

Submission in response to Issues Paper 6 – Redress Schemes

I am a survivor of sexual and emotional abuse whilst in state care at the age of 14. To understand the impact of how abuse in institutions creates long term difficulties and chronic emotional problems, you must take place this abuse in the context of how the survivor ended up in an institution, and also the ongoing ripple effects once they are released from the institution back into mainstream society.

In my case, at the age of eleven my father was murdered in December 1966. That summer [REDACTED], [REDACTED], started to sexually abuse me over a two year period, beginning with following me around the house masturbating and asking me to touch his genitals and culminating in his coming in and raping me in the shower.

I ran away from home twice as a result of this abuse. It was winter 1969 and cold on the streets. I was gang-raped at knifepoint in a back alley in Darlington and punched and raped by other men in a week long nightmare of extreme trauma.

The Kings Cross police picked me up and charged me with being “Exposed to Moral Danger” and took me to the station on one of the upper floors. They demanded to know my home address to tell my mother, but I refused to give them this information for a long time, as I did not wish to return to an abusive situation. This says a lot, considering the horror I had gone through since I had run away. Instead of offering any kind of support for an obviously deeply traumatized child, the police were punitive and threatened me with physical violence, telling me they would hold me upside down by the ankles out the window unless I told them my address.

I gave them a statement, which detailed a great deal of sexual abuse, violence and rape visited upon me by older males. I was then taken to a remand prison known as [REDACTED], [REDACTED], whilst I awaited my case to be taken to court.

The nature of the institution bore no resemblance to a “[REDACTED]”. My clothes were taken off me and I was given a shapeless green prison uniform to wear and made to shower in showers with no privacy. The front was open and there was limited water allowed.

We were not allowed to speak to each other except for brief periods. At dawn we would be made to shower with no curtains, and then we had to scrub and polish all the rooms in the establishment, to work in the kitchen and to sew sanitary belts in a room out the back. There were jail walls with curved tops to prevent any escape.

At night we all slept in a dormitory with a single chamber pot in the middle of the room under guard by prison warders with torches.

One day a doctor came to give us all a virginity examination. We were all lined up in one room, whilst one by one we were subjected to the three-finger test, whilst our legs were strapped in stirrups. After the hand examination of our vaginas by this repulsive old man, a

metal instrument was inserted to enlarge our vaginas. There was no medical basis for this abuse. Some of the other girls told me his nickname was Dr. Fingers. I regard this as a clear cut sexual abuse in an institution. It was a frightening and ugly experience, in which we all waited in turn like factory creatures, to watch as one after the other went behind the screen to be assaulted, whilst a Nurse Ratchitt style woman stood over us if we struggled in any way. It was total objectification the whole time in the remand centre and we were treated as though we were criminals and sluts. We were made to feel ashamed, whilst the real offenders went free.

I was imprisoned in this concentration style environment without a kind word for six weeks and punished, alienated and criminalised. I was taken to the Children's Court and my police statement read out. My mother was present looking deeply ashamed and the magistrate leered as he heard my statement and asked me if I had done all those sexual acts. He pronounced me to be autistic, as I showed no emotion.

I was sent back home, where I was to remain alienated. The results of these experiences in and out of care, resulted in extreme emotional problems throughout my life, total lack of confidence, inability to work in mainstream society for prolonged periods, a history of re-abuse in abusive relationships with men, poverty and hardship as a single mother. I struggled to get a degree and became a teacher, but was unable to cope with the machinations of power, ordinary people etc. I am now diagnosed with GADS and Clinical Depression. I am completely unable to work, socially alienated, isolated and exhausted.

At the very least, redress schemes must provide:

1. The equivalent of a health and dental gold card
2. Recognition of being a part of special consideration group for the purposes of Centrelink in relation to eligibility to both Disability and Age Pensions and an understanding that we should not have to repeat our story again and again, which is a re-traumatizing experience we should not have to endure. Sexual abuse is not a topic which is easy to talk about, particularly your own, and workers are not equipped to deal with us adequately and do not understand.
3. Many of those abused in state care have chronic problems with homelessness and should also come into a special consideration group for the Department of Housing.
4. The above are the very least which should be given as redress for all people abused in state care, whether sexual, emotional or physical. I also believe there should be financial compensation for survivors/victims of criminal abuse by the state.

Thank you,

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NB. I wish my story to be displayed on the website, but I wish to withhold my name from publication.

Submission in response to Issues Paper 6 – Redress Schemes - Addendum

I would like to add a little to my suggestions as to the “proof of sexual abuse” question put forward in Paper 6, given that sexual assault by its nature often has no witnesses or names are not known, and also given the incident in state care took place a long time ago.

I would like to suggest in regard to evidence or proof of sexual assault that a lie detector test or perhaps an assessment by a specialist psychiatrist would be able to ascertain if a survivor of abuse is bona fide. The ongoing chronic mental health issues are self evident and common to survivors as a group.

I for one would love the opportunity to do a lie detector test, as one of the main things survivors need is recognition and belief. It really is core.

Thank you

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NB: Again I would like my submission displayed on your website, but not my name.