

Report
To
Queensland Government Reconciliation Plan: Stage1
For
Child Placements by Qld Government
In Adult Mental Health Facilities

Betty Taylor 2017



When time can't heal all

*Sent from society's eyes as a child told by many how different they are
Friendships forged from anguish and despair
Wounded by those with the power
Battered and bruised from being in care.
Those with power watch on in disbelief as one by one
The forgotten children leave their care
What is left of them joins society yet never belongs*

*Thoughts of friends and family left there haunt them now for all time
The years pass the wounds stay fresh
No rest for those who survived their past
Some fall from beneath the weight of a history in care and are no more*

*Told so much that time heals all, words bourn from ignorance and guilt
A brush of hope where there was none
Make a life they feel they can, some fight on and bury their past,
Still the wounds remain fresh as before*

*Others succumb to their past, survive they do, the best they can
Generation's fade the scars are passed from old to new
More suffer a past they never knew, handed down from parent to child they feel it
too*

*Those with the power over come by guilt hide behind unjust laws
Still those who carry the wounds of their time in care
Refuse to give up the fight, they know they never can or
Future generation will share their fate also abused in care and left to share with
their children the pains of the past
Realizing too late time can not heal all*

*Society screams out in pain as the weight of those who suffered in care
Drown society from the weight of their masses now there are too many to count
All now understand that time does not heal all*

Susan Treweek 2003

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Wolston Park: Source Queensland Heritage Register

Queensland Government Reconciliation Plan: Stage 1

Executive Summary

During the 1950's through to the 1980's some Queensland children, in the care of the State, were placed in adult mental health institutions. This report is a summary of interviews conducted with women, who were subject to these placements as children. During the interviews they have retold accounts of physical, sexual and emotional abuse, which they believe has had lifetime adverse impacts on themselves and their families.

In 2010, The Queensland Government issued an apology to those, who as children in the care of the State of Queensland, suffered in any way while resident in an adult mental health facility. (Qld Health 2010) This apology acknowledged the apology offered by the 1999 Forde Inquiry Report, did not extend to those, who as children, suffered in any way in an adult mental health facility.

The apology stated, *"We recognise the value of formal reconciliation experiences in healing the hurt some have suffered, and undertake to plan these in consultation with those who were harmed in care"*

The apology did not outline what form a 'formal' reconciliation' may take. In 2016, the Queensland Mental Health Commission wrote to the Queensland Government noting no follow-up action had been taken in response to the Apology. In 2016, Queensland Health began the planning and development of a Reconciliation Plan in conjunction with those who were harmed. The purpose of the Reconciliation Plan is to establish a formal reconciliation process with those who were harmed while in the care of the State.

The principles underpinning the Reconciliation Plan with those child residents of adult mental health facilities are:

- Act consistently, fairly, respectfully and sensitively;
- Minimise the risk of re-traumatisation by;
- Having a sound understanding of the prevalence and nature of trauma arising from interpersonal violence and sexual abuse.
- Ensuring practices and procedures promote the physical, psychological and emotional safety of those who have been harmed,

- Recognising and being responsible to the social and cultural contexts which shape the needs and healing pathways of those who have been harmed, and
- Recognising the importance of relationships in overcoming trauma and supporting healing.
- Accept the lived experience of those who have been harmed;
- Respect requests for confidentiality;
- Accept the implications and undertakings in the State's apology;
- Not take advantage of those who were harmed; and
- Work collaboratively and negotiate in good faith.

To begin the Reconciliation process, I was engaged in April 2017 to meet with individuals who were within the scope of the reconciliation plan. Between April and May 2017, I meet with 8 women, who had been placed in adult mental health facilities including Wolston Park regarding their requirement for formal reconciliation. An advertisement seeking to make contact with people who may be eligible to participate in the reconciliation process was placed, by the Department of Health, in the Courier Mail and the Australian on 22nd April 2017.

Eligibility for inclusion:

- That they were a child (under the age of 18 years) in the care of the State of Queensland at the time;
- As a child, was a resident in an adult mental health facility in Queensland; and
- That they were inappropriately placed in that mental health facility (i.e. had no identifiable mental illness).

