Isabelle, and Audrey had three daughters, to her previous husband. Isabelle's sisters were all at least 15 years older than her. Speaking in a halting tone, Isabelle tentatively disclosed her unverified belief that her eldest sister Helen is, actually, her birth mother. Isabelle has come to this conclusion for several reasons, one of which is, that Helen was sent to the country as a young girl, around 14 or 15, "And you weren't sent to the country in those days unless you were really naughty". Triggering Isabelle's curiosity was finding that her birth certificate did not have a 'mother's' name, only her father's. Further compounding her sense that Helen was her mother, was Helen's keen interest in Isabelle. "She was like a mother; always very over me, very intensely concerned, she needed to know everything that I was doing". It wasn't always this way.

When Isabelle's mother Audrey, died of cancer, Isabelle was one year old. Her father "tried to keep me" however, the legal system at the time did not allow a single father to raise a child. He was "dobbbed-in" to the authorities and Isabelle was placed in an orphanage. Isabelle

grew up believing she was an only child, until the age of 12 when her father took her to meet her “sisters”. At age 15, Isabelle discovered she had three older sisters. She is certain they knew of her existence because Helen’s husband once visited Isabelle in the orphanage claiming to be a “friend of the family”. Isabelle believes Helen became pregnant at 14 or 15 years of age, was sent to the country and Helen’s mother, Audrey, “would have said, ‘Ok, we’ll look after the baby; we’ll make the baby ours’”. Isabelle remarked that this was “quite common for that era”.

Isabelle believes that the secret of her parenthood was related to Helen, who “hated my father”, and to the animosity between her father and her sisters. She emphasised, “He hated them, they hated him”. She supposes this was “because he was with their mother” but has not enquired further into their hatred or why they did not visit her at all when she was in the orphanage. Respectful of their privacy and their secrets, Isabelle said that she would never confront her sisters. Of Helen she said, “She spent her whole life building a façade of who she was”.

Isabelle knows little about her mother other than to relay a story of her mother abandoning her 16-year-old daughter, by leaving a note on the door stating that she has left the home to live with a new partner. Of her father, Isabelle was ambivalent. Whilst he visited her in the orphanage on a semi regular basis bringing lollies, he never told her he loved her and would confuse her by telling her that her “mother died giving birth to me”. To Isabelle’s despair, her father did not relinquish his parental rights, precluding her from ever being adopted by a family. Yet, he would spend hours on his ‘postie’ rounds, “knocking on houses in the street, looking for me to stay somewhere [in the holidays]”. Isabelle was incredulous when years later she found out her friend’s sister, was cared for by one of Isabelle’s sisters during the holidays; the sister that Isabelle did not know she had until the age of 12. Against this backdrop of secrets and unspoken stories, Isabelle’s life in the orphanage began when she was aged one; the youngest person to ever be taken into this orphanage.

Life During Institutional “Care”

Isabelle does not spend much of her time reflecting on her childhood in the orphanage. Even with her dearest friends, who grew up with her in the orphanage, she said, “I never sort of go into it, even with them, that much”. Unlike her friends’ perspectives however, she does not hesitate to name her experience as “shit” and the nuns as “obsessively cruel”. She remembered being four years old and having wet her bed.

I was pulled out of bed and having these wet sheets wrapped around me and being pushed to the bottom of the stairs and told “get down to the laundry and wash them!” and I’m this big (shows me a four-year-old’s size) and I can’t get through the gate

anyway and I had to go to the laundry and I'm laying there on cold cement with these cold sheets all over me and going down to the laundry and there's these big machines like this (shows me big machines) and I'm supposed to work them and I can't even reach them and I'm sitting there on cold concrete and I'm crying. Crying. There was just no compassion with nuns.

The loneliness and absence of warmth was palpable for Isabelle who lamented that "nobody gave a bloody shit about me". When at age 14, Isabelle took an "overdose" of either Valium or Ritalin (she can't recall), nobody asked her what was wrong. She said that "nobody gave a shit. But you would think if you were going to put someone on that you would get them some help and think 'well maybe this environment has not been fabulous'". Isabelle recalled, "I was number 46. On my clothes everywhere and I was number 46 and I remember that number. I wasn't a little baby, or a little girl or a teenager. I was a number." She spoke about being "whipped" by the nuns; being locked in a dark cellar "scared out of my wits, banging on doors trying to get out"; being made to stand on a "line for six hours in the sun until you fainted". She remembered "sitting on the bed and banging my head against the wall at night. And I remember rocking myself to sleep. And actually, I still do". Isabelle is careful of the memories she shares.

There's so many other things I can't even talk about. I can't even remember. I could tell you horrific stories about having welts across my back and my ass that I could not sit down; that I probably have had that much damage to my shoulders and back that it will come back to bite me.

She felt "so unloved, uncared for" that she cannot understand how her sisters "could have [their own babies] and not have felt, 'God, there's that poor little kid that is part of us in one of those hell holes!'". Isabelle longed for a family to adopt her and imagined she would have been a good daughter. She felt "horrible" to disclose that:

I used to go out to the goal ring and shoot rings and if I shot 100 goals dad would die, and I would go into foster care and have a family. That's all I ever wanted. I wanted it more than anything.

Isabelle reserves a particular anger at her father: "How selfish was dad! He could have let me be adopted or fostered, not put a little baby in a shit-hole like that!". There was pervasive fear in the orphanage, loneliness, and nobody to rely on. She reflected that "we were all scared". Growing up in an orphanage left Isabelle feeling as though she did not belong.

You were always in the way, just not where you belong, just not fitting in. And I think everyone felt that. And that comes with the loneliness because you could be in a house with a family having Christmas and even though you're there, you're by yourself. You're not part of that family. You might not have met some of them until a week before even! So, you're awkward and you're alone.

As with all other "care" leavers, Isabelle's records of her 17 years in the orphanage are thread bare. A nun had written that Isabelle was "A lovely girl who wants to be a model". Isabelle was outraged. She exclaimed, "That's it! That's my life! I was just disgusted. Unbelievable! You're looking at all these years, at 17 years of your life and it says nothing".

To survive Isabelle drew on her imagination. "Anything I have of how I am is more about how I wanted to be in my head when I was little". Isabelle never "play[ed] the orphanage card". She "would rather deny the situation and make out I was someone else". Isabelle is proud that none of her teachers knew she was from the orphanage. She "kept [her] nose clean, wasn't a threat to anyone. I was a goodie-two-shoes". She made numerous friends, some of whom she is still close with today. She unequivocally stated the importance of friendship.

My bond with the other girls helped. You have to have friends. See now I surround myself with friends. I never had family, just friends. That's all you could do. We were just there all together, so you just had to make the best of it.

Isabelle excelled at extra-curricular activities such as sport, art, and music. She recalled appreciating the beautiful architecture of the orphanage building and gaining a general appreciation of the arts. Never one to feel sorry for herself, Isabelle is thankful for some of the values indoctrinated by the nuns such as: "You make the best with what you've got. You can't question your lot. There's always someone worse off than you". She attributes these proverbs to helping her not become a "victim". She tells herself that "there's always worse".

At age 17, Isabelle moved out of the orphanage and into Mother Superior's half-way house which was developed out of a growing awareness by the Mother Superior that the drug overdoses some "care" leavers died from where the result of "putting people out into the community that don't know anything about the community!" In this "beautiful home" in an "upmarket suburb", Isabelle shared a big bedroom with other young women. It seemed a more relaxed existence because Mother Superior "wasn't Mother Superior anymore". Isabelle completed the penultimate year of high school before leaving to find employment. At 18 Isabelle left the half-way house to get married.

Life After Institutional “Care”

The impact of growing up in an orphanage was ingrained in all aspects of life. Isabelle finds herself permanently “freezing” and “not into food”. She is incredibly health conscious and has a prevailing view that life is “very precious”. Creating a family of her own and a beautiful home was vital. Projecting an image of beauty and confidence is critical: “I am very particular about how I look; I always have been. I run on how I look. That’s what’s gotten me through”. According to Isabelle, one must not “abuse” their image but rather use it to better their life. And yet, the power of image can constrain. Isabelle found herself not divulging her past to anyone, except her intimate partners and even then “it wasn’t part of our life”. To parents from the private schools her daughters attended, she would say she went to a wealthy boarding school. Her daughters “just knew not to tell anyone”. There was good reason to lie. Isabelle was once rejected by a boyfriend’s mother who said to her son: “You’re not going out with her; she’s an orphanage girl”. Her intelligence and hard work ethic were overlooked because “the stigma was terrible. I never told anyone I worked with. No one”. Of her mental health, Isabelle reflected the following:

To be perfectly honest, I didn’t come out of the orphanage with a lot of mental skills. I had a lot of survival skills but uhh, no. That took a while to learn and put it all together. I was sort of everywhere when I came out.

Isabelle’s first marriage at 18 ended very quickly because she could not be physically intimate.

I couldn’t understand intimacy. I didn’t know how to relate to people emotionally. You grow up all those years and as a child nobody is paying attention to you. You’re not important. It’s the group. It’s making sure everyone is doing everything correctly. And you know you don’t have any love. Any needs met in that way. So, you do grow up a little bit barren because you’ve always got this thing. But when someone pays attention to you, you think, ‘I’ll marry him! Because he’ll look after me and be nice to me’.

Isabelle has worked as a model and in sales. She currently owns her own business. At age 26, Isabelle married Ron, the father of her eldest daughter Courtney. She recalls this experience as “just the most stupid thing I ever did in my life. Seriously. He was a drunk. And I got into that drinking thing back then, I didn’t like myself very much back then”. When her daughter was aged two, Isabelle ended her marriage and moved interstate where she met her next husband, Joe. Several years older than her a senior executive in a corporation that saw him

being away from home often. The family moved overseas when Isabelle was 34 years old, and she remained there until the age of 60.

As a wife and mother, Isabelle had the primary role of raising their two daughters, Emma and Violet as well as Courtney. Despite its challenges, this marriage provided Isabelle with the opportunity to create the family she always wanted, focusing on her daughters' wellbeing, and enhancing their creative interests. Her three daughters were known as "the Smith girls". After 15 years however, Isabelle who had struggled with Joe's "very controlling" behaviour, decided to divorce him. Being with Joe was in some ways "like growing up!" She reflected that Joe preferred her to be a 'victim' because that would give him "a little bit control". When he was home, the emotional climate felt regimented, he was at times "like a sergeant major!". Notwithstanding her fright, Isabelle drew on her interpersonal resources, asked for help from her friends, and moved out with her daughters. Joe did not make leaving easy. He had her followed by a detective and her phone calls recorded. However, Isabelle is "a survivor and self-sufficient" and was able to withstand internal and external pressure to return.

A brief time later, Isabelle partnered with Alan with whom she has been married for 10 years. She described this marriage as "beautiful". Her happiness is obvious to others, "everyone talks about how happy we are" and she and Alan have a mutual love and respect for one another. Alan is a father of two daughters and in this blended family "everyone just fits in". Their family life is about "friendship, fun and laughter" and that's what Isabelle feels she and Alan do best. In 2015, Isabelle and Alan moved from overseas to regional Victoria so that Isabelle could be closer to her one grandchild living in Australia, Emma's son, Harrison. The contentment found at this stage of life has been hard won. Unable to talk about her childhood and lying if she had to, in order to protect her image, Isabelle has always found she doesn't "know where I fit in". Displaying some vulnerability, she said "I guess I always second guess myself; maybe I said something wrong". Unable to be alone with her thoughts, Isabelle disclosed:

I don't like being alone. I always have the music on. I never ever sit quiet. I can't do it. It's too hard. Sometimes I just sit there laying in bed and you see I can't sleep. I just can't. Never. And sometimes I lie in bed, and I think about what could happen to the girls and I get really upset and think 'how can I stop that happening' and it's not even happening.

Her hypervigilance about "things going wrong" has been compounded by her close friend's tragedy of losing two daughters. She tearfully described a poignant moment of reflection with her friends, Rachel, and Grace, where over a glass of celebratory champagne, Isabelle remarked, "We haven't done bad for three little orphanage girls have we?". When Grace

said that “the only thing that could upset me is the fact that if we lost one of our children”, Isabelle replied, “Well, that’s not going to happen because we’ve done our time in hell, now it’s our time”. To their horror, one of Grace’s children died some months later.

The importance of Rachel and Grace in Isabelle’s life is marked by her frequent references to them. Their tragedies are her tragedies, a stark reminder that life does not treat its members equally. Her friendships were and continue to be fundamental to her survival. She seeks the company of others. Isabelle is well aware that many orphanage survivors are “victims” and repeat the past. She is aware that “care” leavers “were all so scared that we all made some really bad choices, whether it be husbands, or drugs or alcohol or abuse”. Isabelle feels like “it took me a million years to be clear thinking”. Indeed, she “went from being very, very angry, very angry, disturbed kind of person; I was on that line, I could have gone mental or straightened up. I actually remember sitting on that line”.

Isabelle however, had goals for herself. She “wanted to be successful, and wealthy and part of the community”. In her early twenties, one pivotal terrifying episode of hurting an animal petrified her. She realised her own capacity to cause harm following years of abuse at the orphanage articulating “see monkey, do monkey”. She decided after some years of “drinking and [being] out of control” and having “bad, bad feelings at what happened to me” that she made a conscious decision to “be a kind, caring person”. This decision has reaped rewards because Isabelle “always believed” that “with kindness comes wisdom and friendship, they just fall in your lap”.

After all the years of shame and stigma, Isabelle is now able to talk about her experiences in the orphanage. With age has come a feeling of being “more confident, maybe I’m wiser, more in control. Control does not seem to run away like it used to with me”. She is pragmatic about her future. She prioritises being well and healthy. She will do her best at all costs to avoid her “biggest fear in the world” which “is ending up in a care home”. She emphasised that “I grew up being beaten up when I entered this world. I am not going to leave it in the same thing. No way!”.

Parenting

Having children helped Isabelle lessen her need for control. It also confirmed that she “didn’t have a childhood. It made me realise how much I didn’t have. And with that, I’ve probably overcompensated a lot.” She realised she would “be frightened out of my wits if it happened to my children!”. Isabelle provided her daughters the opposite experience to her own. She asserted that “If there was one thing that wasn’t going to happen to me, is that I was not going to bring up my children the way I was brought up”. She created a warm, loving home and spent her time cultivating her daughters’ natural gifts. At times she was “very strict” but does

not recall ever being a “mean mummy”. When the children were growing up, she was “a stickler” for routine and good presentation. Isabelle did not have help from any extended family. She learnt to parent by watching television shows like ‘My three sons’ and ‘The Brady Bunch’. These sitcoms helped her parenting: “That’s how I knew what I wanted it to be. That you have a connection with your kids and that they talk to you.”

She did not disclose her childhood in the orphanage until her daughters were in their teens. Embarrassment precluded her from sharing her early life because “mummy is not perfect, and mummies are supposed to be perfect”. She thinks she “told them bits and pieces but they wouldn’t know how horrendous it was”. She is unsure of their interest in her history and feels “they know enough”. Preserving her image is of utmost importance.

I don’t want to be known by my children or by my grandbabies like a sad angry person who’s had a horrible childhood. Because to them a childhood is nothing. My childhood to them is inconsequential. I want them to think ‘oh there’s mum. Everyone loves mum’. I do a lot of charity work, so they see that. I want them to know nice things about me. I want them to learn from me.

To this end, Isabelle said she will write a new word for her grandchildren at each of their birthdays “to remember and take it with them for the rest of their lives”. Isabelle’s word for her one-year-old grandson Harrison, was “kindness”.

Isabelle said she has a close relationship with all her daughters. She was able to describe their unique qualities and spoke of them with pride and love. She tenderly said they “adore” her, and Emma is “protective” of her. All her daughters are successful in their chosen careers, and she provides encouragement and respect for their choices. The youngest and eldest live overseas and Emma is in regional Victoria, prompting Isabelle’s move to this city to be closer to her only grandchild in Australia. They are all “intelligent” “loyal” “loving” and are described by others as “fabulous”.

Despite her challenges with her ex-husbands, Isabelle has worked hard to co-parent. She maintains an amicable relationship with her former husbands because “I don’t want my kids to think their mother and father hate each other!” She places utmost importance for her girls to feel like they have “a family” and she prioritises this over any interpersonal issues she has with her ex-husbands. For example, her ex-husbands and their partners are invited to important events. Isabelle’s daughters are close with their father because Isabelle has always fostered their relationship with him. Isabelle “really hate[s] it” that her daughters do not share the same birth father, however, she concedes that “I made stupid mistakes and I wasn’t clear thinking. She

does not regret her decision to end any of her marriages and her daughters have always been supportive of her.

She is now a doting “nonna” to two boys and calls herself their “nonna”, adopting the Italian word for grandmother because she “would always see the Italian grandmothers and they were such good grandmothers and kids love their nonnas”. Isabelle parents according to her cherished belief that “kids need to know they are loved and worthwhile”. These are the feelings that she never experienced in “care”.

I can say that there is not one person I know out of those orphanages that does not have some sort of disability, whether they hide it or wherever it is deep down, that will stay with them for the rest of their lives.

Concluding Thoughts

Isabelle’s recollections of cruelty, loneliness and abandonment were peppered with an optimistic, redemptive narrative. She is decidedly not a victim but a survivor whose capacity to connect with others has been fundamental in her life, nourishing her and allowing her to create her own family of beloved friends. Isabelle is a woman who knows her strengths. She is someone who knows “how to get things”. In recent years she has become more vocal about her story. Having ingrained the lessons about ‘giving back’ from the orphanage, she is community oriented, involved in charities and feels “it’s just time to give back and part of giving back is to acknowledge what you’ve done and where you’ve come from”.

No longer letting the shame and stigma silence her, she is astonished at the lack of regard for “care” leavers and advocated strongly at a community meeting for a ‘gold card’ for all “care” leavers that should grant them free access to medical and allied health care: “It’s the perfect answer. I said, ‘you’ve taken away all their childhood, now at least let them die with dignity!’” Isabelle is aware of her current privilege but feels speaking out for others is important. She reflected that “part of my journey must be to help with this so that nobody else goes through that”. She added, “you have to make peace with the past even though you have to move forward”. Isabelle’s 17 years in orphanage “care” led her to question whether she has a ‘life story’. For someone who did not have an experience of family, love or care, Isabelle has emerged triumphant. She created the family she desperately longed for, and her home life is filled with love, warmth, and beauty.

Appendix D - Life Story/Pen Portrait: DOROTHY

Dorothy was interviewed in Melbourne, having flown from interstate in order to participate in this research. Dorothy knows her story well and it came pouring out. Despite her vulnerability and feelings of anxiety which she remarked on several times through the interview, Dorothy was very open and warm and did not need prompting in order to share her experiences. At times, Dorothy became agitated with feelings of anger and sadness, however she was able to be with her anger and continue the interview at her pace. Dorothy could not speak her mother's name, referring to her as a "vicious nasty woman" and called her 'her' through the interview. Further severing the link to her mother, Dorothy changed her own birth name by deed pole to 'Dorothy' many years ago. Grateful for the opportunity to be heard, Dorothy did not hesitate to blame "the government" for her upbringing.

Childhood Before and During Institutional "Care"

Born in 1953, life has been hard for Dorothy since her earliest beginnings. Dorothy knows very little about her father, other than his name (Tim) and that he was born in Queensland. Dorothy said that her paternal uncles were petty criminals, but she knows little else. She longs for a fatherly love that she never experienced. In her imagination Dorothy "always dreamt that somewhere in my life I would have my dad and I would love him intensely". She feels if her father had known her, "he would've loved me". She doesn't want to believe he has died, yet she is ambivalent about meeting him.

I know that I would love him unconditionally and I don't know where that comes from because if he turned out to reject me this and that, that's what scares me; that's it, I finally admit it. If I really and truly wanted to contact him, I know I could, but there's something in the back of my head that says, 'No! Rejection!'. This little niggly thing because any sort of rejection, I just go down.

Dorothy's terror of rejection and her interpretation of the world as potentially rejecting, makes sense because rejection marked the starting point of her life. What she knows of her mother, Margaret (from here on referred to as 'her'/'she'), is that "'She' claimed she couldn't look after me" and 'she' "hated" Dorothy all her life. Dorothy is the first-born child of 'her' who, after 'her' "abandonment" of Dorothy, went on to have another six children with Dermott. 'She' was born in South Australia and had several siblings. Dorothy is close to one of them – her uncle Angelo. Dorothy expressed frequent hatred towards 'her'. 'She' moved to Melbourne "because 'she' was pregnant with me and 'her' parents didn't know". 'She' claimed that Dorothy was the

product of rape by Tim, but this is disputed by Uncle Angelo and by Dorothy who was “abandoned at birth” by ‘her’. At 12 days of age, Dorothy was relinquished to a Babie’s Home. Dorothy remained in this Home for the next 18 months, before being moved to a Home for Foundlings until she was about two to three years of age. She was then “transferred to a Children’s Home” where she spent the following five years.

At age eight, ‘she’ received a letter from the Victorian government telling ‘her’ that ‘she’ “had to take responsibility of [Dorothy]” and so Dorothy went to live with ‘her’, several half siblings and her stepfather, Dermott, for the next 30 months. Shockingly for Dorothy, her aunt Jill told her that “Nobody in the family knew you existed until you were five years of age”. Uncle Angelo “swears he didn’t even know I was in existence until he saw me. I would have been about 11”. In despair and through tears, Dorothy lamented, “I’m a little unwanted bastard child”. Home life under her mother’s “care” was intolerable. ‘Her’ abuse, physical and psychological, was relentless. Dorothy was scapegoated, beaten up, and blamed for her younger brother’s birth disability. Dorothy believes ‘she’ “poisoned [my siblings’] minds” because they did not support her or make contact with her. ‘She’ “hated the sight of me; she lashed out at me really bad!”. Occasionally her stepfather, a kind man from Dorothy’s recollections, stepped in to defend Dorothy. When Dorothy asked ‘her’ “Why do you hate me so much?” ‘she’ had responded, “Because you remind me of your father”. Dorothy felt little option but to “run away”. She recounted:

I was picked up by the police and I was put into a Reception Home and then I went to court and the judge asked me, ‘Do you want to live with ‘her’ or would you prefer to go back into a Home’ and I said ‘I’d prefer the Home’. And that was it. I was 10 or 11 years old.