Methodology

Meetings were held with 8 women who had been placed in adult mental health facilities including Wolston Park while they were wards under the care of the Queensland Government. Initially an introductory phone call was made and then face to face meeting where held in locations considered safe for the women. On-going contact has included follow-up phone calls and emails. Meetings were also held with Dr. Lesley van Schoubroeck, Acting Mental Health Commissioner and Ms Karyn Walsh, CEO Micah Projects Inc.

This report is a summary of those interviews and provides an overview of the lived, collective experiences of the women interviewed, and the impact of these experiences on their lives physically, emotionally, financially and socially.

While some of the women had experiences in other adult mental health facilities most predominately spoke of their abusive and traumatic experiences at Wolston Park. Those who were placed in what was most commonly known as Wolston Park Hospital have been described as suffering some of the worst cases of child abuse in the state's history. As children and wards of the state, they were beaten, sexually assaulted, made to endure electric shock treatments and drugged. *Courier Mail August 30th 2012*

Much has been written about Wolston Park, specifically the placement by the State of children into this facility. Up until the late 1980's, some children as young as 11, were placed with the adult population. Some of the women consulted were placed inside Osler House, which included adults with a mental illness who had been charged with a criminal offence

During the interviews, the women talked of their experiences of repeated rapes, sexual assaults, torture, chemical restraints, isolation and degrading humiliation. All have experienced lifelong consequences some of which is captured in this report.

The extent to which these experiences have impacted their lives is beyond what a brief report can provide, suffice to say it is mostly a litany of shattered lives. As well as the dreadful impact their incarceration has had on themselves, most of the women expressed concerns for the way in which this has and continues to have an impact on the lives of their children.

This report recognises the strength and resilience of the women, many of whom have been 'fighting' for justice for acknowledgement and redress for over 20 years.

Gratitude is also expressed to Dr. Lesley van Schoubroeck, Acting Mental Health Commissioner and Ms Karyn Walsh, CEO Micah Projects Inc. for given of their time and ongoing support.

A second report has also been written which includes a more detailed summary of the discussions with each woman plus accompanying submissions, statements and other documentation. I have been advised by the Department of Health that owing to the sensitive nature of this information, this second report will not be publicly released.

Summary of Critical Issues Raised

All women interviewed spoke of their harrowing experiences at Wolston Park and the impact this has had on their lives.

There were several issues that were clearly identified by all of the women and these became recurring points of discussion across the interviews. This report acknowledges there were many other issues raised by individual women and bringing forth key identified issues is not intended to ignore others.

Key issues raised:

- **The use of chemical restraints**
- **Rape and sexual abuse**
- **Living in fear**
- **Isolation**

1. Chemical Restraint

Many of the women have spoken of the use of anti-psychotic drugs and sedatives to control behaviour as opposed to the treatment of any diagnosed mental illness. Several women have accessed their files from Wolston Park, which documents the drugs they were given mostly on a daily basis.

The names of some of these drugs as identified by the women, include Haloperidol (also known as Serenase), Paraldehyde, Mellaril, Largactil, Neulactil and Valium. It is unknown what the effects these drugs may have had on developing teenagers but accounts from women on the impacts include:

- Raped and sexually abused while drugged;
- Forcibly held down and injected with drugs;
- Given these drugs daily over long periods of time amounting to years for some;
- Locked up in isolation while drugged; and
- Given electroconvulsive therapy if they refused or resisted drug injections.

Many women interviewed, attributed the long-term impact of anti-psychotic drugs on their long-term health in numerous ways. This included the impact on reproductive health. Examples provided by the women include:

- Multiple miscarriages;
- Children born with chronic health issues; and
- Continuing chronic health problems throughout their own lives and that of their children.

Highlighting the issues around chemical restraints, McSherry (2017) describes *'chemical restraint' as the use of drugs given primarily to control a person's behaviour not to treat a mental or health condition*". McSherry highlights the adverse physiological and physical impacts that may result and specifically mentions deprivation of liberty, interference with personal liberty and loss of dignity. (Cited from socialequity.unimelb.edu.au June 2017)

The above serves to illustrate how damaging chemical restraints are. The women spoke of other physical forms of restraint being used against children during their time at Wolston Park including periods in isolation.

"They would strip you down, put a straitjacket on you, stick paraldehyde in your leg ... you got so many different drugs ... they experimented on us ...
BS as reported in the Courier Mail 9th March 2017

Others spoke of receiving electroconvulsive therapy and / or the fear they had that this could happen to them.