Dorothy remains unforgiving of ‘her’ abandonment and ‘her’ hatred of Dorothy and has not seen ‘her’ for over 40 years. Dorothy could not hide her murderous rage towards ‘her’ and said she would “dance on her grave”, emphasising that “there was never an ounce of love from ‘her’”. Occasionally ‘she’ would visit Dorothy at the Children’s Home but “there was no hugs or cuddles”. To this day, Dorothy’s two children are “the only ones that can come up to me and cuddle”. She is otherwise frightened of touch.

Dorothy was adamant that the 30 months she spent with ‘her’ “damaged me. And I hate ‘her’ with a passion”. “Damaged” is a word Dorothy used frequently to describe herself. She woefully remarked, “I’ve always felt deep down that I was damaged goods from birth.” Dorothy’s feelings of “anger, hurt, rejection” are persistent and dominate her thinking and feeling life. They are the scars of a life that has been a battle to negotiate.

From in institutional “care”, Dorothy said she “kept running away from there. I was about 10 and a half. I kept running away but, I didn’t know why back then, but I’ve had massive flashbacks.”. The flashbacks have plagued Dorothy for decades. She is not sure what she is afraid of but is certain something happened to her during her time in this Home that has terrified her. She knows her brain “protects me” from knowing and that there are “areas that my mind won’t let me go”. Dorothy recalled “sexual abuse, beltings”, having cold water poured over her at night because she would rock her body and bang her head to try sleep.

Otherwise, Dorothy could recall very little from her time in institutional “care”. For Dorothy this is probably a good thing, “my mind does protect me in certain ways. I honestly think the brain has blocked it and doesn’t want to go there”. She is triggered easily by unknown terrors relating to a “woodshed” in one of the Homes. When she retrieved her records in 1990s, she was devastated to discover that there were house parents at Orana who wanted to adopt her, but ‘she’ did not allow it. This decision “sealed my fate!” with devastating consequences. When asked what she remembers most from childhood, Dorothy said, “The bathing routine”. It is the only good memory she has, and she assumes this is because using a towel “was the only way I got contact back then”. To this day, Dorothy relaxes only when she is in a bath and then wrapping herself up in towels that she has “spent an arm and a leg on”.

It was safer to run away and that is what Dorothy did at age 14. At a train station, she met another teenager who introduced her to her foster parents. Dorothy was fostered by this couple “because the welfare people ok’d it” and on her first night there, the foster father, Laurie, began his sexual abuse of Dorothy which lasted two years. “The only memories I have of him are the assaults. He didn’t give me any security. I never felt secure with them, but my attitude was ‘put up with them or you’re in a Home’.” Her foster mother, Edith, offered no protection, ignoring the sexual abuse. Testament to how terrible being in a Home was, Dorothy “chose” to live with sexual abuse by Lance, enabled by Edith, rather than be sent to a Home again. Dorothy stayed with Lance and Edith until the age of 16 when she left their house to get married to Simon, her children’s father.

Life After Institutional “Care”

At age 15, Dorothy met Simon who was 19 years old. She became pregnant immediately with her “beautiful” daughter Laura, whom she delivered when she was 16 years of age. Dorothy cannot praise Laura enough and frequently said, “I owe my life to her”. Dorothy married Simon, and soon after, Colin was born. Less than two years later, with two children under the age of two, Dorothy found out Simon was cheating on her and she separated from him. At first, she was angry at Simon, but with hindsight, she later realised, “I know that if I hadn’t got married at that point in my life, I’d be dead”.

Dorothy worked several jobs to support her two young children. She moved several times, recalling homes in a number of suburbs before eventually settling in one home. Soon after, she met Gregory, her second husband to whom she has been married for over 30 years. Dorothy adores Gregory. She described him as “my teacher, my support, a best friend” and she feels compassion for him. She reflected sadly that the “poor man did not know what he was getting into. And I’ve often asked him, ‘Why do you put up with me? Why do you stay with me?’”. Gregory’s reply suggests his commitment despite the challenges:

He tells me, ‘I married you, warts and all’ and every now and then, when I talk to him about my past, he gets this glazed look. He knows that there was something bad done to me so he’s very weary of it.

After six years or so, when Laura moved interstate, Dorothy followed, along with Gregory. She sees Laura occasionally however, her contact with her son Colin is limited; one of the reasons is that he lives in Melbourne with his family and the other reason is that they become estranged from time to time. Around her mid-40s, Dorothy sought her “records”. She was devastated to find out that she had been in Homes as a toddler.

I got the papers and went outside and there was a park outside and I just screamed. Because as I said that was the first time I’d found out. I really can’t put it into words but the fact that I went out to the park and screamed out loud. I heard it. I was angry! Upset! And I felt deprived. I don’t know why I felt deprived. I felt like I had been robbed of something in my past. The brain just went, ‘Ok get out of here’. I think I was in the park for 15 minutes and the tears just came. I don’t really cry. In fact, all this paperwork has caused so much emotion to come out because I don’t usually cry but I do know that I was crying but it wasn’t a normal cry. It was like, anger, hurt, rejection.

It took Dorothy a long time to read her records in their entirety. The box stayed under her bed for 10 years. When she summoned the courage to read it, she had “a massive panic attack”. She began to read about other “care” leavers stories, and it helped to know that she was not alone.

The consequences of institutional “care” have been devastating for Dorothy. She experiences chronic feelings of rejection and feels that “Deep down I am like damaged goods from birth”. She laments her poor parenting capacity and her deficits in this regard are throughout her narrative, as is her remorse and her chronic feelings of “not being able to cope” and “wanting to sleep”. She had multiple suicide attempts, desperately “Hoping I didn’t wake

up". She continues to be plagued by suicidal ideation, driven by "wanting peace". When parenting, "the only thought that was a constant thought was 'I want to sleep. I want to die'. And I was telling my kids, 'By the time I'm 30, I'll be dead'".

Dorothy's mental health is fragile. She finds that her entire body rocks when she is anxious. She repeatedly bangs her head as she is trying to sleep. She is mistrustful of people and their motivations; she experiences flashbacks and is terrified of becoming lost in a crowd. She has frequent panic attacks, terrifying mood swings, sleeping problems, troubles with intimacy, high blood pressure and feels terribly lonely. She would like to make friends but finds it hard to relate to others including "care" leavers because she feels that "they're not as damaged as me". She hates clocks and calendars due to living in Homes where time was obsessed about. She hates mirrors because she can't bear to look at her face "because I'm a dead ringer for 'her'. Whenever I look in the mirror I see 'her'". She hates the holidays because "they were just too dangerous. The days. I can't put my finger on it". Dorothy struggles to cope. She acknowledges the strength and love of her second husband Gregory but feels sorry for him and does not know how he copes. Laura and her family of creation are another support for Dorothy, as is her beloved psychologist, Marnie. To manage her mental health Dorothy takes "tons of medication". She has been given multiple diagnoses including bi-polar disorder, anxiety, and PTSD.

At age 57, Dorothy found herself forcibly retired because of a carpal tunnel condition that precluded her from being able to continue working as a cleaner. She mourns the loss of opportunities that came with a life in institutional "care". Frustrated she said, "When you turn a certain age, you are dumped on the street. You've got no education. But I couldn't cope, and still can't cope with when I want to do something and it doesn't work. I can't cope". Although she would have loved an education, her mental health problems preclude her from learning "because I could be reading a book and the mind kicks in. And everything that I'm reading doesn't make sense".

Parenting

Parenting is a painful topic for Dorothy. She does not feel she raised her children. She wearily said, "I dragged them". The impact of Dorothy's history in "care" on her parenting was palpable. It affected her "Heaps! Heaps!". With great sadness and a heavy voice, Dorothy anguished over her abusive parenting.

Oh God! Look, I couldn't cope with a lot of things. And the temper was so bad! And I didn't know where it came from at that time. See I didn't get any diagnosis until many years later. My mood swings were so up and down; it was horrendous! The two kids honestly. I don't know why. But if I had been brought up like that I would have run. I

would have been gone! I was an abusive mother and I know that. In these days, they would've been taken off me and I would've been charged.

She didn't want to hit her children but when she observed a good friend hitting her children, it normalised it for Dorothy. Dorothy was upfront and honest about the extent of her abuse. She did not minimise her actions.

The kids were five and three when I started to hit them. Not just with my hand. I remember I thumped them around the head with the gum boots. My rages were so bad. We were living in a bungalow, one bedroom, one bathroom, kitchen. We had a washing machine in the bathroom. Very small window. I don't know what started it, but the washing machine ended up going through the window. The rages were so bad, I was uncontrollable. Laura and Colin wore the screaming, I'd go get Valium and Cirapax and pump them into me and hope that I didn't wake up. But I did. And Laura would have to clean up the vomit.

With the help of psychotherapy, she has realised that she perceived rejection whenever her children shied away from her. "I've learnt that bobbies do that. But back then it was total rejection". She is deeply regretful and remorseful now. She finds it hard to let go of her guilt and her pain is evident in her incomplete sentences.

Those rages! I am absolutely amazed at how Laura is today. I am so proud of her. I wished to God she had a better upbringing. It wasn't up until she was about six years old that we were watching a show and it was a real sentimental show on telly and we were both crying, and I turned around and said, 'You know, I do love you' and I don't say that on a regular basis. I don't give my love out. If anything happened to them, my heart would just...I don't feel like that if anything happens to Gregory or to anyone else. It's just them.

She has sought forgiveness from Laura, aware her parenting was violent and neglectful.

I was a horrible mother. I know that now. I have said sorry to Laura for the way I brought her up. Laura deserved the apology because she was mother, sister, worker. When she was four years of age, she literally was responsible for myself, and her brother. She was doing everything! And I was just doctor hopping. Because I just wanted to sleep. I wanted the peace.

She suffers terribly from the guilt of her behaviour on Laura and is aware of the parentified role Laura was put in bemoaning that “Laura saved me so many times. And not once, did she say, ‘I hate you’”. The weight of Dorothy’s grief is profound.

I was watching a television show and afterwards I was crying, and Gregory said, ‘What’s wrong?’ and I said, ‘I’m damaged goods. No wonder I was doing what I was doing with the kids. I didn’t know any better, I was damaged’.

This knowledge mitigates her conscience somewhat, but not fully. With remorse she said “I feel ashamed that I did what I was doing to Laura, and I deeply regret it. The guilt is still there. There’s no way I can get rid of it”. Shame precluded Dorothy from talking to her children about her history in institutional “care”. She surmises that she told Laura a little bit but “I never made an issue of it. Because at the time I didn’t know anything”. As an adult, Laura has come to learn more about her mother’s painful history. Dorothy feels her son Colin is not that interested because “Colin perused the paperwork, a couple of pages here, a couple there”, but did not enquire further about her history. Dorothy perceives Colin’s lack of interest as a rejection, and this feeling has been compounded by her perception that Colin won’t allow her to talk to his children about her past. She is now largely estranged from him because she feels so “rejected” that her son “can’t accept me or my past”. This has meant that Dorothy does not see Colin’s three daughters. In contrast, Dorothy sees Laura’s family fairly frequently and has a relationship with Laura’s son and daughter.

Despite her intense suffering, Dorothy knew education was important and she encouraged her children to go to university. She spoke of her pride at Laura’s achievements and her amazement at her daughter’s successes and her capacity to be a wonderful mother. She lamented that “I would have loved to have been Laura as a parent”. Dorothy knew she loved her children “into the ground and right up to the sky” but she couldn’t show them. There was an absence of role models to draw upon to learn how to parent. She learnt some things watching television, but these teachings were overshadowed by her experiences from ‘her’, her abusive foster carers, and her time in institutional “care”.

Concluding Thoughts

Despite the challenges she faces with mental health problems, Dorothy is very resourceful. She got her “paperwork” in 1998 when the Freedom of Information Act was introduced. She sees her psychologist regularly and has learnt many of the consequences of trauma and its impacts on her life. She can reflect on her behaviour and feel remorse and

sadness. Dorothy takes solace in knowing she was not alone in her suffering “under the Government” however, the “damage” done has made it very difficult for Dorothy to be with other people. She is grateful to CLAN for their advocacy of her and is thankful to have a psychologist she can trust.

Life has not been easy for Dorothy, and she suffers from several diagnosable disorders. Her narrative was marked by feelings of remorse, shame, and guilt. Yet despite chronic emotional hardships, Dorothy showed insight and awareness into the impact of her behaviour on those around her. Embedded in her story were expressions of love and gratitude for her daughter whom Dorothy feels bore the brunt of Dorothy’s challenges in parenting. Life is an ongoing struggle but with the support of her beloved husband, daughter, and psychologist, she goes on.

Appendix E - Life Story/Pen Portrait: DAVID

I was warmly invited to David's home in regional Victoria. Aged 66 years, David lives alone in his neat, minimalist home nestled amongst his neighbours' homes in a tranquil landscaped environment which aims to give retirees freedom and independence. David made me feel welcome and we talked casually for some time before the formal interview began. David is a tall man, with a confident upright posture, a big deep voice, and an easy smile. At times, David's story evoked painful memories which threatened to spill over into tears. David however knows himself and his triggers well, and in those vulnerable moments, he paused the interview, breathed deeply, and calmed his emotional and physical self. A deeply soulful man, David said he believes his childhood was "the best thing that happened" to him because it made him who he is today. This sentiment was present throughout his story, and it felt important for him to communicate that he was not a victim but a survivor who has made meaning out of the devastating experiences of years in institutional care.

When I first spoke to David over the phone, he politely asked for my birthdate so he can "see who I'll be talking to" by "doing your numerology". After several seconds of working out "the numbers", David sound pleased and assured me (and himself) that I am "in the right job that's for sure!". David began by letting me know that his participate in the interview "is the last thing I'll do and then I'm closing the chapter on this". A very organised man, David provided me with symbolic reflections of his history in the form of music, photos, an excel spreadsheet documenting the various changes of 'Homes' he had lived within, his statement to the Anglican Church and showed me precious photographs of his family. When asked what he remembered most from childhood, David said "Freedom. I needed freedom. I felt like I was in a prison. There weren't any steel bars or anything but emotionally it was a prison". And so, began David's quest for freedom in the only form available - his mind. Within his mind, David has cultivated a spiritual landscape where he feels he has transcended the chaos of his early years, fostering in the process, his musical talents and a philosophy with Buddhist leanings that allow him to be liberated from the pain of his early life.

Childhood Before Institutional "Care"

David is the second eldest of a family of four, all of whom spent years in institutional "care" following family violence so severe that David's mother, Yvette, was hospitalised and his father, Alfred, recently returned from the army, absconded to evade the police. David, aged five at the time, and his two youngest siblings, were placed in a Children's Home, whilst his eldest brother, Paul, was placed in another Home due to his age. This was devastating for David because Paul "was my hero all my life". Whilst his paternal grandparents were alive and wealthy,

“they wouldn’t have a bar” of taking the children in and David believes this was related to their opposition to David’s mother due to her being a Child Migrant, “shipped out here” from the United Kingdom. David does not know much about his mother’s history; however, he is aware of her deep suffering from mental health problems that saw her in and out of hospital care. With his father deployed overseas in the army, the children were taken to institutions for the remainder of their childhoods.

David’s family, though poor, always had bread, peanut butter and lemon spread. The emotional climate in the home “wasn’t good” but David could only recall one incident of violence that he personally witnessed. He remembered his father commanding him without any provocation to punch his brother in the nose. Much to his brother’s alarm, David dutifully complied. David is now forgiving of his father who was an alcoholic and a gambler. The youngest of 13 children, David’s father was dressed as a girl by his siblings and David believes this damaged him psychologically and was perhaps his motivation for going “into the army, got a uniform and then he felt like a man”.

Life in Institutional “Care”

David and his youngest siblings were moved between two Children’s Homes for four years before being discharged at age ten. In his statement to the Church responsible for the Homes, David wrote “I was given back to my mother like a broken toy”. David begged his mother to “promise me we never have to go back in that place”. Despite her promise, three months later, David found himself “on the step of another Boys’ Home” and this experience “ripped my heart out of my chest”. David realised his was “stuck” and could not “believe this is happening”. David was in this Boy’s Home until he turned 15.

Whilst in institutional ‘care’, David was separated from his beloved siblings. He bemoaned that “The girls were all down one side and the boys were segregated on the other side”. Because his youngest brother was a baby “he was in the toddler section, and we weren’t allowed to see each other. That wasn’t easy. That wasn’t easy”. Overwhelmed, David took some time as he tried to soothe himself from the pain of this memory.

David was in institutional “care” from the age of five until 15. Like many other “care” leavers, he has found the record keeping of his time in institutional “care” appalling and told me that “They won’t give me anything except you went in this time and came out that time”. David’s memory of times and dates fill the logistic gaps left by the absence of adequate records. Between the ages of five and 10, David was in and out of four different Children’s Homes. From 11 to 15 years of age David was placed in yet another Boys’ Home. He and his siblings became “wards of the State”.

At times, David became overwhelmed recalling his time in the Homes. His account to the Church is replete with experiences of psychological, physical, sexual abuse and neglect. Softening the crushing despair of this time, are his recollections of times spent with his beloved siblings for whom he would make daisy chains and tell stories. David poignantly described his first night in a Children's Home as being "behind bars". He recalled the steel bars of the cot he was in and planning his escape. He recounted that "I looked at these bars, I thought 'I can beat this'". He tried lifting the bars to no avail. He felt trapped however he persisted with fantasising about escape plans. David provided a detailed description of the escape route however, he realised that once he had absconded, he "had no idea where to go".

In the "prison" that was each Home, David recalled that "the nuns flogged me to the point that I couldn't stand up". He spoke of being hit by canes on his bare skin, remembering that "the crime that night was for being out of bed looking at the search lights from the showgrounds". These floggings for minor infractions were "the good ones. I won't talk about the bad ones. There's stuff that you can't talk about". David spoke about exposure to sexual abuse and "putting one guy in jail for paedophilia". He drew on imagery to describe the unsayable, the "stuff I've buried; other stuff I can't talk about". The extent of "abandonment was the equivalent of someone landing on a desert island on their own and going insane. It was insanity". David said he felt deeply betrayed by his mother, the priests, and his peers.

The level of disappointment I experienced with peers...well, I mean you might as well just say it sucked the moisture out of me and left me like a bit of dust on the ground. That's basically all I was. I was a goner.

From one Boy's Home, David ran away five times. He sought "freedom" from his despair but his attempts at escape brought on further punishment.

Nobody asked me why I was running away. Not once. But when I was taken back and flogged, I thought 'I know why I'm getting flogged' but when I went back and had to stand on the concrete in the sun and all that, they flogged with a razor strap, well you might as well hit me with a pillow. Compared with that cane that the nuns hit me with. When you're getting hit with a razor strap or when the guy took his belt off and flogged me with that. And I wouldn't cry. That was the thing. They wouldn't stop until they broke me, and I said, 'no you're not going to break me'.

The Home experience "conditioned [David] to be a criminal". David spoke about stealing children's lunches because the food given to him by the Homes was inedible and he was

“starving”. He and some friends concocted a detailed plan of taking sandwiches from bins that wealthier children had thrown away. The plan worked for a while until they were caught and caned and to his despair, “nobody asked” why he and his ‘Homey’ friends were taking food from bins or stealing it from children. This taught him that “crime equals punishment, but we had to commit the crime because we had to eat!”.

David was described by the authorities as “uncontrollable”; soon after his father told him that he was on the “way to Children’s Prison”. David was incredulous at this perception. He exclaimed, “Me? Uncontrollable?! I didn’t run anywhere. I walked away from disappointment”. In the Homes, David was not allowed to engage with his musical gifts. His mother told him he “was humming from the moment I was born”. Music provided then, and now, a solace; not being allowed to use it compounded his sense of imprisonment.

David recalled looking after kittens whilst in one of Children’s Homes, only to be coldly told that they had died. The death of the kittens followed the death of David’s beloved dog. By age six, David had experienced the grief of death without anybody to comfort him. By age 14, David experienced a devastating death of his best friend; a boy who adored David and whom David cared for like he was a younger sibling. A further loss for David was the forced separation from his “hero” older brother, Paul, whom he saw on two occasions over nine years. It appears that Paul held his youngest siblings in his mind; he worked at age 14 years to give his mum money so that she could take the little ones out for a fun day.

David’s father visited him once; and his mother was told her visits were “detrimental to us”. David understands now that his parents were lied to but as a child, the betrayal and abandonment he felt was palpable. With tears in his eyes, he reflected that “words cannot describe the depth of the pain”. David described an emotionally impoverished neglectful environment without warmth or affection. He had “to toughen up to survive. That’s an emotional thing; there were no birthdays, no Christmases, no congratulations, nothing”. David survived those years in institutions by creating stories: “I created stories and I entertained other children in the Home”. David especially liked to make up stories to make his best friend feel better. For David, then and now, it is “creative emotion that got me through. That gave me the freedom that I was so desperate for”. Education did not provide any solace because David was emotionally unable to engage with learning.

I was shut down. I couldn’t talk. I couldn’t learn and I was in the class, and it was like I could see the guy in the front talking it didn’t register. I couldn’t talk. And he, the teacher, never asked me what the problem was.

Unable to reach High School due to being so “shut down”, David was placed in an Opportunity School for “mentally challenged children”. This proved a saving grace because it was here that he could channel and use his musical gifts to care and comfort children with Down Syndrome. David spent three years at this school however he did not meet any of his academic potential. He learnt to read and write in his 20s after realising that it was essential to attend adult education to learn the mechanics of the English language.

David’s deep sense of connection to the mystical realm was always a part of him. He knew and felt “a soul, spirit” within him “from a very, very early age. And I wasn’t just being emotional, there was something, a guardian, a protector”. David reported several ‘lucky escapes’ that he attributes to a creative life force. The interpersonal world did not protect him the same way, and he could only recall two people whose simple acts of kindness have remained with him. David’s genuine contact with a man named Brent and a young female helper at the Home left a lasting impact in his heart because they were unusual instances of David experiencing genuine concern from another human being. Whilst this does not diminish his exchanges with these two people, it speaks of the general absence of any warmth in interpersonal relationships during the years in “care”. When he turned 15, his father, who had remarried, took custody of him and his youngest siblings and this effectively ended David’s time in institutions.

David never shared his institutional “care” experiences with his parents, however he believes “the penny dropped for my father when I told him that Sean (David’s brother) and I put a guy in jail for paedophilia”. David, forever looking after his siblings, advised his father to “look after Sean because he’s been through hell and high water”. Apparently, David’s father, “got the message. I didn’t have to hit him. He got the message”.

David was forgiving of his parents and does not appear to harbour anger towards them. Of his father, he said, “He didn’t know better at the time. A lot of people didn’t”. In later life, David’s father approached him in tears and said, “I’m sorry for what happened but I’ve made my bed and I have to lay in it”. As David’s father cried on his chest, David, “Patted him on the back and I said, ‘It’s alright dad’”. David said he always felt close with his mother. He reflects that “every time I walked away from the Home I was walking to my mother”. Whilst David does not know what occurred to his mother, he is aware that “she was broken as a little girl” and this led to her being “very weak emotionally and mentally”. David was moved recalling his mother’s beauty, grace and “good morals and ethics”. His frustration is directed at the institutional system that claims it has “lost” her records, leaving David without any knowledge of his mother’s family of origin.

Life After Institutional “Care”

Life with his father and stepmother was challenging because both were alcoholics and gamblers. David noted some good times such as laughing with his siblings however, his stepmother struggled to adjust to raising three institutionalised children. David recalled an incident where his father “flogged me until I broke down”. He realised that “‘this guy’s not going to stop’ so I had to break down and cry”. After 18 months, David moved interstate with his mother whose “survival kit for life was her little bible”. His mother struggled to make ends meet and David, wanting to help his mother buy a washing and sewing machine broke into a church and stole some money. He confessed to the police a little while later and was put on a two-year probation order. By his 20s David had become an alcoholic “to block my brain out. And the feelings”.

David came to Melbourne initially for three weeks but “fell in love with Victoria” and has remained here since 1973. His siblings continue to live interstate. Despite the numerous separations institutional “care” imposed on David and his siblings, he maintains close contact with them now. He gave his ‘compensation’ money from the Church to his youngest siblings. He talks with his eldest brother’s daughter about her father’s upbringing to offer insight into his brother’s behaviour and to share “the stories her dad never told her”.

David met his first wife Abigail in his early 20s, married at age 24 and divorced at 33. Following the divorce, David stopped drinking. He found he could soothe himself with music and through spiritual practice of meditation and breath work. Although no longer in love with Abigail, David still loves her because she gave him “the best child I could possibly hope for”, a love child whom he named Joe. Joe is now 42 years of age. David instantly fell in love with Abigail and being with her family exposed him to familial kindness, warmth, and care that he had not experienced prior. He admired their considerate interactions, the closeness between multiple generations and he “started to see what family networking was about”. David admired southern European families who were “stronger, emotional, talked with their hands, they are big strong people”. He continues to maintain close relationships with his former extended family.

Despite the absence of a formal education, David’s work ethic, interpersonal and life skills led to him working in the Arts where he was promoted five times and eventually reached a senior position. Upon retiring in 2000, David focused on creating music and sharing his gifts with others. The impact of this experience seems profound: “Music moves me and when I see it move elderly people, it brings me to my knees”. As a mature age man, David engaged in academic studies in philosophy and through the years has further developed his innate interest in the realms of body, mind, and spirit. He is acutely aware that one’s perception and one’s mind “is what’s accumulated from what it’s seen and it’s experienced”. It is important for David that the “missing links” are found. He maintained that “The missing link in society is we’re not linking

information from infant to teenager to adult to retired person". Just as he helped children when he was a young child himself, David now uses his skills in numerology to help others, reflecting that "It's an awakening up for people and realisation that they have gifts inside and then they can recognise it". Indeed, this affirms David's sense of the unifying aspect of spirituality, because "when I do someone's chart it opens up a huge part of the planet and the connections between us. We are brothers and sisters on this planet".

At 42, David married his second wife, Lisa, whom he describes as his soul mate. Their marriage is unique. They do not live together, and their relationship is platonic. This works for David because for him, love and relationship transcend the physical encounter. He appreciates his wife for her warmth and intelligence however, he is aware that her own trauma history and subsequent mental health concerns have at times made their union challenging. David said he does not want to let the past dictate his present life, and therefore felt he needed to move but did so with love in his heart. He left the home he shared with Lisa and in 2017 brought his house in regional Victoria.

David copes with difficulties and haunting memories by creating music and using his powerful voice to sing. He believes he has been given a gift "by the creative force that gives us life" and that he has a duty to share it with others. He knows his voice moves people because he sees the tears in their eyes when he sings. Over the years, David has fostered his spiritual practice and continues to ask the existential questions that took form in his mind as a child. He is inspired by the beauty inherent in nature. He can meditate for hours on end and calm his energetic and nervous system through focused breathing.

David feels the presence of "something", an energy that "even at the worst possible time when I was torn apart from emotion because of the manipulation, there was something else. I didn't hear voices or anything like that, but there was something". For David, spirituality and a connection with others and nature is life affirming.

It's the same as when you look out here and see the trees and see the wind blowing through the trees and if you're outside you can hear that sound, but you can't see it. But you know it's there. But you can't see it. And you have an appreciation for that which transcends every physical mental reward you can ever achieve in life. That's why I'm here.

Parenting

David smiled as he spoke about seeing Abigail for the first time and having a premonition that she was "going to have my baby" before he had even exchanged words with

her. He said Joe was a “love child” and he married Abigail immediately, even though “I knew nothing about life!”. David’s history of institutional “care” had a “huge” impact on his parenting.

Everything that you could have been taught that was wrong, I knew. But didn’t do that because I knew it was wrong. I was searching for the opposite when I met my first wife and her parents and cousins.

David learnt how to parent from watching Abigail and her family and friends, however, the experience of institutional “care” left David with no understanding of himself and thus “I didn’t understand my son”. David believes his experiences caused “damage” to his son who was seven years old when David separated from his mother. David reflects that Joe’s commitment to religion is related to his “looking for acceptance and somewhere to be needed and somewhere he’ll value”. David did not object to Joe’s involvement with the Salvation Army, despite his own traumatic experiences with this organisation. Although David has not directly spoken about his childhood history with Joe, (he wanted Joe’s childhood to be “about Joe”), the two have recorded an album together with one song made for CLAN, and another made about “care” leavers. David assumes that Joe has some knowledge of his story, surmising that “I think he knows a lot, but he doesn’t talk about it”.

David sees his own former anger and frustration in his son reflecting that “Joe can fly off the handle! I thought ‘I can’t believe this. I’m listening to myself’. This was me 30 or 40 years ago”. David’s spiritual philosophy imbues his thoughts about being a father. His parenting style has evolved as the years have passed. At first David felt “an observer” of his son, later he “got engaged with him”. David wanted Joe to have an “understanding of authority and discipline” however, that led to an incident of aggression towards his son for which he apologised after realising what he had done. He told me that “I felt sick after doing it!”. David did not recall much from his parenting of Joe as a child; however, he noted a poignant moment of telling his son, “‘I love you’ and I gave him a hug and I think that cemented something very, very deep”. To David, Joe is “perfect. Even at his worst he is still perfect”. Drawing on his own need for freedom as a young boy, David said, “My whole role here for my son is to let him be himself and let him develop how he wants”.

Concluding Thoughts

David’s spiritual perspective provides him with inner nourishment and a philosophy for the meaning of existence despite its grim reality of suffering. Life in institutional “care” taught David that the “power of observation is worth its weight in gold”. David has “always extracted the positive from the negative. I’ve looked at positive people and mirrored their good habits and

that's why I've been accepted in society". He believes that the institutional upbringing was the "best thing that happened to me because I wouldn't be the man I am today if it hadn't been for that. It made me dig deep". For David there is no choice but "to dig deep. Otherwise, you won't survive".

This deep level of reflection allows him to transcend the weight and helplessness of his "huge disappointment in this society and the human race". He is painfully aware that he is "not out of the woods yet. All I'm doing is managing this life force here. This is the only thing I can do. And I've done it to a very high level". David reflected that he doesn't "hold animosity towards my mother or my father" because, "they were from a period of time where there was ignorance". His childhood experiences reinforced that "It's up to the individual to gain an education so they can develop to understand what they need to deal with and if they can't, they need to seek help to get that level of understanding". He reiterated that "If I hadn't been gifted with all that rubbish, I wouldn't be the person I am today". David's sentiments suggest he has found his purpose and made meaning of his life.

I was given this singing voice by mother nature or whoever; whatever that is the creative force that gives us life. I've been given it for a reason, and I have to give it back. But back then, I couldn't talk till I was 21 or 22. I couldn't talk.

In the second half of life, David has found his voice. His music can be found on you tube and he is inspired by creating it and the response it evokes in others. Moved to tears, he told me that "If it moves them, it moves me. That to me is the most valuable gift. There's something about that, that money can't buy."

Appendix F - Life Story/Pen Portrait: EDDIE

I interviewed Eddie, aged 54 and his daughter Gabrielle, aged 21, in Eddie's home on his beautiful 20-acre property in regional Victoria. Eddie engaged easily; he told his story directly. He made me feel immediately at ease in the home he shares with his wife Rose. Knowing the nearest café was a 10-minute drive away, Eddie's hospitality was demonstrated when he ordered readymade sandwiches for us to eat at lunch. Eddie was a very friendly guy who was always on the move. He wanted to tell his story because it may be important for his daughter Gabrielle to know. But also, because he emphatically said, "I want to get it out. I want people to know". When asked what he remembers most from childhood, Eddie was matter of fact in his reply, "Sadness. That'd be it. Yep. That'd be all I can say really. Just sadness. Yeah, there were some good things but overall, sadness". Eddie did not cry or become overtly emotional during our interview. He let me know early on that he is an introvert, and he does not "really do" emotions.

Childhood Before Institutional "Care"

The second eldest to his parents, Eddie was born in 1963 in a Melbourne suburb. He has three sisters. Eddie's parents were born in regional Victoria. As a child, Eddie did not know any of his extended family and had never met any grandparents. Years later, when he met a maternal uncle, he was told that nobody on his mother's side knew he and his sisters existed, but for Eddie, "that's bullshit" because he remembers that his sisters visited family in Echuca when they were little.

As an adult, Eddie discovered that his mother had another two children with a former partner. Eddie does not know these children. Eddie was told by his father that when he was five years old, his "mum went to the shop and that was the last we saw of her". He spent his "whole life thinking my mum had run away with another fella" and because of that "I hated her". He considered his father "the biggest hero in the world even though he probably caused most the problems we had".

Eddie was told a different story by his mother, with whom he met a few years ago after nearly 50 years of estrangement. According to his mother, she left the family home to have a hysterectomy, and because his father "couldn't be bothered looking after us, he put us in a Reception Centre because my mother couldn't look after us and my dad was a pisshead party boy". He knows little about his parents' relationship other than what his mother told him, which was that his father "used to belt her. He was a real prick to her apparently". Eddie does not know whom to believe. He was incredulous that his mother "never bothered trying to find us. She didn't make much of an effort to find us. She said it. She said, 'back in the 60s I was a single

woman, what could I do?' I thought 'Really?'"'. He never asked his father "about private stuff". It seems that Eddie believes his mother's account of events.

The old man knew that. He knew. He's just covering his own arse. Of course, he knew [that she was going to get a hysterectomy] and he never ever told us because he never thought we'd see her again. He probably thought he'd never see her again. Once we were gone, she's not going to find us.

And so it was, that Eddie and his three siblings were placed in a Reception Centre where children were held until a Children's Court magistrate decided if they should be admitted to the care of the Department of Social Welfare. The records tell a more elaborate story. According to the Superintendent at a Social Welfare Department in 1977, the reason for admission to the Reception Centre was "no visible means of support. The mother had deserted, and father was unable to cope though the situation had been unsatisfactory for some time". She had reportedly been gone for two months and the four children were cared for by friends, but these friends were unable to continue helping Eddie's father. Desperate and having no contact with his extended family, he went to the police reporting to them that he had lost his job and could no longer afford to pay a woman to look after the children. It appears he felt no choice but to have them "placed in a Home". The protection application stated that Eddie's father had "been locked up for being drunk and disorderly on several occasions" and "does not keep steady employment". The children had little food or clothing and appeared "under nourished". Eddie was five, and his siblings were seven, four and two.

Life During Institutional "Care"

After spending a few months in the Reception Centre, Eddie was moved to an orphanage in the late 1960s. When he turned nine, he was moved to an orphanage for "older" boys. Tragically, this meant Eddie not only moved from the country to the city but, he was also separated from his three sisters to whom he was very close, and who were the only family he really knew. He felt helpless and sounded bereft.

I just wanted to go back to my sisters, but you can't. I couldn't get in a car and go. Couldn't tell the Brothers. If you told them they'd say 'stop being stupid' or shit like that you know? You didn't want to rock the boat. It knocks you about.

Eddie has a handful of photos of himself. With sarcasm he showed me his "childhood in pictures" describing the absence of photos as "horrible". Eddie was unequivocal in describing his

life in institutional “care” as devoid of love. Of the ‘carers’ he said, “They didn’t give a toss. It was a different time. The whole time I was there I was never told I was loved. Never touched or hugged or anything like that”. His father would visit occasionally and unreliably. An alcoholic, Niall could never hold down a job. Eddie realised in adulthood that his father was unreliable and did not always tell the truth. As an adult, Eddie’s idealisations withered away and his father “dropped right off”. The orphanage “wasn’t too bad” but the punishments, such as being hit over the knuckles with a wet towel were tough. The boys’ orphanage on the other hand “was a horrible joint”. Eddie described it as “just a whole lot of boys living in an orphanage and you’re just trying to survive there. Getting beaten up by the Brothers or by other boys, or you’re beating up other boys, it’s just survival.” It was harsh, loveless existence. His identity was reduced to a number. He described the violence with clarity:

Everyone would be hitting. We used to get straps; we’d get belted with those. In Form One, I won a scholarship, and I was going to school in St Kilda, so I used to catch a tram. I met a girl there, she lived in Port Melbourne. Apparently, I was seen talking to this girl. I got belted on my entire body up here to down there, little fella I was, belting the crap out of me just for walking with a girl. ...I hated being a number. I was 85. Not Eddie. The way we were treated like pieces of dirt, that’s the way it was. We didn’t think nothing of it. You’re institutionalised by then. It’s just how it was. You just did what you could to not get a beating.

Survival was the name of the game back then, and now: “All my life I’ve been in survival mode”. This is no surprise given the regular beatings and sexual abuse Eddie endured. He made a statement to the police about repeated sexual offending against him by a (now well known) paedophile priest that occurred during his time at the boys’ orphanage. His helplessness at the time is palpable as he told me that “You knew what was going to happen and you couldn’t do nothing about it! You couldn’t tell anyone; you’d get the shit beaten out of you. None of the boys told”. Eddie recounted more allegations of sexual abuse by several paedophiles who “used to come and take us out”. Again, “it was horrible” but he could never tell. One day when Eddie ran away to be with his father, he was threatened by the priests: “If you do that again, your father’s going to jail!” and that “stuck with” him. Unreservedly he said, “I hate the bastards for doing that. I believed it”. Throughout these horrors, Eddie maintained regular contact with his sisters. He used to “write letters all the time. We used to ring on phones”. To this day, Eddie is very good at keeping in touch with people and has regular contact with friends he made during his years in the orphanages.

During his time institutional “care”, Eddie attended the local high school where he enjoyed some academic and sporting success.

I starting to do well at school. It was a pretty high rated school. I’m playing with the local footy side, the local cricket club, all my mates are not kids from the Home, they’re kids from the outside so ok.

He was a talented football and cricket player, sports being “my great love” but this too was a sore point and seems to have left some scars. Being a parentless child, Eddie felt stigmatised.

I didn’t have a mum and dad. You know, the ‘Oh he can’t afford it sort of thing’ and that happened all the way up. That probably hurt more than anything and you weren’t getting a fair go and you knew why. I was always the little boy from the orphanage.

During secondary school, he recalled being “billeted” out to families during school holidays. Specifically, he named the Johnsons. Angrily, he remembered:

In Form 3 and they stood over me while I had to write saying that I wanted to live with them. And that’s it! I was made to live with them. So, I left me [sic] old man in Melbourne and all this stuff I’d done by meself [sic] and I had to live with them. I still to this day don’t know what that was about.

He thought he had been fostered but “years later it was some sort of living arrangement living with them. I didn’t know that. I thought I was fostered. I didn’t see my father the whole time I was there.” Once again, along with having to leave his sisters, Eddie had to leave the friends he had made, including a best friend. Of his time with the Johnsons, Eddie is blunt. He told the Brothers, “I don’t like the Johnsons” but to no avail. He recalled that “the father used to belt his wife and he used to belt the kids as well. Never touched me”. In contrast, feedback from the Johnsons found in the records indicate that they were very fond of Eddie, and they described him as very polite, very helpful, mature, friendly. To Eddie’s despair, the Johnsons “stopped” him from playing sports, so he “ran away”. Eventually he was found.

I was taken to the Welfare Department the next day. I ended up in a Hostel. I was there for a little while and then I was put in a flat and that was it, I was cut loose. I couldn’t

cook, I couldn't wash, I couldn't clean. I didn't know anything. I was just dumped there on my own and I was cut off from the government. I was 16.

Unlike many other "care" leavers, Eddie's records are reasonably comprehensive. They include school reports, reports from 'foster carers' about Eddie's visits, Social Welfare Department updates and medical records. Overall, Eddie's reports indicate he was a very well-liked child. The orphanage records used the following words to describe him: "Cheerful, pleasant, hardworking", "friendly well-adjusted boy", "bright", "plenty to say", "immature but encouraging signs that he is maturing", "cannot sit still". It was reported that "There is much to be optimistic about the future". School reports describe Eddie similarly: "A good student", "reliable", "co-operative", "a pleasure to teach", "responsible". He was the recipient of a scholarship that contributed towards his tuition. Eddie offered a bag full of records for me to take home, and when I promised to return them, he seemed indifferent. He shrugged his shoulders and said, "They don't mean anything to me".

Eddie is unsure about how he survived. He thought for a long time before he reflected that "I wanted to be normal. Like everyone else with their families". He concluded that "Obviously that was what I was trying to do when I was going to the cricket and the footy all by myself". Like so many "care" leavers, he wished that when he was growing up, he had "a family, not being in that joint".

Life After Institutional "Care"

Alone at age 16 in the city, Eddie found a job in a bookstore and his life changed in the most surprising of ways. The bookstore was run by a well-known criminal gangster who "got me out of the flat and took me to live with him and his wife and his kid". Eddie stayed with this man and his family for four years; a time he described as "Brilliant. I loved them. We were living in a one-million-dollar house, he always treated me as a son. Fair dinkum we were really close. My dad met him; all my sisters have been around there." The man was protective and made sure Eddie "dare not get on the diary". He stressed the importance of work and Eddie listened. To this day he has "no idea" why this man took him in, surmising he was just a "good bloke". It was with irony that Eddie reflected he was safer with a well-known criminal than in institutional "care" settings run by the Church and overseen by the Department of Social Welfare.

At 21 years of age and having some close scrapes with drug taking, Eddie decided to get out of Melbourne: "I came up to this town because my sisters were here, and I thought 'it's the only family I got'". He has worked consistently, committed to each job. Some years ago, he began his own business. He is resolutely financially independent. However, having your own business does come with stress, and he finds himself awake at four am, thinking about his work.

Guided by “something up there” (pointing to his head) Eddie said he somehow always knew “the difference between right and wrong”.

Some years ago, Eddie got in contact with his mother. Long thinking she was dead Eddie was surprised to hear that she was alive and living in regional Victoria. Meeting her was heartachingly disappointing.

I was spewing. Means nothing. She’s a funny little old lady. She was told not to touch me. What did I feel? I felt nothing. I wanted to feel something, but I felt nothing. She explained the hysterectomy thing, but you just don’t know what to believe.

In Eddie’s family, it seemed that questions could not be asked.

I never asked my dad what happened. You don’t push. I never asked him about any private stuff. I really liked the old man until I got older and started working and then he’d be ringing me up pissed, trying to get money off me. I fobbed him. But he still stuck with us when he was sober. And when he died, he died up here in a hospice and that sort of thing, but I was, I don’t know...I was over him. I didn’t talk to him about what had happened; he wouldn’t fucking remember, wouldn’t remember anything. The problem was it was his fault. He would never acknowledge that, but it was his fault.

At his death bed, Eddie’s father stuck with his version of the story which was “your mum left, I couldn’t look after you”. Feeling despondent after hearing this, Eddie decided to go “drinking with my mates.”

Eddie’s saving grace is his wife Rose whom he met nearly 35 years ago. Unequivocal in his love for Rose, Eddie is certain that he would “be dead if it hadn’t been for her”. He describes her as “a steadying influence” explaining that she “made me grounded” and she is the one person that “I can hang my hat on”. They tell each other “Everything”. Eddie said, “Rose has put me on the straight and narrow”. With her positive influence and commitment, he reduced his “partying” lifestyle and all that came with it. Together they have one daughter Gabrielle whom they adore.

The impact of a life in institutional “care” has led Eddie to be wary of relationships. And in this regard, he struggles with “Family dos; people trying to get close to ya, hugging ya, shit like that. I just hate it. Rose understands but she hates it. Her and Gabrielle think I’m antisocial. But it’s true.” He places the blame squarely on his upbringing.

It's because of the way I was brought up. I'm shit ass at it. Just relationships and that sort of thing. Because I suppose whenever I've been close to people it's always been snapped away from me. Not in the last 20 years but when I was younger. You get set up and then you get placed somewhere else. No explanation. No one cares. You just get on with it. You turn off most of the time. And I reckon that's what I've done all me [sic] life.

The "survival mode" is always on. Eddie attributes the sexual abuse he suffered to "why I don't touch people". He has "no doubt whatsoever that's the reason I am the way I am". Emotions are challenging and he'd rather not feel them. As bad as the sexual abuse was, Eddie was adamant that "the worst stuff for me was not the touching. It was the emotional stuff they used to play on ya. It's just crap." He is hypervigilant and can't stop moving. He doesn't like being with many people or too much noise. His sleep suffers: "I'm a super light sleeper. Always been. Because of that place (the boys' orphanage). And I know that for a fact". His survival strategy is multipronged. He is overly compliant.

I can't say no. I think it's an orpho thing. You did what you were told. You didn't want to rock the board. You didn't want to get into trouble. So, you tried to hide, slip back into the wall or whatever so one could see ya.

At the same time, he is fiercely self-reliant ensuring he is always working.

That's part of the survival strategy. If I didn't work who's going to look after me? And that's why I've always worked. And that's why I've never ever relied on anyone. And that's from me upbringing. I hate working with people.

Eddie copes with the pain of his childhood by self-medication through drinking alcohol on weekends and smoking. He avoids medication but concedes he "drink[s] like a camel". When he is stressed, he withdraws: "I just go quiet". Despite the abandonment, hardship, abuse and instability, Eddie has come through. He is astounded by his survival. He humbly praised himself, "I'm proud of where I am now" especially when he considers "where I've come from". He finds it "amazing". Others do not seem as surprised. One of his school friend's mothers had said, "Eddie will be alright, he's a survivor". Eddie is a totally self-made man. "No one else has helped me".

Parenting

Eddie learnt to parent by “just [doing] it”, by observing Rose and her family and following Rose’s cues. Well aware of his limitations as a father in terms of expressing emotions and affection, Eddie has a lot of compassion for his daughter. The impact of sexual abuse is so severe that “I don’t hug me daughter. Never have. Poor old Gabrielle, it must destroy her, but I think she knows I don’t mean to be like that, it’s just how I’ve been brought up.” He laments that he can’t be the father he would like to be with Gabrielle. He would like to be affectionate and expressive, but he just can’t. With lament, he said, “I’m hopeless at that. Absolutely hopeless. I’ve probably told her I love her once or twice, but I don’t do that. I just feel awkward saying that to anyone! It doesn’t feel right”. He berates himself, stuck in the helplessness of it all.

I reckon I’ve just been a prick of a father because of the way I’ve been brought up. Absolutely! I didn’t cuddle her or anything like that. Never have and she doesn’t like it I know that. In the last couple of years, she knows I’m trying. Our thing is I give her a Pat on the back. My sister’s the same [with touch] we feel awkward we don’t know how to do it.

He hopes that Gabrielle understands him from knowing his story which he has shared “since she’s been old enough”. Unlike his own father, Eddie talks to Gabrielle about his history.

She knows everything. She’d come that day with the mother thing. I keep her informed and all that stuff. I think she’s always known. I try to drum it into her so she understands. It’s wrong of me to do it but so she realises how easy she’s got it! I might be a bit harsh.

He knows Gabrielle loves him but struggles to reflect on how she may see him as a parent eventually concluding that “I reckon she’d say I’m emotionally dead. I don’t mean to be. It’s how I am. It’s because of what’s happened. Without a doubt.” Raising Gabrielle led Eddie to reflect on his own experiences of childhood.

The whole way when Gabrielle ’s growing up, ever since she was five when I got put into care, her whole life I was thinking of what I was doing at that age, the whole way. And I think ‘those bastards!’ And I think I got over it. And then I think ‘How the hell did I get through that?’

Eddie did not keep his past a secret. He spoke to his wife about his history in “care” and some of his mates knew. In 2010, Eddie watched ‘60 Minutes’ and “they were talking about

what was happening in Homes and I went to the coppers and made a statement. Thought I'd apply for all that stuff." Perhaps it was also the realisation that "Growing up I haven't been given a fair go. No parents to calm me down", that led Eddie to "go after them (seek compensation). Up until I was 40, I wanted to scream out at people: 'This is what happened to me when I was younger! Don't you people understand?!'".

Eddie received some compensation money, but he found the process and the money "an absolute insult". He is painfully aware of how much his youngest sister has suffered. Placed in "care" at 18 months, her "Foster parents done the job on her. She's a mess. She's always been a mess with drugs and booze." But Eddie knows "it's not her fault". He wonders about other "care" leavers, "there must be thousands of them like that because of what [the "care" system] did". Eddie would like his revenge, but his common sense prevails, and he asks, "What's the point?". His wife and daughter are front of his mind when he ponders the potential consequences of seeking revenge. He would never want to leave them.

Concluding Thoughts

There are stark contradictions in the records from the orphanages and Eddie's experience. Whilst Eddie did not address this directly, he maintained that the brothers and priests from the orphanages "are habitual liars". He told his story without ambivalence, clear about the impacts of a life spent in institutional "care". Yet, despite the heart-breaking abandonment by his parents and the abuse from the Homes, Eddie has managed to build a life for himself of which he is proud. Consistently hard-working, Eddie knows he is in constant "survival mode". Despite the hypervigilance or perhaps because of it, Eddie has had successes. His home on a beautiful property is his "retreat" and he loves it. He has maintained friendships with people he met "outside the Home" and "they're pretty special to me". He is self-made and proud of his achievements. He has not repeated the past and in fact done the opposite; he is a committed family man. He is as much surprised by this as anyone. He doesn't know how it has happened but gives his wife a tremendous amount of credit as the stable force in his life. She has been able to provide him with the stability and love he yearned for throughout his childhood.

Appendix G - Life Story/Pen Portrait: REG

Reg's interviews were conducted in a consulting room at Latrobe University to which Reg travelled from his home in outer Melbourne. Retired at age 61, Reg said he enjoyed the commute to the university. He was clearly adept at navigating the public transport system. Over two sessions, Reg spoke about his experiences with ease although his knowledge about his family history was at times vague. Being the child of European migrants who survived World War II meant that English was not spoken well, and many things were not discussed. Whilst he did not report overtly negative memories of his time in institutional "care", Reg alluded to perhaps forgetting some things. Reg reported that the trauma he experienced in "care" was related to being relocated from the orphanage system to the newly established Cottage Homes in the early 1970s. When asked what he remembers most from childhood, Reg said that it was spending time at his grandma's place and if he was not there, he would be spending time "on the streets". He recalled "a lot of freedom" and parents who were largely absent, struggling to be home due to their severe alcoholism. Reg entrusted me with a USB stick of his "care" records at the beginning of our meeting, having made a quick judgment about my trustworthiness.

Childhood Before Institutional "Care"

Born in Melbourne, Reg is the third born child to Henry and Karen, both of European heritage. Reg's eldest sisters Suze, who died at age 65 in 2011 and Trudy who is 64 years of age, were also born in Europe. Karen was pregnant with Reg when she arrived in Australia by ship accompanied by her two daughters. Henry had "needed to tie up a few things before coming to Australia". However, Reg never got to meet Henry because Karen allegedly wrote to him (from Melbourne) to tell him "Don't bother coming". Although Henry made an effort to contact his children, asking they be sent to Europe, Reg's maternal grandmother did not allow this and said that the children "were better off here in Australia".

On the ship from Europe to Australia, Karen met Michael who became the only father figure Reg ever knew. With Michael, Karen had three children, Mark, Tanya and the youngest, Rob, who died at age 13 when he was hit by a car. After several years together, Karen left Michael and met another man with whom she had another two children with whom Reg does not have a relationship. Karen was a troubled woman, described as "drunk all the time; would only come home every now and again like when it was time to collect a cheque from Centrelink". Michael was also an alcoholic. Reg described his parents as:

One worse than the other. She never came home, or she only came home for a party or if she wanted some money or she'd be in a lock up for excessive drinking or she'd come and say 'look I've got kids' so she could go and collect and the money.

Karen was rarely home and "Michael would be working, or he'd come home but yeah, I don't remember them being at home much because most of the time we weren't home. I'd be gone most of the time." In the absence of parents, eldest sister Suze looked after the children. When Reg was not home, he would be next door at his maternal grandmother's home, a woman whom he adored. Reg does not know much about his mother's early years other than that she had "been through the war" (World War II) which included spending time in a prison camp. His grandmother and Karen's older sister arrived in Australia first and Karen arrived some years later. They did not speak English well.

Life with Karen and Michael was chronically challenging due to their severe alcoholism, Karen's frequent abandonment of the children, Michael's unstable employment, persistent poor rental history, and regular evictions. Reg could not remember much from childhood other than the "freedom". He recalled his childhood experiences as follows:

Growing up, we spent most of my time in my grandma's place. All three houses were close together; Auntie's, ours, and my grandmother's, so they were all close together and then basically I spent a lot of time on the streets. I'd get up at six am and I'd be gone until midnight. I'd be gone all day. We'd hang around biker groups for a while yeah cos that was the go then.

There were constant arguments between Karen and her mother regarding Karen's lack of capacity to look after her children. Reg remembered walking the streets with Michael "trying to get another place to rent but we had a bad reputation, so no one was putting us up". According to a police report, it was on a spring afternoon in 1964, that Reg and his five siblings were found "standing on the side of the road near a quantity of furniture and household goods. This was the result of eviction. Neither parent of the children was present". The eldest child Suze reported to the police that "Our mother left us again about a month ago. Our father went out about 11 o'clock this morning and hasn't come back. I don't think he will come back". Efforts to locate the parents failed. It was later Reg found out that his stepfather had gone to the pub where he drank solidly for two days. Reg surmised that Michael disappeared because "he was probably feeling that he let himself down and everybody down". Reg disputes the police report details. According to Reg:

The report says we were all on the footpath waiting for the authorities to come. I was, actually, dragged from my grandmother's house. By two coppers. Just grabbed and dragged. For ages, when I used to see policemen, I'd run, and my friends would say 'Why you running for?' That went on till I was about 18 or 19.

Reg recalled his and his grandmother's devastation at being removed from her care:

I was always at my grandmother's. She was in tears and upset. She said, 'You have to go' she couldn't do nothing about it. Imagine it. Yeah. So, you know, that's what I'm saying. The report said we were standing there waiting and we weren't standing there waiting. I can tell you that. That's why I had the problem in the Homes for the first year and a half. They were trying to settle me, but I was super angry.

And so it was, that Reg aged nine and his five siblings were made wards of the state and admitted to institutional "care" for the next seven years.

Life During Institutional "Care"

Reg and his siblings were first placed into a Reception Centre for a short time. When the Children's Court decided that eldest sister Suze was not able to continue to look after her siblings alone, the children were separated. Reg was sent to an orphanage in Geelong and his sisters along with Bob and Johnny (who were under nine years of age) were sent to an orphanage in Melbourne. Reg recalled running away during this time because he was "getting into a lot of trouble". There were "territorial" issues in the playground between the Catholics and the non-Catholics around "who was going to claim the territory".

Reg spent a couple of years in the orphanage, an experience he described mostly as "pretty good. I didn't mind it. I sort of adapted to it quite easily because you still had a lot of freedom to move". He enjoyed playing with other children and took on a leadership role "organising a lot of stuff with them".

Reg initially denied witnessing or experiencing abuse but stated that "You'd get the strap and everything, but everyone got that sort of stuff". He realised early on that there was safety in numbers and that it was the "vulnerable kids" that were "prime targets" of abuse. Although Reg said he never personally witnessed abuse, he is aware of a former peer pressing charges of abuse against a priest from their orphanage. Reg, however, is sceptical about peoples' motivations to make allegations and seek compensation. At the same time, he is aware that his recall is limited to what he remembers because he knows he has "shut off a lot of things. You do.

You shut off so many things you don't want to know. And some of the things you'd consider to be normal, like beltings with electric cords and thick leather straps".

Despite the physical violence, the orphanage was described as "pretty good". During the holidays, he would spend some time with his grandmother and other times with foster carers around Victoria. The 'holiday' time experience with carers was a challenge because Reg felt the carers "played you against their kids". By far, Reg's biggest grievance is reserved for the establishment of the 'Foster Cottage Plan'. He described the Cottage Homes as follows:

Like foster care is today. So, what they had was basically some kids of their own and they'd take about six kids in, so it was house built to handle six kids plus their own. The floor plan was that you had a large bathroom area, so it was almost a mini football club area with a camp. So basically, a home environment set up and that's what it's supposed to be based on.

However, the reality for Reg was that moving into the Cottage Home meant "real" separation from three of his siblings. He and Mark lived together whilst the other three children stayed at the orphanage that had housed them for years. Reg identifies the Cottage Home experience as very traumatic.

The cottage parents wanted you to call them 'mum' and 'dad' and I couldn't adapt to that. So, there was a sort of pressure from everybody to adapt to it because most of them could do it quite easy. And in some things, they were pretty mean. It was very strict. It was a lot stricter than the Home. Because you'd go out to functions and whatever, you had a dress code, an eating style, a full discipline on all your actions. Your actions were being watched all the time. Basically, it was like being watched 24/7. So, you just couldn't say or do anything, and you'd be told off for something stupid. The freedom's gone. It's disappeared.

Along with the loss of freedom what hurt Reg the most was being unable to be with his siblings.

I couldn't just go see my brothers and sisters. The other place I could. But there I couldn't. It was a holding zone. And their expectations were so high you know? Yeah. I mean for the last year and a half I was there I didn't even talk to my siblings. I just went to school come home, went to school come home.

Moving from the orphanage to the Cottage Home was like “going from better to worse”. Reg recalled the rivalry between the children in the Homes and those that had been placed in Cottage Homes:

They used to think that we were snobs. They were thinking that we thought we were better than them going into the Home that we were a cut above them and all this other stuff, that we no longer wanted to be part of them so in the end we had to belt them up. We honestly had to belt them up. Physically belt them up. Our friends in the Home, we had to belt them up to tell them that ‘Hey it’s not us. We’ve had to be put over here. And you guys have got it better than us’. We weren’t allowed to swim when they swam. We weren’t allowed to be in the court yards when they were there. Every activity we had to do was when they were in for lunch or tea, and they were picking up on that and we were coping the flack.

It was like living in dual realities. The Cottage Home was supposed to be an improvement from orphanage life however for Reg “it was basically a prison”. He felt alone, unable to share his concerns with anyone. Reg survived by having “good people” and some “good teachers” around him, however, most of all he “shut down”, a phrase he used frequently to describe his childhood. He told me that “Gradually you had a shutting down process; it was like you’re going into survivor mode”. His sister Trudy has suffered terribly, and she is now “totally shut down”. Although Reg denied abuse, he recalled that if abuse had happened, there were certain children who were targeted. He elaborated:

It would’ve happened to one of the more vulnerable, you know, that went looking for protection. You worried about the ones that were the ‘teacher’s pet’. Because they’re super close to the teacher. I suppose they (the perpetrators) kept away from the groups because we were like a wolf pack; if something was going down, we’d all act on it. We always had a strong group. It was a weakness to be vulnerable. It is. You drop your guard, and you could be a target again.

Children would warn each other about “who to stay away from because he hypnotises you and such”. Paradoxically, one of the adults who helped Reg during his time in “care” was a priest who was later accused of sexual assault by other children. This man taught Reg to play chess and later advised Reg to move into a dorm where he could help the female carer who was “struggling with the kids”. Being given the trust and confidence to look after younger children

provided an opportunity for Reg to develop leadership skills and gave him independence. He was “helping the children but I could break away and do my own thing”.

Occasionally his grandmother visited but his parents only came in the early days to tell him “To tone down” his behaviour. Reg was around 9 years of age when he last saw Michael. At age 14 Reg had an argument with Karen and said he never wanted to see her again.

Life After Institutional “Care”

At age 17, Reg left the Cottage Homes and moved to Melbourne to live with one of the families that used to take him in during the holidays. Having completed Form V, Reg became employed at his foster family’s car mechanic business for many years. However, as soon as the company began to make lots of money, Reg felt he was being rejected. The family had their own problems and there was a “jealousy thing, a barrier again; the resentfulness comes in, you get pushed away, the trust factor disappears”. This experience hurt him and by the time his own children were born, he “had no real contact with these people anymore. It was just a total shut off. They just didn’t exist anymore. They more or less shut off from me”.

Reg moved on to work in the farm industry and drove trucks for a while. At some point his back was seriously injured in the workplace whilst he was trying to avoid an accident with his truck. His employer would not give him lighter duties, and nor did his workplace appreciate his commitment to his children, so Reg ended up “fighting with Centrelink and went on Disability pension” in 1994. Since then, Reg has spent his time volunteering in the community. For example, he volunteers as a maths and technology teacher at a local high school, he helps run the Blue Light Disco, sits on various community committees and he was a hands-on father when his children were growing up, often helping out at their primary schools.

At age 26, Reg married Sylvia from whom he is now divorced. They were married for nearly 19 years, a period that Reg described as “pretty good”. He and Sylvia got along well but Reg felt they had different expectations of marriage and their differences in material interests eventually drove them apart. Reg said he was more interested in spending time with his children than working to make more money. Reg and Sylvia have three children, one of whom, Amy aged 28 years of age participated in the research. Reg is not currently in a relationship. He has many good friends but finds himself “cautious” with women because they “can hurt you more than men”. It is difficult to “get close because you don’t trust them”.

The absence of trust and the presence of suspicion is a long-standing theme in Reg’s life – a marked consequence of a life spent in institutional “care”. Reg finds himself “assessing all the time. So basically, you’re shut down from a normal way of life. I suppose you live for what you’re seen”. Reg makes calculated “character studies” on whom he can trust and whom he can’t. This involves a vigilant process based on self-preservation born of repeated betrayals:

The process of letting a person in is you look at it like a food chain. So where do you let them in on the food chain? Are you going to be eaten by them or whatever, you know? And can they be trusted? Will they stand by you or are they going to be a runner? So, nine times of ten you'll be running, 99.9 most of them will be runners, you've only got the .1. So, you don't get close to people, your emotions disappear.

The undercurrent of potential rejection is ever present. Reg reacts quickly if a relationship appears to sour:

You know like if you're talking to someone and that as long as it's running on a positive, it's not so bad, but any sign of rejection or whatever or negative questioning you know, I'm gone. See ya. End of story.

He acknowledges the leadership skills caring for other children gave him, however, these have come at a cost. He considers himself a "a loner" who is paradoxically often with people but does not get "too close". His primary coping mechanism is to "shut down". Reg explained:

Well, you treat it as though no one cares. You with me? So, shutting down period means 'If I was to say something about it, it means nothing' so if you went to the doctor and said, 'I'm not feeling good today' and he said, 'you've got what everyone else has got' but I might not have, so you'll shut down and you'll go 'whatever'. So next time you won't tell him what's really wrong. Because they don't really want to know anyhow. They're there just to tick the box and give you whatever or pump some medication on.

The lowered expectations of others have led Reg to become self-reliant, resourceful and a good problem solver. He seeks alternative health care help if required and he has friends he can rely on to help him if needed. Reg will "analyse all the variables" of a situation before coming to a conclusion. He looks at life and its problems rationally, without emotion, and appraises them in context of the era and socioeconomic circumstances in which they occurred. For example, he believes that physical and sexual abuse was occurring in people's family homes too, not just in the orphanages. He said that children would have to do chores no matter where they lived, and that the work done in orphanages by children was not disproportionate; rather it was a reflection of an era where many men were either at war or had died.

His friends appreciate him for his problem-solving capacities. At times, he struggles with his own sense of boundaries explaining that:

You don't know where your turn off points are. So, you could you be walking around with your leg hanging off and go 'but that guy, he is missing two legs'! So, you're still not as bad as that person and that drives ya.

Reg prides himself on his capacity to "read" situations well and for his restraint. Self-control seems important because:

You can change in a split second. Most people know when it's enough. If you're calm you can focus. When you lose it, you've lost your focus. You only act on that specific thing so then you got to refocus quickly because during that time you can hurt someone really bad and not know it.

This level of preparatory anticipation is a result of the vigilance required to survive his childhood. Reg did not keep his childhood a secret and he has found friends with whom he can talk. He loves his community because it is "close", and people are friendly. A friend encouraged him to seek his files and he decided to do it "to see what was in there". Like many other "care" leavers, Reg said, "I wasn't really satisfied with them in many ways. Just because I thought it was missing a lot of information. And basically, once we went into the Cottage Home Plan, the information stopped a fair bit."

Despite the separation from his siblings when he moved to the Cottage Home, Reg managed to stay in contact with some of them, mainly Tanya. He has many nieces and nephews but does not really see them often although he has "left the line open if the kids need help". Reg has remained estranged from his mother since the age of 14. He saw her one last time "on her dying bed". His feelings towards her are "non-existent". As a young teen, Reg tried to protect his mother from her violent relationships and her alcoholism. He once "knocked off her wallet just to try keep her at home". He ended up with "a hell of a hiding. And then she was gone". He didn't want to expose his children to the violence she was subjected to by her partner at the time. He offered to help but Karen didn't accept. Karen was so troubled that she "sold" her youngest child to the babysitter so she could get money for beer. She never visited the children unless it was to "try get them back. Cos it would've been a money issue. She would've seen what she could get for having so many kids. It wouldn't have been just to get us back."

For Reg, "there's a turn off point". Michael disappeared. He recounted a story about his brother Mark approaching a man at a pub asking, "'Is your name Stan?' and he goes, 'Yeah, why?', 'Well I'm your son' and he just went to him straight away and said, 'I have no children'. So poor Mark was thrown." Reg concluded that Michael "would've went through a bad time

himself. He died alone. They found him a week later in his flat. He probably would've had no friends."

Parenting

Reg and Sylvia had three children. Amy, who participated in the research, is a social work graduate student who works with vulnerable children. Nikki is preparing to enter the police academy and Stu is a successful electrician. Amy and Stu are in relationships and Amy has a 10-year-old stepson. Reg sees his children often, popping around for cups of tea. He continues to cherish his relationship with them now that they are adults, just as he cherished it when they were young children.

Reg was categorical that the importance of being with his children overrode working. When he stopped engaging in paid work, he spent most of his time with his children. The leadership skills learnt in the Homes when he was caring for younger children came to good use. He said, "I spent a lot of time with my kids at their primary school because I could do things with them. Because I could work with the teachers. I could spend time there and help the other students". It was important to spend time with children so that authorities would not take them away:

I'd set it up so that it wouldn't happen. I made sure before I had kids that I had everything that was needed for a balance. So, I'd have time with them. So, I wouldn't be off working too much."

Reg "never kept the past hidden" from any of the children. He "explained it all" however, he assumes the children "sensed" the emotional aspects of his experiences because "you never really talk about your emotions that much because it almost seems like you'd make yourself vulnerable". Reg feels pleased with how he parented, reflecting that "I think I did alright". Pragmatic by nature, he did not read parenting books because he had reasoned that "we don't know what we're having; there's no set path". Reg's childhood in institutional "care" made him "more aware of things" and he believes he has a close bond with his children.

The best way to describe it is, is I stopped to listen to them. So rather than been put down the way we were put down, I stopped and listened to what they're saying. So, they sort of feel like they have an opinion, and they get to express it. I wouldn't hammer them with anything.

He “created an atmosphere” of a “circle” between him and his children. His friends would comment that they would see “the four of us walking around talking all the time no matter what the party is”. The impact of being “emotionally and physically dragged” away from his grandmother by the police has left its scars, which are pervasive in all of Reg’s relationships, including those with his children.

Only thing is, that sometimes we don’t do the hugging; the emotional side of things. It’s more a mental thing with us, than a physical thing. I have that problem most of the time. So, you never get really close to anyone. Like someone comes towards you and you go ‘whoa!’ sort of thing. Yeah. You need space.

And in this regard, he also gives his children “space” explaining that “My kids can do whatever they want but I check to see that they’re alright. So, you’re together but you still got space”. Reg believes his children would describe him as an “alright” father. He considers himself approachable and said that if the children “need anything or want anything, they’re not too scared to come and ask for help. So, they’re relaxed and comfortable to talk to me and go over things.” He described his children as “strong” and said his friends provided a good influence on his children by showing them that “people would be really nice”. Reg drew on what he learnt from his friends and holiday foster carers when parenting his own children. Most of all he “worked off” his grandmother from whom he “got a lot of love. I basically grew up with my grandparents. Because I was never home. And when I was, I was always there. I basically lived there.”

Concluding Thoughts

Reg was stoic about his upbringing. He does not dwell in the hardships and did not report abuses in the Homes. However, he is well aware that he has coped by “shutting down”. He wishes this didn’t occur, but it is his coping mechanism. It has become normal for him to do it based on the years in “care” and the traumatic circumstances that found him there. Reg finds meaning in helping others: his children, his friends, the community, local students. He has many friends from the Homes and the local community who are impressed with how well he has done “considering what I’ve gone through”. He does not let the past overwhelm him. He evaluates situations, with a positive mindset: “Over a period of time you try to look at the good things and not the bad things. The bad things are upsetting and it’s not where you want to go”. He realises he can’t change his painful past “but you can improve on it. Or you can bury yourself in it, then you might as well go hang yourself as most people would do”. Reg contemplates life contextually

in the era that events occurred in, rationalising them to help him understand what happened. Towards the end of the interviews, Reg was pensive as he reflected:

I just sometimes think there's no real way of getting over the emotions side is there? You know, your feelings and all that, you can never really get to them. When we got split up at the home, I was able to turn off and forget about my brothers and sisters. I didn't mean to do it.

He feels sad for his sister Tanya and bears some shame and guilt that he didn't see her more often when they were children. But he is also aware he had to "shut down" to survive. For Reg, there seems to be a choice: you either dwell in the past and become overwhelmed or move forward by helping others and improve your situation. Perhaps it is "black and white thinking," but it seems to have worked for Reg. He rationalises, removes emotion, focuses on helping others, remembers his past but reasons that perhaps, life may have been worse had he lived at home with his parents.

Appendix H - Life Story/Pen Portrait: GEORGE

George appeared younger than his stated age of 70. George was friendly, talkative, and said he was nervous. He was eager to show me around his home, located in regional Victoria, proud of the space that he has created from “Department” housing. The importance of aesthetic comfort was evident in George’s home which was a warm, comfortable, tidy, organised space adorned with colour and flooded with natural light. George lives with his beloved dog, Sadie, who sat by him as he narrated his story. When he became emotional, Sadie looked up at him comforting him with her attention.

This home which George has lived in for the last 10 years, is perhaps a reflection of the depth of George’s inner work and exploration during this time. He has just been granted another 10-year lease and he is relieved, “I don’t think this is a bad way for me to spend the last 10 years of my life. This town’s been good to me”. George’s story was painful and moving to share. Through tears, he showed me family photos and he was able to provide cogent and eloquent examples of the challenges he has faced, the many twists, unexpected losses but also heart-warming surprises. When asked what he remembers from childhood, George said, “It was having a nightmare of being in a cot and looking up and this lady looking down at me smiling then teary eyed”. He reflected that “There’s always been this sad kid in me. Very sad kid and a sad adult. I’m still there”. George’s “twilight years” have become about trying to heal the past, make reparations and complete personal unfinished business. The day after our interviews, George was celebrating 10 years of having found his older birth sister – one of George’s biggest life achievements.

Childhood Before Institutional “Care”

Born in outer Melbourne in 1945 to Mavis and Daryl, George “was given away at birth and the Lynch family adopted me” at age five. The first five years of George’s life were spent in a “Babies Home” where he was a sickly child. His only memory of these years is described above, coming to him in a “nightmare” he had whilst he was adult. With the fortitude and persistence of a detective, George has tracked down his biological family putting together the pieces of the puzzle that were his beginnings in life. Of his birth father, George reflected the following:

He wasn’t owning up to anything in those days. He would have preferred to have a motorbike than have a son. He was an irresponsible drunk and my birth mother was available, I think. They must have thought they were in love with each other. I don’t know. I can’t work them out.

Mavis had English heritage and was 23 when George was born. Unbeknown to George until many years later, Mavis and Daryl had two children prior to George, and two children after his birth. George's eldest brother "went to nana" and his eldest sister, Vicki, was adopted at six weeks of age. The youngest two siblings, stayed with their birth parents. George understands from documents he has sighted that being removed from his birth mother was "a very sad parting. She couldn't care for me".

George was adopted by Esther and Adam Lynch into an environment he described as "lower middle class" that "provided the worldly goodies. They had the best intentions for me. They had me christened. Enrolled me in a Grammar School. I was a spoilt child". He was their only child and when he refers to a "mother" and a "father" it is the Lynches he is describing. Sadly, soon after the adoption, Adam's business "collapsed" and with "great shame, financial shame", the family moved to Melbourne and lived in a local pub. Adam worked hard to pay off his debts and began drinking to cope with his losses. Esther found the situation intolerable and separated from Adam. She found work as a "cottage mother" at an orphanage taking George with her under the assumption that she will be accommodated in a place on her own with George, aged nine at the time. To their horror, when they arrived at the orphanage, "the Matron grabs hold of my arm and says to my mum, 'he's going with us. He'll be put in Cottage 3'". George recalled, "crying, howling, I was bewildered". And so, begins George's second period of extended time in institutional "care", an experience he described as "put into jail basically in this orphanage and deserted by my mum".

Life During Institutional "Care"

George was to experience another harrowing loss. He would not see his mother again during his time in the orphanage. After five months of working at the orphanage, Esther became seriously mentally ill.

Mum was taken to the local Mental Home where they performed a lobotomy on her and 32 years of shock treatment. So, I lost my mum. She would be home, mad as a two-bob watch not knowing what day it was and this was a repetitive illness.

Mavis died many years later in 1984. George feels very strongly that the lobotomy was performed to "silence her" because he later found out that his mother was pregnant when taken to the psychiatric institution, possibly with an orphanage staff member's child. George did not see his mother for two years. He was told by the orphanage that his "mum had got ill" and when he cried, he was punished. He was abandoned again, losing his mother physically and emotionally. George's description of his 18 months in the orphanage is bleak.

When I went over in the orphanage it was a Sunday afternoon and I had my civvy clothes on. And after an hour, I was out of my clothes, out of my things in a bag including my cuddly toys, all this was taken for me and I was given a khaki pair of shorts and a shirt and a pair of pyjamas, a pair of different type of shoes and the bed had '62' written on it. It was a regimented life. It was no fun. There was no joy. No sharing. Food was awful. And I got the bun's steer of punishment because I had a mum over there. I didn't belong in the orphanage. I was like, a foreigner in this place. The kids resented me because I had a mum over there, the big boys bullied me because I had a mum. I couldn't go see my mum, they made sure neither of us had contact. And I couldn't eat this food. I was being sick all the time. The food was foreign to me. So, I would cause other kids' punishment because I would dawdle through this food, try spit it out, whatever and they would have to wait until I ate. So, then I copped it even more, it's very tribal kids are. It wasn't a nice place. We sat on long benches, and I'd never done that. I'd grown up in a family.

The loss of identity was despairing for George, haunting him, it was "always there". George described a daily regime as austere and punitive as the environment in which he found himself.

I would be doing the washing, I would be scrubbing floors, doing the dishes, peeling potatoes. I was suddenly up at 6am, make your bed, tuck the corners in, straighten all of it up, polish your shoes. It was a whole different world. Yes, we have to manage hundreds of children. We can't have individuals it was like being in the army and those who stand out get punishment. They get withdrawn from activities and treats and uhhh, I was a bed wetter. I would have to stand in front of everybody and have the sheets rubbed in my face. And of course, that is downright humiliating and this process continued throughout my life. Showers you had to have with others. There was no privacy. And I was a very private little boy, and I still am a private man. Around people I'm very reserved in nudity. They'd have older girls come and wash us little boys on Sundays and that was humiliating for all the boys.

The "Homies" were ostracised from the other children at school. According to George, "We were the outsiders. We had to sit in the back rows. We weren't good enough to sit anywhere else". George spoke about his time in institutional "care" as "traumatic". Adding to his profound suffering, was a physical and sexual assault by "a carer" from the orphanage at age nine. George repressed the rape and the "beating up" but it was triggered in a horrific flashback

when his own son was aged nine. He did not disclose the assault and reflected that “It’s like an illness you don’t get over”. It was only when in recent years whilst writing to his solicitor about his orphanage experiences that “somewhere about page four I talk about my rape”. He re-read his letter at 6am and realised “it was the first time I acknowledged what had happened to me!” For many years he blamed himself believing that he “had done something to attract this person”. He firmly believes that the rape derailed his development more than the other traumas inflicted upon him.

Respite came on Sundays when George would spend the day with his father who demanded of the orphanage that he see his son on a weekly basis. They would have coffee together in the city and George cherished these times. His father had been unable to accommodate George because he continued to live at the local pub. Their Sundays together were recalled with appreciation.

I always looked forward to going to see dad. Maybe that’s why he’s not the villain, you know? Because he was there, he did care, and he provided. Mum wasn’t there. And when I did see her, she was fairly indifferent to me when I saw her at the [psychiatric institution].

Nobody explained to George what had really happened to his mother. Her relatives were not contacted about George being in the orphanage. When George found his mother’s extended family, they said they “knew nothing about it”. George is not resentful. Instead, he wonders whether “the shame of losing the family business” made it too difficult to contact extended family who were wealthier and “maybe social climbers”. George kept his suffering a secret.

I never told dad what was going on in there. He would ask me, but I was like a little soldier, just like my dad and kept it to myself. And I would cry, but I was crying within. There were no tears.

Life After Institutional “Care”

After 18 months in the orphanage, George was taken in by his father’s relatives, who lived in a leafy Melbourne suburb. This is a time of fond memories and George recalled being very well looked after by his aunt and uncle. For the first time in a long time, “life became normal to me for that period”. They sought to adopt him however his mother did not allow it. George laments the loss and the potential he may have had to have “a secure life”.

After six months with his aunt and uncle, George’s mother began to recover “enough” to leave the psychiatric hospital. George, aged 11, moved with his mother to a regional seaside

town, a place and a time that, despite the financial hardship he and his mother endured, he recalled as “lovely. This seaside town was a good place to live and a lot of things that are very dear to me come from that era”. They moved from home-to-home struggling to find long leases however, the atmosphere of the seaside neighbourhood offset the instability of transience. During this time, George’s father provided pocket money and gifts. He remembered that he “got a nice big Malvern Star bike, football, a transistor. Dad always gave me good gifts, you know. I didn’t go without.” George became the “little man” at home to help his mum who worked six days a week leaving the house at 6am and returning at 7pm. On Sundays he and his mother “would have fish and chips and we’d go to the beach and have a picnic and a stray dog would come and join us and it was nice”. George’s mother eventually became obsessed with the church, coping with her worries perhaps, by “religious mania”.

Emotional problems precluded George from learning and concentrating at school. His “mind was all over the place”. At age 17, George left school to begin an apprenticeship as a car mechanic. A talented illustrator, he had been offered a job earlier by a well-known company who had not realised he was “a kid who had no qualifications”. Various jobs following including retail work and “all sorts of casual jobs” such as selling cars, mowing lawns, stacking bricks.

George left home at age 18 and moved in with an older gay couple he had befriended in a record shop. Ned and his partner Nick became lifelong friends to George, true mentors who took him under their wing. He lived with them until he was 21 and they provided for him financially and emotionally. George is deeply moved by his friends’ commitment to him. Of Ned (who is still alive), George was moved to tears when he told me, “He is always there. Always there”.

George met his first wife Sarah when he was in his early 20s and at 21 George became a father to Brent who is now 48. George wanted the “settled life. I wanted to build my little empire, my house”. However, Sarah wanted “to go out and have fun”. The marriage was “volatile, challenging”. George “couldn’t cope. I couldn’t cope with bills. The pressure of life was too much. I was too young for all of this”. George had told Sarah about his childhood. Whenever they had arguments, he would suffer psychotic episodes where he “ended up hiding in the cupboard or under the bed like a little kid talking some gibberish language”. Life was chaotic. Furthermore, George had a “a fair bit of money go through my hands”.

I’ve gone from trying to get a home, to getting a home, to losing it, you get it you lose it, you get it you lose it, you get it you lose it, and because of my decisions and my temperament at the time ‘where’s the next payment coming from and all of this’ with no support out there to reach out to anybody.

His parents were no help. Sarah also had mental health problems including serious self-harm. When Brent was aged nine, the same age George was when he was sexually assaulted, Esther made a comment about Brent needing to be careful at the neighbour's home that triggered George to the extent that he had "a breakdown". Unconscious of his own assault, George began to worry that Brent would be sexually assaulted. "Things started falling apart". George described a dark and terrible time where "everyday was black and isolated and lonely depressed and full of anxiety". He was none the wiser "I just couldn't put on a name on it and what was causing it". At age 38, George divorced Sarah. George recalled with wistfulness that at his son's wedding, in a conciliatory moment, Sarah, by now his ex-wife, said:

'We were young then George. And a lot of horrible things happened to you'. She could pick up amongst this mumbling and jumbling that there was something wrong with George. But I never went to the doctor about it or anything like that. She was living with some bloke who had a screw loose I suppose. And then I'd be Jekyll and Hyde I suppose.

After his marriage ended, George partnered with a woman he had been friends with for some time, Lisa. Together they moved interstate; however, neither the relationship, nor the move, were a success. This was another painful time; made more challenging by George's lack of insight into his own problems. He used prescription medication for pain management.

I was addicted to the stuff. So, every time there was a painful moment, I'd take a handful of the stuff! I had to come to Melbourne to get the scripts. No one ever really knew me. No one knew what the problem was, I don't think I really knew myself!

George "collapsed" upon the ending of this relationship which despite its problems, had come to him as a surprise. He cogently described a labile state, explaining that "I was in a cycle. And the cycle was calm, very calm, bit agitated, getting loud, really loud and then getting calm again and this cycle went on all the time". This incessant cycle of agitation and anger occurred chronically and alongside depressive feelings, which he described as "the moody blues". He married again for three months "and created another disaster".

Following the breakup with his second wife, Lucinda, George moved to regional Victoria seeking to understand himself. He reflected that "I tried to find out who I am, why am I like that? Most people would say I'm not a bad guy, but I spoilt that image". George has tried "to make amends". He realises that "You can't take things back, but you can say you're sorry and try to explain; so that's all about trying to get closure". He does not want to spend his future years

ruminating about the past in a negative self-defeating way. He pointed to the photo of the orphanage that housed him on his wall, saying he keeps it there to “remind me to keep fighting”. He does not want to be a prisoner of the past although he is acutely aware of the impact of institutional “care” on his life. He described feeling anxiety, nervous tension, depression, mood swings and being “quick to fire up to people. Nice one moment, volatile the next”. He struggles to sleep waiting until he “crashes and burns”. He has flashbacks.

As an adult, I was very unpredictable. I was a rebel without a cause. I couldn’t settle at school. My mind was somewhere else. I’ve learnt to be very self-sufficient these days, but I couldn’t settle. I had the wanderlust; I never was rooted anywhere. I never knew when I was going home, whether I’d be going somewhere else.

About 15 years ago at age 55, George began to seriously consider and contemplate his life.

I thought ‘It’s time you look at what’s wrong with you. Why are you hurting everybody who likes you? Why is your life like this?’ I was really trying to examine myself. I wanted a better George to come out of this. So, it was a time of inner revision of myself, and the journey of my life and I was struggling with my son who was in a hell of a mess in his life at that time. I wanted him to see a good dad even though dad had lost everything, you know, an understanding dad.

It was in this moment of reckoning with oneself, this moment of challenging self-reflection, that led to George making it “a project” to find his birth family. He asked himself: “Who are you? What are you like? Somebody out there must be like you. A connection somewhere”. He had found part of his mission. Over the next 10 years through meticulous research and inquiry, George found three of his birth siblings; however, he felt someone was missing. He describes being in “pain” and found himself “howling, ‘I want my sister!’”. He intuited she was “older”. He had a “feeling like a lump in my chest for years; I’d felt there was something missing in my life”. In what may be described as a knowing before knowledge, George did indeed have an older sister named Vicki, who was adopted out as an infant. No one in the family had known about her. Incredibly, Vicki too, had an intuition that a brother existed. Once George found Vicki, his feeling that “something is missing” was “gone”.

Eventually, their other two siblings made contact. For George it is miraculous that he not only found his birth family but that they are close and have contact throughout the year. This fills him with pride and joy. He smiled as he said, “I feel very proud of myself that I’ve actually brought all my family together and now we’re not shy of each other”. A major life achievement

for George was getting all his siblings in the one room. His commitment, hard work and perseverance had paid off.

Ten years ago, George moved to his current neighbourhood where he has created a beautiful home and is nourished by playing and listening to his beloved music, mainly rock and roll. He is a calmer man who has lived alone for 20 years. He gets lonely but he's no longer afraid of being alone. He finds it difficult to trust people and "talk to them about things". He is very private. He now "reasons with things".

George's relationship with his parents became strained in later life. He reasoned that his father's behaviour may be related to being a returned soldier and despite his drinking, he had tried his best. George is less forgiving of his mother maintaining that "I've always had that anger towards mum". Adam and Esther reunited when George was 14 but their patterns of behaviour remained the same. They "would find nice houses to rent and she'd come unwell again and it'll all come unstuck again". By the time George was married, his parents "were like estranged people". He could not talk with them. As they aged, their poverty worsened and despite numerous attempts at trying to ease their life, George's efforts were thwarted. He felt sorry for them and became melancholic in the interview as he pondered that "Maybe they wouldn't have been like that if they hadn't taken me on." His parents passed away in the 1980s.

Since retiring, George spends his time engaging in advocacy for "care" leavers. He is critical of silent protests and prefers to write which he does prolifically (about 100 letters a week). He has received responses from the Premier, but he is aware there is a lot of work that needs to be done for justice to be served. He was emphatic that "I think my last breath will go when the government stops fighting for us". He said he will "never give up on pursuing the legal side" of what happened in institutional "care" because social justice is now a significant part of this stage of his life. The past, ever so present, still has him in its grip; he will not attend reunions at the Orphanage because "I'm afraid I mightn't get away. And that's a truthful feeling. To be surrounded by their control, their day, it's not something to celebrate being in that place. It's something to try get over." Despite the hardship, he has gratitude for what some governments have offered; for example, public housing and the first home-owner's grant.

George sums up his life with a positive reflection. He said, "I'm lucky. I'm lucky. I feel like I got out, I rebuilt my life. In a strange way I've been lucky. I'm resourceful, I'm determined". He is aware that he is not like some other "care" leavers who have "been so destroyed". Being with them is too painful and the triggers remain. He was contemplative when he said, "I'm coming to my golden years and so I'll never put it behind me. It's part of my life's journey but I never want to relive it every day".

Parenting

Brent aged 48, was born when George was 21. He described parenting at that stage, as difficult:

All things fell on my shoulders. I had the worries at home with Sarah's behaviour and mental health issues. To being away and coming home on weekends getting a second job to get more money. I didn't see much of my family and when I did you were tired and irritable anyway.

George did not speak to Brent about his childhood other than to let him know he had spent time in an orphanage and that, "I was down on my mum about it". Sarah let Brent know that "Dad had a hard time in an orphanage" but Brent, "didn't know about the goings on in the place or how I felt all about that" other than George once making a point about what a nicer living environment Brent had compared to George. This point however, seemed missed by Brent who was 11 at the time. George surmised that perhaps his own silence about his past was related to pain and shame.

Life was pretty hectic when we first got married. Trying to carve a dollar. I probably just didn't want to relive my childhood. I'd torn up all my photos of me as a kid. I think it's a shame thing. I mean how do you tell? It's not about the time of scrubbing floors or eating rotten food and being punished and being a bed wetter; those things you can talk about. But to be sexually assaulted, you know'? And then to have disparagements on what you are as a person yourself. (George becomes teary).

George's experiences in institutional "care" had long lasting effects on his parenting. Like many other "care" leavers, George could not be affectionate.

I always wanted the best for Brent. But I would be non-involved with him. Physically non-involved. I was proud of him, but I didn't encourage him. I wasn't a hands-on dad. I didn't pick him up often. If he rode his bike and fell off, well that's what happens. You get back on your bike. Don't worry about the fact that you hurt your legs. I was more annoyed that he fell off his bike rather than being compassionate. Which is [sic] signs of what the orphanage was like to us as kids. There was no compassion. There was no reaching out. And so, he got the material things from me, but he didn't get the cuddles or the hugs that I wanted to give him, but I didn't. Because even when I saw my dad, we used to shake hands. So, when I was seeing my dad, I used to see him at the clocks

under the train station. I used to do that with Brent as a teenager when I was coming down from interstate. Everything seemed to be too close to the bone with me.

George did not have anyone to help him with parenting except his loyal, loving, and helpful friends, Ned and Nick who provided emotional and material support.

When Brent was nine years of age, the same age George was when he was sexually assaulted, Esther was visiting and made a remark about Brent's whereabouts and her concern for him being at the neighbour's home. George "went into a rage" which he now realises occurred because his own experience of being assaulted was triggered after two decades of repression. George's mother's concern about Brent, also triggered an outpouring of rage regarding George's awareness that "here she was caring about him, but she didn't care about me! No. There was no effort by mum. It's like she disowned me or something.

George "always loved" his son however, despite this love, it seems that Brent found adolescence difficult.

Say, 17 to you know, Brent's early 30s, he went off the rails. He had no man figure in his life. No dad. He had a bloke who he could ring up and talk to, but he didn't have someone who could pull him into line.

Brent used to swear at George telling him to "get stuffed". He engaged in delinquent behaviour, petty crime, and experienced homelessness. George took an interest in his son and advocated for him to the legal system. George was concerned about Brent's drinking particularly given the family history of alcoholism on both sides. George lamented about the bond he would have liked to have had with his son as he was growing up. He reflected that "We'd have a nice time, but you always knew he was sad; he was angry towards me, and it was all about him and me. I get the blame for his non-success". George said he "wanted the best for Brent. To stay at school, to do his homework. I wanted him to get somewhere more than where dad had gone". However, George said his childhood experiences led him to parenting "coldly. Unaffectionately. I wasn't warm. I didn't give enough of myself". He reflected that Brent would have described him as a "not very flash" parent.

Thankfully things have changed. Becoming a grandparent has given George the opportunity to redeem himself as a father figure. He now believes Brent would describe him as a

“very outgoing, warm, loving person. Definitely a hands-on pop.” He contemplated the changes in his parenting.

I gave Brent a hug as he was on his way. Now I tell him I love him. And the other day when he left there were tears in my eyes. And I want him home and this is a home now so he can come home. Before that, dad was shameful of where he ended up and how he was living and there was no place for Brent to visit anyway.

George sees Brent six times a year, visiting his sister Vicki on the way there and on the way back. Brent has been married to Kira for eight years and they have two daughters under eight years of age. George adores his granddaughters and spends time “mucking around with them and showing them things. It’s a part of my life that I missed then but I’m having now”. George loves to tinker with toys, and he showed me his model cars. “Spoiling” himself in this way allows George the significant opportunity to re-parent himself. He smiled as he told me that “I’m looking after the little boy in me”.

Three years ago, George opened-up to Brent about his childhood because George’s story of searching for his birth family was on the front page of the local paper. George is insightful, perceptive, and reflective about the positive impact this had on Brent.

Brent had seen changes in me since I came back from interstate, since I started reaching out. He knew I was on the war path - dad’s out there finding things, searching things, there’s a purpose behind this. I think in that journey, there’s been a journey of discovery of myself, his own self, and his life as well because he’s had to live a lot of that with me and his mum, that sort of thing. There’s been this underlying thing. Now we know what the underlying thing is. It has a name. It is a creature. They are out there. And he can also understand Esther his grandmother a bit better now too.

The “creature” George referred to is the “trauma” he endured, and George believes that Brent, now knowing the trauma his father suffered, means that “dad’s not a looney. He’s an injured victim.” During our interviews, George was brought to tears when he contemplated his parenting. After the first day of our interview, George described his fraught night.

It was about 3am. I thought ‘your mind’s just ticking over’. It’s all over the place. You know? Very strange thoughts and bizarre thinking. And then I started thinking about what could’ve been with Brent. The way I am now compared to the way I was then. And uhhh, tears started running down my face. So, it obviously had a little trigger there.

George has “softened” with age. A few years ago, Brent saw him cry for the first time after the death of his previous pet. For George, “the world’s problems and issues and they’d been plenty, and they’d become visible, and I was breaking down again. He hadn’t seen me break down. He’d see dad raging but he’d never seen the weaker side”.

George did not ask Brent to participate in this research because he does not believe Brent has time to do so due to his busy work schedule and raising two young children. He also worried about the impact on their relationship.

Would it derail him? Will he start to get upset about things, about what has now been put to bed? And sitting around him and being the way we are now; I think we are back on track better than we ever were.

George wants to do whatever he can to preserve his relationship with his son, because the painful awareness of his shortfalls as a parent, haunts him. He wrote a letter to Brent’s mother as she lay dying promising he will be a good father.

I’ve done everything to be a better dad. One that is approachable. One that is still in control without having to lecture, to yell, being reasonable. And I’ve said, if I can’t help you Brent, I will spend all of my day trying to find someone who can help us.

Concluding Thoughts

From the volatile young man George described himself to be, he now finds himself at age 70, a calm, accepting, pleasant and personable man who is committed to his family and liked by his neighbours and community. Most importantly it seems that George has come to like himself and the man he has evolved into. Painful inner confrontation with the parts of himself that pushed people away including the rage, aggression, the moodiness, and parenting limitations, have brought a softening within George. He has accepted his past and its role in his life. He is cogently aware of the impacts his childhood had on him. He now looks ahead towards his “golden years” having made peace with some people and where that has not been possible, he attempts to find peace within himself. From an era of chaos, “being all over the place”, George has come to create a beautiful home and dedicate his energy to fostering relationships. He is a gentle person, devoted to his beloved pet dog, his home, community, and his family. He is decidedly not a victim and not interested in self-pity. George transforms those feelings into

advocacy. He is a “fighter” who does “not want to be put in a mould”. He will stand up for himself and his views.

As his inner explorations continue to expand his awareness of the consequences of his childhood, his home serves as an anchor of pride for something achieved out of the wreck that is the aftermath of childhood abuse and instability. George’s sentiment, that he’s “turned a corner”, feels a poignant and authentic expression of where life now finds him.

Appendix I - Life Story/Pen Portrait: TONY

I interviewed 61-year-old Tony in his home in regional Victoria just as he was about to go overseas for one of his regular holidays. Tony's home was furnished with striking art and unique furniture, reflecting a long career and passion in interior design. I felt immediately at ease and Tony was friendly, open, and engaging. He appeared relaxed as he lay on his couch and animatedly told his story. Having spent three years in institutional "care" from age 13 to 17, Tony narrated his life story without self-pity but with a depth of feeling that reflected his sensitivities and the hurt he had suffered. His home and presentation suggested that he has channelled his aesthetic sensibilities into creative pursuits of fashion and interior design. When asked what he remembered from childhood, Tony's answer reflects an insecure, confusing, and emotionally painful childhood.

Being unhappy. I was very emotional. I can remember in Second Form wanting to jump out the window, crying. I don't know. See I think there was a lot of emotional stuff at home that I'm not fully aware of that went on that affected me. In those days nothing was ever talked about. As children you didn't know what was going on, but you knew something wasn't right. So, you take this baggage to school, and you can't concentrate because you're going through all this shit. And you never know if you got a home or not.

Tony presented as a self-assured, street-smart man with an astute awareness that he has lived a life marked by childhood abuse, abandonment, addiction, and a never-ending search for a home, which has culminated in frequent travels far and wide around the world.

Childhood Before Institutional "Care"

Born to Genevieve and Garry, Tony is the eldest of his two siblings. He never met his grandparents but knew a little about them from his parents' discussions. Tony described an insecure emotional climate in his home with "lots of bad dynamics". His mother had numerous affairs throughout her marriage and "the old man knew what was going on and he took it out on me!". Tony's father was described as "very violent. Physically violent". With reflection and some years in therapy, Tony has reasoned that his father's behaviour and his maternal grandfather's post-war abusive behaviour and abandonment, "all goes back to wars". Aware of the repercussions of untreated trauma, Tony reflected that the government did not do "anything about their mind set and the pubs were full of these men". He linked the intergenerational alcoholism in his family, which he described as "their medicine", to war trauma. He reflected

that his mother's behaviour may be related to her own father's story: "So how could she cope and understand what a father was, what a man was? She never had one!"

Tony grew up in a religious home attending church three mornings a week. He said his parents "fought all the time" but the fights never became physical. He realised his family was "a little bit different" when he would visit his friends' homes. Tony's mother did not like visitors, she did not allow him to engage in normal adolescent activities such as a school dance. Tony believes her parenting style derived from her "Christian Science mixed in with mum's crap from the war".

Tony's parents separated when Tony was aged 13 because his father was tired of his mother's extra-marital relationships. A few months later, Tony was placed in institutional "care". Tony reported the precipitating events clearly, his shock, disbelief and anger not having abated all these years later.

Vagrancy was the law that was used all the time, mingling with others you were picked up for minor things. And I hadn't broken the law! I had a welfare officer come to the family home and sit down just like you are and talk to me and typical, I was 13 and he had a pinstripe suit with little glasses. And he said to me 'tomorrow you'll be appearing at the Children's Court'. I didn't do anything! Mum called him up to come around and talk to me, 'my son's out of control da da da'. That was it. And he said, 'Well tomorrow morning I think you should appear at the Children's Court'. So, I lob up there with mum and I'm charged with the crime of 'uncontrollable behaviour' and got a two-year sentence. It was a very frightening sort of place. I spent two weeks there on remand. Straight from my house. And I had no idea. Nothing.

To this day Tony has no idea what his mother deemed "uncontrollable" about him. The two weeks in remand remain clearly etched in his memory.

It was like the military. You had to get up at 6am. Your bed had to be made like the corners, nurses' corners. Your shirts had to be folded and your pants and you had to line up. Oh, mate it was like I just joined the army! I got my teeth knocked out; and then I'm dragged before the magistrate, and I'm given a two-year sentence in a Boy's Home.

Life During Institutional "Care"

Tony remembered his emotional pain when he was admitted to the Boys' Home. He described massive confusion, being unable to think and concentrate, feelings of fear and anger. He had no recollection of his mother explaining anything to him. His father did not visit him. His

mother's visits were uncomfortable because the 'House parent' who covered up crimes committed against Tony (in the Institution) "always hung around when she was there" making her feel "uneasy". With bitterness Tony recalled he was put to "work" for 60 hours per week for a packet of tobacco.

They had two choices. Either you went to school, or you went to work. Now I can't remember how the money was funded. See they kept banging on to us that our wages helped keep us there. But I found years later that they were funded by NSW and the Federal Government even though they're a Church thing. It was a money maker! We were working for nothing. Slave labour and they were profiting.

He described his helplessness and fear, when he witnessed the 'House parent' who was "six foot something, tall, skinny, very muscular, beat another child to the ground" for allegedly stealing \$2. He recounted that, "I felt sick". It was at his job as a 14-year-old labourer that Tony's supervisor sexually assaulted him on three occasions. Tony was silenced by threats of job loss if he disclosed. He also worried that he would be beaten by the 'House parent'. Tony was in excruciating emotional turmoil. He recalled telling his friends "I can't handle it. This is fucking killing me". Desperate to tell the welfare officers who rarely visited to 'check' on the children, Tony summoned the courage to disclose to the Superintendent of the Home. Despite making a statement to the police, Tony was threatened by the Superintendent, that he would be sent to Tamworth if he pursued the matter.

Tamworth, in New South Wales, was the number one maximum security. 36 of the boys in Tamworth became Australia's most wanted. It was the brutal of most brutal things to go to. We all knew that. That was always the threat.

Tony gave in and said, "I'll do whatever you want". With the greatest irony and disbelief, Tony then reported that he ended up being charged with "three counts of buggery and I got another two years in prison". He was 15. Tony is painfully aware that being accused of homosexuality absolved the Home of the crimes committed against him. He is now in a legal battle "fighting" with the two detectives who wrote the report and falsified documents. The threat of being sent to Tamworth silenced Tony. He knew and "they knew that if I talked about it or did anything wrong, I was off to Tamworth". Tony was given another job where he was again accosted and assaulted by his employer. Thankfully, that man "did a runner" but Tony was now left in a state of hypervigilance: "Living in that anticipation of what could happen. The anxiety of it!".

In the Home, he could not sleep. He used to get woken at two am “to do the floors. You lived on the edge all the time, what’s happening? What’s coming?”. Tony reported that a number of male staff in the Home were involved in paedophile rings. The sexual assault of children was rampant in the Home. Tony recalled a ‘House parent’ who was eventually found hanging in his cell after being charged with hundreds of counts of child abuse. He described senior staff members’ involvement in paedophile rings and said he came to realise that children in the Home were being given to local paedophiles. With incredulous anger, he told me that “these blokes were just in with one another!”

Physical abuse and inhumane punishments, threats and violence were the norm. An atmosphere of terror and anxious anticipation of harm pervaded the Home environment. It was described as “hell”.

Yeah, you had to fight. Yeah, you had things thrown at you and at your head. There was violence. A lot of violence. I nearly lost an eye; I had a plate thrown at me. It was mad. There was terrible violence. When the house parent isn’t looking, shit went on.

Life After Institutional “Care”

Upon leaving the Home at age 17, Tony was employed in the textile industry and moved interstate. He bemoans the loss of education and as an adult would “cringe” or “walk out of a room” if anyone spoke about schooling. He quickly learnt that hard work was important for good mental health, and it was the “thing that saved me”. He also discovered alcohol and became addicted, drinking heavily for 15 years until the age of 30. With the help of Alcoholics Anonymous, he has been sober for 31 years.

With sadness and remorse, Tony reflected on his life after the Home, recounting that “I did a lot of bad things then”. He spoke about joining a violent gang, “the sharpies”, desperate to belong to something or, to some people. He got arrested for breaking and entering and spent time in a remand centre, a place he described as “violent”. He began to have a “track record”. He knew “everybody”. He described the internal changes whereby “I’ve gone from being this fragile 15-year-old, to ‘you look at me and I’ll kill you’”. He had become “hardened up” and it was during this time that Tony met “real gangsters” and realised, “I’m running with the wrong pack here! And I got out of there quick smart”. This was a precarious time. Tony was living rough. He was not allowed back to his mother’s and stepfather’s home, and he had rare contact with his father.

Yet, he somehow realised that “this isn’t right. I can do better than this”. He attributes this sense of good judgment to his Christian upbringing. Throughout these tumultuous years Tony “always worked”. With a keen eye for design, he found success in pattern making and he now has international clients who seek out his own business.

At about the age of 20, Tony discovered that marijuana could take the 'edge' off; it transformed him into a "very placid person". His dress changed and he went from skinhead to hippy and spent the next few years using drugs and living in a "party house". Tony reflected that it was around this time he realised he'd stopped caring about people's feelings. "I just didn't have any feelings". Intimate relationships would not last: "Nothing would last". He found himself drawn to "androgynous" men, feeling safe with their access to their feminine self, the stark opposite of the authoritarian brutish men who ran the Home and prisons in which he had lived.

At age 21, Tony brought a one-way ticket to England where he spent the next two years backpacking around Europe and the Middle East. Thus, began Tony's enduring love of travel. Upon his return to Australia, Tony worked numerous jobs in order to "get out of Australia". On his way, he met his ex-wife Melanie with whom he was married for 20 years. Tony's experience of the marriage was "horrendous", and he described it as a "jail sentence." Tony did not make disparaging remarks about his ex-wife however he was unequivocal about the marriage being "disastrous". He struggled to be with Melanie's extended family which was very large, and he noted that there was alcoholism in Melanie's family as there had been in his family of origin. Tony reported that Melanie would have extra-marital affairs. He admitted his feelings had been shut off some time into the marriage and he felt numb about Melanie's behaviour. The constant fighting wore him and the children down. He realised he had to leave the marriage because it was also "destroying" the three children they had. He recalled feeling desperately unhappy. Melanie maintained Tony suffered depression, however he denied this and threw himself into work, becoming a "workaholic". He now takes antidepressants to manage his low moods and anxiety.

Up until his mid-40s, Tony had repressed many of his experiences from the Homes, "I just squashed it. Covered it up". It was not until a former inmate from the Home reminded him of the severity of abuse he suffered, that Tony became enraged and a frenzied indignation of the injustices he had suffered engulfed him, so intense that he "could have ripped the house apart". Tony sought a case worker and worked hard to receive some compensation. Going to court cases and hearing other priests being charged and convicted for abuse provided little justice. It was too much, because "it's in your face". His confusion and fear regarding parenting and relationships were evident.

Frightened of the responsibilities I had. I had these three kids, and I didn't know how to be myself. I used to go to the shed and go 'What's wrong? Why is this marriage not working? And why did the last relationship not work?' I'd ask myself these things and never had the answers!

Marriage felt like a re-experiencing of his time in the Boys' Home where he had been frequently chided for having "no good qualities". Tony said he had "learnt to be downtrodden". Tony was insightful about the repetition of trauma: "It's the same sort of pattern of treatment that you always put me down. Because [the 'House parent'] put me down. Then I married someone who put me down". Tony has been in and out of relationships but has found it difficult to commit on a long-term basis. He admits he will "always walk away. I'm the one who leaves. Most blokes can't do it. I have to. It gets to a point that I have to". Relationships have hurt from the beginning of life.

Tony eventually qualified as an interior designer, a job in which he found success. He reflected that "I think I've found more investment and passion and interest in items than I have in humans". Tony's personality and charm, indeed his life experiences, taught him to be able "to buy and sell and wheel and deal". The years in institutional "care" taught him to "weave in and out of things by talking. That was my saving grace. In so many occasions in my life, I've talked my way out of situations".

Tony firmly believes that his health problems are related to the experiences in institutional "care". He has suffered serious health issues that include liver failure, Hepatitis C, collapsed lung, renal failure. Some years ago, he was advised that he had six months left to live. He attributes these illnesses to alcohol where he emphatically stated, "I drank to forget". Whilst he no longer uses alcohol to self-soothe, Tony now copes by smoking marijuana which he states "numbs" him and helps "calm me down". Insomnia is agonisingly persistent. Tony can only sleep by taking medication which he has done so for over 15 years. Without it, he is awake till the early hours. Nightmares come and go. Tony worried that after our interview he would "have a dream about [the Home]".

Intimate relationships were always a struggle and continue to be so. He lamented that "I can't commit; I don't trust anyone enough". Life feels like a struggle. With woeful confusion he agonised over existential anxieties.

These are the things that have affected me long term that I don't understand. They've had such a deep impact. They're not very clear. There's no answer to them. You know, why did my marriage go wrong? Why did that go wrong? Why have I lost everything several times over? It's because I get to the point where it all breaks down again until the next round of whoever and whatever.

To this end, Tony is drawn to travel. He remembers that as a child he would tell himself that "I'm not from here! I'm not from here!" He spends many months of the year abroad, mainly in Asia where he feels "suited to village life". Most of Tony's friends are Europeans and he finds

non-Anglo centric cultures beautiful and inspiring. Tony does not feel alone in this regard. He believes that it is common for “care” leavers to travel and live across several countries. Tony is unsure of his motivations or what drives him to leave – he just knows he has to. It does not seem he has a conscious choice.

Fear of future institutionalisation is pervasive. When Tony was hospitalised with six months left to live (prior to receiving a liver transplant), he “checked” himself out four months early. He could not bear to be in a hospital, recounting that “I couldn’t be in there. I can’t do it. I can’t do it. They told me you can’t leave but I did. I couldn’t stand it”. He lacked insight back then as to why that medical institution disturbed him so deeply. He now realises that his fear of it was related to his experiences in the Home and the prisons. Whilst Tony presented as stoic on the outside, his internal torment makes itself felt through painful contemplations.

It’s been very dark. Very dark. I can still do it here. I sit here isolated days on end. And you know what she’d say to me at CASA ‘it’s not your fault’. It took her 1000 times for her to bang that into my head because you don’t know anything else. She kept saying, ‘None of this was your fault’ and I’d be saying, ‘Really?’. Like deep inside ‘really?’. Because you’re just so conditioned to it you don’t think. And I can still be really isolated here. Yeah, I can talk, and I can go for coffee and chat, but I can also be very isolated. It’s two extremes. I’ve never worked with anyone. I’ve always worked on my own. That’s restricted me. And yet I can be in Vietnam and be the life of the party! There’s two parts of me. Look, I’m the one they all love over there. I’m great fun!

For many years Tony was silenced. He felt “no one” helped him during his time in “care”. The loneliness was palpable. For nearly 40 years he kept quiet until he met Leonie Sheedy at a Royal Commission gathering. Leonie was the first person he met who knew about the Boys’ Home in which he had been housed. Her awareness brought with it the realisation of “all the stuff I’ve hidden” but it proved to be a healing experience. He was not alone anymore. He had finally found a witness that believed and could bear his horrific experiences. He could now advocate for himself.

Tony’s relationship with his parents remained fractured all his life and his contact with them was intermittent. His father passed away in 2001 never having apologised to Tony for his physical abuse of him. Tony is forgiving and he reasoned that Garry’s “upbringing and stuff” precluded him from expressing loving feelings. Tony’s mother eventually moved overseas. He speculates now that his mother probably didn’t want children. Tony’s mother is now living in Australia and much to Tony’s chagrin, she is extremely religious. He wonders whether she

“hides” behind the religion. Ultimately, he said, “she’s never with the feelings”. He said he did not feel she was attuned with him as a child, and this has sadly remained unchanged.

Parenting

Parenting has been difficult for Tony. He has three children, Fran 31 years, Layla 30 years and Daniel 27 years. Photos of them are displayed on the mantel piece and Tony proudly showed me each child. He attributes some of his parenting difficulties to context. When Fran was born, Tony was in the early stages of recovery from alcohol addiction. He said, “Fran copped it”. He explained that at that time, “my nerves are raw. I’m learning to live without alcohol so that transitional period was pretty tough”. Tony sadly reflected that during this period he physically punished Fran.

Tony was desperately unhappy in his marriage, and he found himself “reactive”. He worked hard and was committed to paying for schooling and activities but emotionally he struggled to parent when he was so unhappy. Tony struggled to specify which aspect of parenting he found difficult, and he sighed heavily as he thought about his response.

There are so many areas of it. Well, you know, I didn’t think it so much when they were little but now that the two girls won’t talk to me and now, I think maybe I did impact their lives in a really negative way that I didn’t realise at the time.

Tony’s daughters have been estranged from him for some time. He was “best mates” with Layla, but she hasn’t spoken with him for two years. He remains at a loss as to why and any reflection on parenting left Tony feeling despondently baffled. He sighed heavily, struggling to complete his sentences. About what has gone awry in his relationship with his children, he lamented “I don’t know. I just don’t know!” His relationship with Daniel was tenuous and is now beginning to mend so much that Tony let him know about this interview. By the time of our interview, their relationship was strained again.

Tony is certain that the impact of institutional “care” on his parenting was “terrible. It was terrible. I’m trying to find words...”. His voice trailed off, leaving the sentence incomplete. Sighing, he reported that he found parenting challenging in “so many areas” but it is more in hindsight that Tony realised his parenting negatively impacted his relationship with his children because of his daughters’ estrangement. He wondered whether they are upset at his use of marijuana or perhaps because of a comment he had made about Layla’s partner or whether Fran’s mental health issues changed things because “she dropped off everybody. Not just me. Everybody.” Tony said that Layla suffers from depression and anxiety for which she takes

medication. He believes Fran also suffers from depression and anxiety and that Daniel “drinks and gambles”.

When the children were growing up, Tony “did the opposite” of what his father did. He “hung out” with the children “all the time”. Although Tony’s recall of parenting was vague, some good memories remain.

I used to make them laugh. I used to have fun with them. I was the fun one. We had a mat in the kitchen, and we’d play push offs and all this stuff. And Melanie would be the disciplinary one. I was the fun dad; I was the provider.

Quietly, he said, “I was no good at parenting.” The parenting skills he learnt were gained from watching his ex-wife’s extended family. He is painfully aware that, “I had nothing to work off!” He wished parenting could come naturally but it didn’t. He was “mimicking” his brother in laws “wishing” to be “a bit like that but I didn’t have it! I just couldn’t do it”.

Tony said that his children have heard about his history from him but “in the angry way”. He recalled his daughter Layla attending a CLAN meeting where he “lost it” at a politician who was present at this meeting. Tony felt that Layla “didn’t understand” and told him not to be rude. Tony recalled the frustration he had felt. He was indignant when he told her to “Shut up! This is raw stuff here!” The children were not aware of their father’s history when they were growing up. Tony waited until Layla was about 15 when he started to “tell her a few things” following some interest she had shown in his childhood. She knew the most because Tony was closest to her, and she had been shocked at what she heard. To Daniel, he said “bits and bits”. Tony felt that Daniel was indifferent to Tony’s story: “He was sort of like ‘whatever’”.

Tony maintained that his reluctance to tell the children was not specific to them. Indeed, he was emphatic, that “I never talked about it to anyone”. He does not know how his children see him as a parent now and his grief at the loss of relationship with them and the confusion that comes with it was palpable. He reflected that he was parenting “totally in braille!” He is however able to commend himself on being a hard-working dad who paid for all the children’s schooling, and extra-curricular activities, and he hopes his children will remember that.

Concluding Thoughts

As Tony makes his way into his late 60s, he said he is feeling he is finally starting to understand himself more. He had two years of therapy with a CASA counsellor who was “amazing”, and he found it transformative and incredibly moving to have his pain witnessed. However, the impact of the experiences in institutional “care” are long-standing and remain ever present. They reverberate in the questions he cannot answer about where life has gone amiss. It

is puzzling, a disorienting mystery, to make the links of how and why relationships are so hard to manage. He has tried desperately to understand the patterns of his life, trying to connect the dots, but they remain elusive, “in the dark”.

Despite the emotional hardships and the intense confusion, Tony has had many successes in his line of work. He cherishes his independence and his friendships. He is a “go-getter” who is adaptable and street-smart using his intense focus and work ethic to achieve his goals and to live the best life he can. Tony is no longer silenced. He has been interviewed and appeared on television, in newspapers and on the radio. He believes that due to institutional “care”, he developed “a personality of how to handle people”. He learnt how “to cope with different situations” and “how to get out of things”.

Tony’s love of travelling and immersing himself in other cultures serves not only as an escape; it offers the opportunity and hope of finding a place where he feels at home. He now has friends and loved ones in other countries, his curiosity and charm helping him attract people with whom he can feel some belonging. Ultimately, Tony said that he feels that it is other “care” leavers, friends from CLAN, that help him the most. He seeks the comfort of those who’ve been there because the shared understanding between survivors does not need words.



RECRUITMENT FLYER

INVITATION TO PARTICIPATE IN RESEARCH

Title of Project: EXAMINING THE INTERGENERATIONAL TRANSMISSION OF TRAUMA IN ADULTS WHO WERE RAISED IN AUSTRALIAN ORPHANAGES/CHILDREN'S HOMES

If you lived in an Australian orphanage or children's home before 1974, when you were under 13 years of age and you are an Australian born non-Indigenous person, I would like to invite you to participate in my PhD research project.

I am interested in understanding how growing up in institutional care affected survivors' parenting and their relationships with their children. I would like to interview the survivors of institutional care and one of their adult children so I can better understand how a parent's history of life in institutional care may have been transmitted to their relationship with their child and how the child understood their parent's experience (of life in institutional care). With the information you (the care leaver) shares, I will write the story of your life. If you like, I will give you a bound copy of this story.

My name is Mary Raftopoulos and I am the researcher in this project. I am a psychologist, play therapist and sandplay therapist. I work as a senior psychologist for the Royal Children's Hospital, Gatehouse Centre for the Assessment and Treatment of Child Abuse. Some of my work involves providing treatment for children in care and all of my work is about helping families and children cope with abuse. This PhD project is being conducted under the supervision of Dr Peter McKenzie (Family Therapist and Anthropologist) of the Bouverie Centre which is a part of the School of Psychology and Public Health at La Trobe University.

If you are interested in or would like to participate or want to discuss any aspect of the research project you can contact me on Raftopoulos.m@students.latrobe.edu.au. If this is not possible, please ask to **leave a voicemail** message including your name and contact number, for Dr Peter McKenzie (my supervisor) on 9385 5100, expressing your interest in participating or with any

questions you might have. He will let me know of your call and I will get back to you as soon as possible.

Thank you,

Mary Raftopoulos

PhD Candidate

School of Psychology and Public Health

La Trobe University

Appendix K: Letter of Introduction



LETTER OF INTRODUCTION

Date:

Dear:

Thank you for your phone call/email indicating your interest to be 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. If you choose to participate, please contact me and we can arrange to meet, review and sign the consent form and begin our interviews.

If you have any further queries, please contact me on: 9385 5100 or please email Raftopoulos.m@students.latrobe.edu.au

Mary Raftopoulos
PhD Candidate
School of Psychology and Public Health
La Trobe University

Appendix L: Participant Information Statement



Research and Graduate Studies Committee

University Human Ethics Committee

PARTICIPANT INFORMATION STATEMENT

Title of Project: EXAMINING THE INTERGENERATIONAL TRANSMISSION OF TRAUMA IN ADULTS WHO WERE RAISED IN AUSTRALIAN ORPHANAGES/CHILDREN'S HOMES

1. Name of researcher, course of study and supervisor: My name is Mary Raftopoulos and I am the researcher in this project. I am a psychologist, play therapist and sandplay therapist who works as a senior psychologist for the Royal Children's Hospital, Gatehouse Centre for the Assessment and Treatment of Child Abuse. This PhD project is being conducted under the supervision of Dr Peter McKenzie (Family Therapist, Anthropologist) of the Bouverie Centre which is a part of the School of Psychology and Public Health at La Trobe University.

2. What is this research about? I am interested in understanding how growing up in Australian Orphanages/Children's Homes affected survivors' parenting and their relationships with their children. I am interested in interviewing the survivors of institutional care (orphanages/children's homes) and one of their adult children so I can better understand how a parent's history of life in an institution may have been transmitted to their relationship with their child and how the child understood their parent's experience (of life in the institution). My interest is also in the unconscious dynamics that occur in families and between the participants and researcher. This allows me to get a deeper understanding of the impact of institutional care than would be otherwise possible. I am also interested in exploring what, if anything, made a positive difference to care leavers during their time in the institutional care.

I am interested in your experiences so there are no right or wrong answers in the interviews. I have some broad interview questions and some more specific ones. You can choose to not answer questions if you wish. You can give as little or as much information as you feel comfortable in sharing. You may choose to show me documents or photos or any mementos. This is totally up to you.

For the care leavers: I am interested in your history of care and your experiences of life in institutional care and how you believe those experiences impacted your life (e.g., your health, relationships, your outlook on life). I am interested in understanding how you feel your experiences affected your parenting and the relationships you have with your children. I am also interested to explore if there was anything or anyone in the institution you were raised that may have made a positive difference in your life and helped you with regards to parenting.

For the adult children: I am interested in your experiences of childhood and your experiences of being parented by a parent who was raised in institutional care. I am also interested in how you feel your parent's experience in institutional care impacted their life and their parenting. And I am interested in understanding how you feel your parent's story has impacted you and your ideas about family and parenting.

3. Who is eligible to participate in this research? If you are:

- a)** Australian born and non-indigenous
- b)** Reside in Victoria
- c)** Were a resident in Australian institutional care/orphanages/children's homes prior to 1974 and you were under 13 years old when placed in institutional care
- d)** A person who identifies with the experience of trauma related to being raised in institutional care
- e)** Have one adult child (i.e., over 18yrs) who is willing to be interviewed for this research and who also resides in Victoria

4. If you choose to participate, what can you expect? If you agree to be a participant you and your adult child will be asked to participate in one to three face to face interviews at a time and place convenient to you (either in your home or an interview room at the Bouverie Centre, La Trobe University). The interviews between parent and child will be held separately. They do not have to occur on the same day or in the same place. What is said in the interviews is confidential and will not be shared with parent or child (unless either parent or child agrees for it to be shared). The interviews will last for approximately 60 to 90 minutes. I may offer reflective or interpretative comments to which you can respond the way you want including not responding at all. The interviews will be audio recorded and then transcribed by me. I will conduct up to three interviews because there might be lots to cover and I do not want participants to feel rushed. You will be able to reflect on what you have said and add to it, change it or ask me to remove particular comments.

With your permission, I will make a follow up phone call to you one to two days after each interview to 'check in' in case you have experienced distress.

With the information that you (the care leaver) share, I will write the story of your life. At your request, I will give you a bound copy of this story.

5. What if you experience discomfort, distress, sadness, anxiety before, during or after the interview? Although the questions I ask are not intended to cause any distress, it is possible that an interview may bring up some things that are difficult. The research may evoke powerful emotions including experiences of anxiety (e.g., worry, distressing memory experiences), sadness, depression, anger, grief and somatic complaints. If this happens and you would like to discuss it with me, I am able to listen. I will ask you what will be most helpful for you at that point. If you are experiencing a medical emergency that needs immediate attention, I will contact the relevant services immediately. If you wish to speak to someone about it later, I will be able to refer you to professional counselling. I will endeavour to provide a safe comfortable environment for you to share your story. I am a psychologist and therapist who has worked with abused children and their families for over 10 years so I am aware of when a person needs to slow down, take a break or stop an interview. I am very experienced in hearing difficult stories so I understand that sharing might take some time. Expressions of emotions (e.g., grief, sadness or anger) will be accepted and responded to with sensitivity and compassion. You have the right to stop, take a break or not answer questions at any time. You also have the right to withdraw from the research at any time without negative consequences. You can withdraw any information you have shared from the research up to 4 weeks following the completion of your participation.

6. How will the information you give be used? The information you share will be analysed using a narrative and psychoanalytic framework. The information you provide me will be used to construct my PhD thesis for the School of Psychology and Public Health at La Trobe University. The research project will take the form of a written thesis that will be kept in the University library. I may also write professional research articles and deliver presentations (e.g., at conferences or in educational settings), about the research to raise awareness and share insights about care leavers' experiences.

7. Procedures to ensure security and confidentiality of data: Any information that is obtained in connection with this study and that can identify you will remain confidential unless, as required

by law, disclosure is necessary to lessen or prevent a serious threat to public health or public safety or your health and safety. I will maintain your confidentiality of participants by using pseudonyms that you choose. Once your interview is transcribed by me, all identifying information will be removed from it and the processed information will be stored without any identifying components. Nobody else will have access to your information. It will be stored electronically in a password protected file which is secured on a password protected computer that is used exclusively by me. Upon completion of the thesis, the information you shared will be stored securely at the Bouverie Centre, La Trobe University for 7 years according to national standards of ethical research. After that, all information regarding participant interviews/transcripts will be stored at the La Trobe University Research Repository. You will not be identified in my PhD thesis or in any research paper I write or presentation I make concerning this study.

You will have an opportunity to see and comment on the transcript of your interviews once they have been transcribed and prior to submission of the thesis or publication of papers/presentations.

8. Summary of results: After my PhD is submitted, I will contact you to offer you a summary of the findings. If you would like this, I will prepare the summary and send it to you.

9. Benefits of this research: Many care leavers have expressed concerns that their experiences in institutional care have negatively affected their relationships, their parenting and their children. It is therefore important to understand how this has happened and find ways to help not only survivors but their children too.

10. Can you stop participating or withdraw from the research? You can stop the interviews and withdraw yourself from the study at any time without penalty or adverse consequence. You can withdraw your data up to four weeks following the completion of your participation in the research.

11. What if you have any questions or need more information? Any questions regarding this project may be directed to me (Mary Raftopoulos) or to my supervisor, Dr Peter McKenzie, of the School of Psychology and Public Health, La Trobe University on 9385 5100.

13. If you wish to make a complaint or have any concerns: If you have any complaints or concerns about your participation in the study that I have not been able to answer to your satisfaction, you may contact the Senior Human Ethics Officer, Ethics and Integrity, Research

Office, La Trobe University, Victoria, 3086 (ph: 9479 1443; email: humanethics@latrobe.edu.au).
Please quote the application reference number HEC 16-072.

14. Withdrawal of consent from the research: You have the right to withdraw from active participation in this project at any time. You may also request that data arising from your participation are not used in the research project provided that this right is exercised within four weeks of the completion of your participation in the project. You are asked to complete the “Withdrawal of Consent Form” or to notify me (the student researcher) by email or telephone that you wish to withdraw your consent for your data to be used in this research project.

Appendix M: Invitation Letter to Key Informants



INVITATION LETTER TO KEY INFORMANTS

Date:

Dear:

My name is Mary Raftopoulos and I am the researcher in a PhD project titled ***Examining the intergenerational transmission of trauma in adults who were raised in orphanages***. I am a psychologist, play therapist and sandplay therapist who works as a senior psychologist for the Royal Children's Hospital, Gatehouse Centre for the Assessment and Treatment of Child Abuse. This PhD project is being conducted under the supervision of Dr Peter McKenzie (Family Therapist, Anthropologist) of the Bouverie Centre which is a part of the School of Psychology and Public Health at La Trobe University.

What is this research about? I am interested in understanding how growing up in Australian Orphanages/Children's Homes affected survivors' parenting and their relationships with their children. I am interested in interviewing the survivors of institutional care (orphanages/children's homes) and one of their adult children so I can better understand how a parent's history of life in an institution may have been transmitted to their relationship with their child and how the child understood their parent's experience (of life in the institution). My interest is also in the unconscious dynamics that occur in families and between the participants and researcher. This allows me to get a deeper understanding of the impact of institutional care than would be otherwise possible. I am also interested in exploring what, if anything, made a positive difference to care leavers during their time in the institutional care.

My aim is to interview 5 – 8 parent/child dyads. The criteria for eligibility for participants are people who are:

- a) Australian born and non-Indigenous
- b) Reside in Victoria

- c) Were a resident in Australian institutional care/orphanages/children's homes prior to 1974 and you were under 13 years old when placed in institutional care
- d) A person who identifies with the experience of trauma related to being raised in institutional care
- e) Have one adult child (i.e., over 18yrs) who is willing to be interviewed for this research and who also resides in Victoria

In addition to hearing from parent/child dyads, I am also interested in the insights of people with relevant experience and knowledge in the area of orphanage "care" and survival. I would like to capture and understand cultural meanings, beliefs and perspectives of care leavers as a broad group (beyond the participants I interview in depth). I feel that speaking with Key Informants will add depth, insight, context and perspective to my research.

Because of your experience in this area, I would like to invite you to participate in an interview with me. The interview will include questions regarding your research and/or experience of care leavers from orphanages/children's homes, the cultural landscape in Australia that led to the Senate Inquiry *'Forgotten Australians'*, your experiences of care leavers' stories and the development and creation of support agencies such as the Care Leavers Australia Network (CLAN). Your insights may identify areas for further research and exploration in this area as well as highlight important recommendations for meeting the future needs of care leavers and their children.

I will send you a copy of the summary of my research findings once that is complete.

I appreciate the time that you will take out of your schedule to speak with me. I consider this project as an important contribution to the field of understanding the impact of out of home care for people raised in children's homes or orphanages and the consequences of this "care" on future generations.

If you would like to participate and/or have any questions, please email Raftopoulos.m@students.latrobe.edu.au.

Mary Raftopoulos
PhD Candidate
School of Psychology and Public Health
La Trobe University

Appendix N: Key Informant: Consent Form



KEY INFORMANTS CONSENT FORM

Title of Project: EXAMINING THE INTERGENERATIONAL TRANSMISSION OF TRAUMA IN ADULTS WHO WERE RAISED IN AUSTRALIAN ORPHANAGES/CHILDREN'S HOMES

I _____ (the Key Informant) have read (or, where appropriate, have had read to me) and understood in the Letter to Key Informants and the Key Informants Interview Schedule, and any questions I have asked have been answered to my satisfaction. I understand that even though I agree to be involved in this project, I can withdraw from the study at any time, and can withdraw my data up to four weeks following the completion of my participation in the research. Further, in withdrawing from the study, I can request that no information from my involvement be used. I agree that research data provided by me or with my permission during the project may be included in a thesis, presented at conferences and published in journals on the condition that neither my name nor any other identifying information is used.

Name of Participant _____ **(block letters):**

Signature:

Date:

Name of Investigator _____ **(block letters):**

Signature:

Date:

Name of Student Supervisor _____ **(block letters):**

Signature:

Date:

Appendix O: Key Informant: Withdrawal of Consent for Use of Data Form



KEY INFORMANTS - WITHDRAWAL OF CONSENT FOR USE OF DATA FORM

This form is to be used by Key Informants who wish to withdraw consent for the use of unprocessed research data.

Project Title: EXAMINING THE INTERGENERATIONAL TRANSMISSION OF TRAUMA IN ADULTS WHO WERE RAISED IN AUSTRALIAN ORPHANAGES/CHILDREN'S HOMES

I, _____ (the key informant) wish to WITHDRAW my consent to the use of data arising from my participation. Data arising from my participation must NOT be used in this research project as described in the Information and Consent Form. I understand that data arising from my participation will be destroyed provided this request is received within four weeks of the completion of my participation in this project. I understand that this notification will be retained together with my consent form as evidence of the withdrawal of my consent to use the data I have provided specifically for this research project.

Key Informant's name (printed):

.....

Signature:

.....

Date:

Appendix P: Key Informants: Interview Schedule



KEY INFORMANTS INTERVIEW SCHEDULE

1. What is your area of research/expertise/interest in the history of orphanage/children's homes; and care leavers' experiences?
2. What is your understanding of the cultural landscape that led to the Senate Inquiry on *'Forgotten Australians'*?
3. What is your knowledge around the beginnings of advocacy groups/organisations for supporting for care leavers?
4. What is your experience and understanding of care leavers and their children's needs?
5. What do you believe will be the future needs of care leavers and their children?
6. Do you have any advice/suggestions/recommendations for me as I undertake my recruitment/interviews with care leavers and their children?
7. Do you have any other comments or feedback you would like to make?

Appendix Q: Participant Consent Form



CONSENT FORM

Title of Project: EXAMINING THE INTERGENERATIONAL TRANSMISSION OF TRAUMA IN ADULTS WHO WERE RAISED IN AUSTRALIAN ORPHANAGES/CHILDREN'S HOMES

I _____ (the participant) have read (or, where appropriate, have had read to me) and understood the participant information statement and consent form, and any questions I have asked have been answered to my satisfaction. I understand that even though I agree to be involved in this project, I can withdraw from the study at any time, and can withdraw my data up to four weeks following the completion of my participation in the research. Further, in withdrawing from the study, I can request that no information from my involvement be used. I agree that research data provided by me or with my permission during the project may be included in a thesis, presented at conferences and published in journals on the condition that neither my name nor any other identifying information is used.

Name of Participant _____ **(block letters):**

Signature:

Date:

Name of Investigator _____ **(block letters):**

Signature:

Date:

Name of Student Supervisor _____ **(block letters):**

Signature:

Date:

Appendix R: Participant Withdrawal of Consent Form



WITHDRAWAL OF CONSENT FOR USE OF DATA

This form is to be used by participants who wish to withdraw consent for the use of unprocessed research data.

Project Title: EXAMINING THE INTERGENERATIONAL TRANSMISSION OF TRAUMA IN ADULTS WHO WERE RAISED IN AUSTRALIAN ORPHANAGES/CHILDREN'S HOMES

I, _____ (the participant) wish to WITHDRAW my consent to the use of data arising from my participation. Data arising from my participation must NOT be used in this research project as described in the Information and Consent Form. I understand that data arising from my participation will be destroyed provided this request is received within four weeks of the completion of my participation in this project. I understand that this notification will be retained together with my consent form as evidence of the withdrawal of my consent to use the data I have provided specifically for this research project.

Participant's name (printed):

.....

Signature:

.....

Date:

Appendix S: Participant Interview Schedule



Social characteristics:

Gender:

Age now:

Age when placed in care:

Age when discharged from care:

Type of institutional care:

Genogram (2 - 3 generations):

Current employment:

For the Adult Children - General question: 'When I say childhood, what is it you most remember?'

1. What do you know about your parent's history of care as a child?
2. How do you think that experience impacted their life? E.g., their health (physical and mental health); their relationships; work; their outlook on life.
3. How do you think their experience of care influenced their parenting and their relationship with you? Can you provide some examples?
4. What do you wish you knew more of? Less of?
5. What difference do you think knowing those things would have made to your perception of your parent and your relationship to them?
6. How do you believe your parent dealt with personal difficulties in their life?
7. Do you think that's related to their care experience? Why/Why not?
8. How do you feel your parent's story (in care) has impacted you? Your own ideas about family, how you parent, thoughts, and feelings about life?
9. Is there anything else you would like to add?
10. How was it for you to be talking with me in this way?
11. Do you have any questions for me as we finish up?

Remind they can withdraw from research at any time.

Thank participant for their time and willingness to share their experiences with me.

For the Parents

General questions: 'When I say childhood, what is it you most remember?'

1. Can you describe your history of care?
2. Could you tell me about your life before care?
3. How did you end up in care?
4. How did you cope/survive?
5. How do you feel this has impacted your life? Your health (mental and physical); your relationships; your work; your outlook on life
6. How do you deal with personal difficulties?
7. How do you think your history of care affects how you have dealt with personal difficulties?
8. How much does your child know about your history of care?
9. How do you think your history of care has impacted your parenting? E.g., thoughts, attitude, abilities, parenting skills
10. How do you think your history of care has impacted your relationship with your children?
11. How do you feel your child sees you as a parent?
12. What or whom (if anyone) helped you when you were in care? How did it/they help?
13. What did you draw upon to help you with parenting?
14. Do you have any advice for counsellors/residential workers who are working with children in care?
15. Is there anything else you'd like to add?
16. How was it for you to be talking with me in this way?
17. Do you have any questions for me as we finish up?

Remind they can withdraw from research at any time.

Thank participant for their time and willingness to share their experiences with me.

Appendix T - Ethical Considerations: Finding a Balance Between Risks and Benefits of Research with a Vulnerable Population

In-depth interviews about sensitive topics with vulnerable participants raise several ethical concerns, including how interviews will evoke powerful and possibly, painful emotions. This concern informed my approach to the research because I anticipated the interviews would delve deeply into difficult personal experiences and interviews conducted with former “care” leavers are considered “sensitive research” (Michell, 2019). In a thorough review and critique of issues of reciprocity and risks during unstructured interviews around sensitive topics, Corbin and Morse (2003) concluded that whilst participant distress is always a possibility, the evidence indicates that this distress is not any greater than distress present in everyday life; it does not require follow-up counselling nor do interviews cause long term harm. Qualitative interviews can offer a sense of catharsis and validation, contribute to a sense of purpose and increased self-awareness, enhance empowerment, promote introspection and healing, and give voice to the voiceless and disenfranchised (Hutchinson et al., 1994; Josselson, 2007, Michell, 2019).

Nonetheless, my choice of methodology required me to consider “care” leavers’ ‘need to tell’ their story (and be believed), against the inherent asymmetrical power differentials in a research interview. As Brinkmann and Kvale (2005) note, it is the interviewer’s research project and knowledge interest that set the agenda; the questions are a means for serving the researcher’s ends; and interviewers may use subtle therapeutic techniques to go beyond the participant’s defences. Some authors (e.g., Duncombe & Jessop, 2002) argue that warm empathic interviews are ethically questionable because they may “fake friendship” and “do rapport” to obtain knowledge. Where there is trust established, a participant may reveal more than they might have planned and may later regret doing so (Larossa et al., 1981). However, as Corbin and Morse (2003) point out, it is the essence of trust and conversational intimacy that creates both the risks and the potential therapeutic benefits of interviewing.

The risks of taking people ‘too far’ are mitigated by a skillful trained researcher who is able to judge and respond to the emotional state of the participant (Corbin & Morse, 2003). I was well versed in applying the guidelines suggested for minimizing the distress associated with interviews: e.g., pacing, taking breaks, postponing painful discussions, and terminating interviews when they are distressing (Kavanaugh & Ayres, 1998). I have well developed qualities of a good interviewer such as authenticity, credibility, intuitiveness, receptivity, and reciprocity because they are integral to my training and therapeutic practice (Rew et al., 1993). A decade of clinical work specialising in childhood trauma has helped me feel very comfortable in dealing with complex and painful emotions, necessary qualities of the narrative researcher (Josselson,

2007). Although my professional role and experience as a psychologist may have led to the perception that I was the 'expert', my methodology aimed to treat the participants as the experts and the interview process was oriented to teach me something (Josselson, 2007).

The participants' responses to being interviewed.

All participants approached me and the interview experience with warmth and openness. All were hospitable. Many expressed care and concern about the impact their stories of abuse may have on me. I, in turn, felt moved by the humanity shown to me by their concern; despite having experienced so much hurt in their lives, especially by figures in authority. When I saw four participants at a CLAN event three years after our interviews had occurred, they greeted me warmly, eager to share with me news about their children, upcoming holidays, and their advocacy for "care" leavers. Some continued to stay in contact in the years following the interviews and have let me know that their relationships with their children include regular contact welcomed by them and their children.

Appendix U: Steps Taken to Enhance Safety and Mitigate Risks for Participants

Corbin and Morse (2003) advise that informed consent demands a clear explanation about the research and gives participants the authority to withdraw from the research at any time. All participants were given a Participant Information Statement when they enquired about the research. Its details, including the possible risks and how they would be dealt with, were discussed again in the first face to face meeting. At the beginning of the first meeting participants were given a Debrief Sheet and a List of Counselling Support Services in their local area (see Appendix V) should the interview evoke distress and they were unable or did not wish to contact me or my supervisor. Participants signed consent forms and were also given a Withdrawal of Consent form. A Risk Management Plan was put in place for risk management issues in the event that participants became psychologically distressed during or after the interviews (see Appendix W).

Participants were assured they could withdraw participation and/or answer “no” or use other nonverbal signals to indicate they do not wish to reply to questions. Participants were assured their silences would be respected and that they would not be questioned about their refusal to answer questions. When participants became emotional during the interviews, I offered the choice of continuing, changing the topic or terminating (Corbin & Morse, 2003). I monitored participant distress by observation of body language, gaze avoidance, evasion of questions, indications of agitation or discomfort and by verbally checking in (Lincoln & Guba, 1985). I knew from personal and professional experience that people will not disclose information unless they are safe; psychic defences become activated if a person feels a threat is imminent (Hollway & Jefferson, 2013). Moreover, those uncomfortable or distrustful of the interview process usually refuse to participate (Corbin & Morse, 2003). None of the participants chose to terminate or withdraw their consent. Some chose to change topics, whilst others took a few minutes to calm themselves before continuing.

Participants were offered the option of contacting me or my supervisor should they have further enquiries or wish to complain. None of the participants contacted either myself or my supervisor to complain or with further queries. As per Brzuzy et al.’s (1997) guidance, I offered to contact participants one to two days after an interview to determine if there was lingering distress. Only two participants (one mother and her daughter) agreed to a follow up call. The remaining participants told me they had adequate support, or they had learnt to cope through years of dealing with their experiences.

Appendix V: Debrief Sheet with List of Counselling and Support Services



DEBRIEFING SHEET WITH LIST OF COUNSELLING AND SUPPORT SERVICES.

Thank you for participating as a research participant in the present study concerning your experience as a care leaver parent or your experience as the child of a care leaver. If you have any questions regarding this study, please feel free to ask me (or email me on Raftopoulos.m@students.latrobe.edu.au to contact my supervisor, Dr Peter McKenzie on 9385 5100 or at P.McKenzie@latrobe.edu.au.

Discussing childhood experiences can be difficult. In the event that you feel psychologically distressed (for example, you experience discomfort, sadness, anxiety, grief, anger, somatic complaints, depression) by participation in this study, I encourage you to call or email me or my supervisor Dr Peter McKenzie and we will be able to refer you to professional counselling. If you are feeling distressed and are unable or do not wish to contact a person associated with this study, please see below for a list of counselling and support services available to care leavers. These services are free of charge.

1800 Respect

www.1800respect.org.au

This is 24/7 telephone and online crisis counselling, information and referral for anyone in Australia who has experienced or been impacted by sexual assault, domestic or family violence. It is staffed by trauma specialist counsellors.

Ph: 1800 737 732

Online Counselling: www.1800respect.org.au

Blue Knot Foundation

www.blueknot.org.au

This is a national professional phone counselling, information and support service for adult survivors of child abuse.

Ph: 1300 657 380 (9am – 5pm, Monday to Sunday)

Email: helpline@blueknot.org.au

Bouverie Centre, La Trobe University

The Bouverie Centre: Victoria's Family Institute is a state-wide provider of family-based therapy who see a range of different families, especially those experiencing mental health issues, alcohol and other drug related problems, acquired brain injury (ABI) and/or complex and traumatic circumstances.

8 Gardiner Street, Brunswick

Ph: 9385 5100

Bravehearts

www.bravehearts.org.au

This is a specialist case management, counselling and telephone counselling for child and adult survivors of sexual abuse.

Ph: 1800 272 831 (8am – 8pm, Monday to Friday)

Care Leavers Australia Network (CLAN)

CLAN is a support group for people who were state wards, foster children or ex-residents of institutions.

Ph: 1800 008 774 (Free call)

Email: support@clan.org.au

CASA – Centres against sexual assault and the sexual assault crisis line for victims/survivors

www.casa.org.au

The Victorian (Australia) Centres Against Sexual Assault (CASAs) are non-profit, government funded organisations that provide support and intervention to women, children and men who are victim/survivors of sexual assault. There are 15 CASAs across the state of Victoria and the Victorian Sexual Assault Crisis Line (after hours). They offer free, confidential 24-hour emergency or crisis care for victim/survivors of sexual assault. This includes crisis counselling support, access to medical care and legal services as well as counselling support for adults who were abused in their childhood.

Ph: 1800 806 292

In Good Faith Foundation

www.igff.com.au

This agency provides independent advocacy, case work, referral and support to aid recovery for victims and their families responding to clergy, religious and lay abuse.

Ph: 9326 5991

Email: igff@igff.com.au

LIFELINE

Lifeline is a national charity providing all Australians experiencing a personal crisis with access to 24-hour crisis support and suicide prevention services. Calls from mobiles are free. Most calls from landlines will be charged the cost of a local call.

Ph: 13 11 14

MensLine Australia

www.mensline.org.au

This is a national 24/7 telephone and online support, information and referral service for men with family and relationship concerns.

Ph: 1300 78 99 78 (24/7)

Online counselling: www.mensline.org.au

Open Place

www.openplace.org.au

This is a counselling and support service for Forgotten Australians and Former Child Migrants.

Ph: 1800 161 109 (Free call) 9am – 5pm Monday to Friday

Ph: 9421 61 62

Relationships Australia

www.relationshipsvictoria.com.au

This service provides support and counselling to people and their families.

Ph: 1800 052 674

Suicide Call Back Service

www.suicidecallbackservice.org.au

This service provides 24/7 counselling for people over 18 years of age who are suicidal, caring for someone who is suicidal or people bereaved by suicide.

Ph: 1300 659 467



RISK MANAGEMENT PLAN FOR PARTICIPANT RISK ISSUES.

In the event that participants become psychologically distressed during or after the interviews the following will occur:

- 1) The interviews will stop and I will enquire whether the participant wants to talk through what has been distressing.
- 2) I will ask what is most helpful at that point. (E.g., to stop interview completely; to take a break; to change question etc.).
- 3) I will offer participant the opportunity for me to refer them to counselling/support.
- 4) I will go through Debriefing Sheet with all participants at end of each interview.
- 5) With the participant's permission, I will contact them with a follow up call one to two days after each interview to 'check in' in case they have experienced distress.

Should a participant become so distressed that mental health intervention is immediately required (e.g., is unable to be calmed; is agitated; talking of self-harm or experiencing suicidal ideation; appears to be experiencing psychotic thinking, hallucinations etc.), I will cease the interview and do the following:

- 1) I will call Adult Mental Health Triage Services (for 16 – 64 yrs) or Aged Persons Mental Health Triage Services (for 65+ years) for consultation. I will have a list of the Metropolitan Service Area that the participant resides in, with me so that the number is easily accessible. These details are found in the following site:
 - a. <http://www.health.vic.gov.au/mentalhealthservices/adult/index.htm>
 - b. <http://www.health.vic.gov.au/mentalhealthservices/aged/index.htm>
- 2) If there is a medical emergency or an acute risk of self-harm to self or harm to others, I will call 000 and proceed as per Risk Assessment Plan.



RISK ASSESSMENT PLAN FOR INTERVIEWS IN PARTICIPANTS' HOMES.

RISK ASSESSMENT

A risk assessment will be completed for interviews conducted in participants' homes. The risk assessment involves taking the following procedures in order to ensure the health, safety and welfare of me (the student researcher conducting the interviews). I will be on the lookout for hazards which may arise during the course of my interviews (pre and during interview) and eliminate or control the risks I have identified.

1.0 Scheduling appointments

When contacting the participant to schedule a meeting, I will ask the following questions to gain some basic information in order to conduct a preliminary risk assessment. Important questions to ask include:

- Is there adequate parking available at the location?
- Will there be anyone else present in the home during the interview? Who?
- What contact will I have with residents of the home during a visit?
- Where are the entrances / exits located in the building selected for the meeting?
- Is there adequate lighting?
- How many people will be on the premises? Who are they and what relation are they to the participant?
- Does the participant own any pets? If so, will they pose a risk? (e.g., vicious dogs, overfriendly large dogs) If they pose a risk can they be restrained or kept separate during the interview?
- I will advise the participant, that I will ring them closer to the visit date to check they are still available for the home visit and to recheck their details.

2.0 Preparation for home visit

2.1 I will be familiar and comfortable with the vehicle I am driving and ensure it is roadworthy with enough fuel. I will have access to a GPS at all times. I will check the site prior to the

interview beginning to become familiar with the area and confirm the address (where the interview will be held).

2.2 I will have my Supervisor, Dr Peter McKenzie act as my contact person.

His duties will include:

- Being available to take calls for the time I am on the road
- Logging my calls
- To act appropriately, if I call in with a problem or if I miss a scheduled call
- Holding a copy of my itinerary with instructions to call for help in the event that I do not check in by a prearranged time

3.0 Communication

- I will have my mobile switched on at all times when I am on a home visit or meeting a participant. I will have saved my contact person's number and any emergency numbers.
- I will adhere to whatever call-in schedule I have organized with my contact person.

4.0 On-Site Safety

- I will park in a spot where I can't be blocked in or obstructed from leaving.
- I will look out for slip / trip hazards both outside and inside the meeting location.
- I will check to see that any pets, which may pose a risk, have been restrained or kept separate during the visit/meeting.
- Prior to entering the home, I will introduce myself and show my student ID and check that participant still consents to the interview at home.
- Assess if situation is too risky, e.g., exposed syringes, intoxicated participant, weapons, unleashed snarling dogs, and if so, discontinue with home visit
- I will familiarise myself with my surroundings as I enter the premises and ensure I note and remember the Path back to the exit / entrance.
- I will choose a seat where I don't have my back to a doorway and where I can see all doorways into the room.
- Keep my car keys on me at all times and my personal belongings secure.
- I will keep to my appointment times and not stay in the home past the interview

5.0 Emergency Procedures

5.1 Emergency Plan

My emergency plan which will be also given to my supervisor, will include:

- A means for summoning help in the event of an emergency.

- Responses to incidents, accidents, severe weather, violence and aggression, etc. as deemed appropriate.
- Method for contacting the University and next of kin.
- Itinerary details in the event that I need to be reached

5.2 Driving

- Should incidents such as getting lost on route, vehicle breakdown or accident occur, I will ring my supervisor to let him know what's happened and either he or I will contact any home visit participants that will be affected by the delay, to explain and reschedule their home visit if necessary.
- I will complete a La Trobe University Incident Report form if required.

6.0 Medical Emergency

- If a medical emergency arises, I will call 000 and wait until help arrives.

7.0 Violence and Aggression

During a home visit / interview, I will monitor for signs of impending violence such as facial expression, verbal threats, clenched fists and / or increase in breathing rate, etc. If during a home visit I feel at all threatened, I will:

- Summon help if needed.
- Try to appear calm, speak slowly, clearly and softly and use simple language.
- Not attempt to contradict the person, if they are angry.
- Not move closer to, or touch them.
- Avoid body language such as crossed arms, hands on hips or shaking fingers.
- Avoid direct eye contact.
- If able to, withdraw, step back slowly and retreat out of the premises.
- If I am injured seek medical assistance, notify my supervisor and contact the police
- Complete a University Incident Report form as soon as possible thereafter.

7.1 Steps in completing a risk assessment relating to face-to-face interviews

i. Identify and assess the problem

Consider all possible sources of information about possible hazards that may be involved with home visits / face to face interviews. Conduct a preliminary off-site check with participants when I contact them to schedule their appointment (see 1.0)

ii. Eliminate or control the risk

Once the hazards have been identified and the risks to those undertaking the home visits assessed,

eliminate or reduce the risks. Do this in consultation with my supervisor.

iii. Plan the procedures with safety in mind

- Carry identification with you which specifies you are working for the University
- Always keep mobile phone on during a home visit;
- Assess home environment for dangers e.g., intoxicated participant; weapons
- Leave the address of where I am going, including expected arrival and return times, with my supervisor. Ensure my supervisor is:
 - Available during all working hours
 - Able to monitor departure and return times
 - Able to respond appropriately in the event that you have an emergency
 - Able to brief Bouverie Centre staff to respond to my calls if needed (e.g., supervisor unavailable at the time)
- Establish code words to be used on the telephone to alert supervisors that I am in a threatening position.
- Establish a procedure where I phone/email my supervisor in after each home visit at a predetermined time

iv. Based on the above, I will discuss the following with my supervisor:

- Discuss the probability (based on the assessment) of how likely it is that an adverse event will occur (e.g., unlikely; likely; very likely).
- Consider the severity of outcome exposure and the probability of it occurring (e.g., slightly harmful; very harmful).
- Determine risk (e.g., trivial; moderate; intolerable)
- Put measures into place to reduce the risk; if this is not possible then make decision as to whether interview should continue