"I was a vulnerable kid and I was too scared to tell anyone in authority. Not just too scared....I thought it would be useless. It seemed to me like you had to act like nothing was wrong if you ever wanted to get out of there. Unhappy people were called depressives and given shock treatment. Or there was the risk of not being believed and being labeled schizophrenic or delusional."

2. Rape and Sexual Abuse

All of the women interviewed spoke of the rapes and sexual abuse they experienced while in Wolston Park. This included rapes and sexual abuse by both staff and adult

patients with the abuse occurring in many cases daily. Most experienced rape and or sexual abuse by multiple offenders.

Women told harrowing accounts of rape and sexual abuse including a rape resulting in pregnancy. This girl was then forced into an attempted abortion, gave birth despite this and then experienced the forced removal of her infant son. Prior to her placement in an adult mental health institution, she was not sexually active. While some women could speak to what occurred, others could not...the memories are painful for all.

Comments made by the women either verbally or in writing include:

"I was raped in Wolston Park, brutally. I was a vulnerable kid and I was too scared to tell anyone in authority. Not just too scared....I thought it would be useless"
"You were in a place where you lived in fear for 24 hours a day, 7 days a week because you had to look out for not only the patients who were unpredictable but also the staff."

The sexual abuse and deviant behaviour of some staff was described in one particular example:

" There were no doors on the showers and you could see people showering and others standing around naked, waiting to shower. It was a large bathroom in Osler House where everyone stood naked waiting for a shower with male and female staff watching and often making lewd or personal comments about people's bodies. The showers were an excruciating daily ordeal, with some of the male staff making it clear by their regular comments during the daytime that they were looking forward to "a good perv" at shower time. I was 14, an age when people are very self-conscious about their bodies.

" It was unbearable."

The long-term impact of sexual abuse on children is well researched and documented. Impacts include:

- Ongoing psychological issues including anxiety, poor self-esteem, depression, anger, mistrust, fear, eating disorders, and PTSD and accompanying increased risk of suicide;
- Higher rates of some physical diseases including increased risk of lung disease, ulcers, cardiac disease, diabetes, cardiac disorders and higher incidence of inflammatory disorders, such as rheumatoid arthritis and allergies.

Source: <https://www.americannursetoday.com/long-term-health-outcomes-of-childhood-sexual-abuse>

One of the survivors stated she experienced “*Unknown Sexual Abuse*”. On one occasion, she awoke from a drug-induced state to find a male on top of her. It raises the question in her mind of how many times rape and sexual abuse occurred while girls were drugged.

One of the women vividly recalls a comment by a male staff member:

“We should thank the government for sending us you pretty young girls.”

While some of the women interviewed have had counselling and professional support, many others haven’t. This is primarily linked to mistrust of professionals within the health system especially psychiatrists.

The trauma of sexual abuse is profound and, for the survivors of Wolston Park, the ongoing engagement regarding redress is both triggering and traumatising. An offer of professional debriefing at the end of the Government redress process is important to assist with closure.

3. Living With Fear

The environment these women experienced at Wolston Park, was harsh and cruel. Many of the survivors experienced not only the sexual, physical and emotional abuse themselves but also were witness to the abuse of others including rape, sexual abuse and suicide. They all spoke of the fear they lived with. Many women reported that after running away they would be returned to solitary confinement and increased threats.

Living with increased fear can lead to hyper vigilance, PTSD and severe anxiety. While there are many symptoms in which hyper vigilance may impact on someone’s life, common lasting behaviours reported by the women include insomnia, nightmares, sleeping with the lights on, not sleeping in the bedroom, fear of strangers, mistrust of people, fear of unknown environments and many other factors.

Research undertaken by Rasmussen (2007) indicates insomnia and disturbed sleep patterns and the consequence of dreams and nightmares, of women affected by sexual violence. The research found that 50% of the participants experienced nightmares weekly, which were described as graphic and disturbing and often featured torture, death, murder, drowning, running away or being chased (Rasmussen, 2007). Nightmares and dreams were reported as the most common reason for waking at night leading to loss of sleep, disturbed sleep patterns and in some cases insomnia. The many documented disturbances and consequences need to be understood within the theories of trauma and particularly within the context of PTSD. Many of the women spoke of their difficulty with sleep and the impact this has on their everyday lives,

4. Isolation

Many woman spoke of the isolation they experienced. They were unable to form healthy peer relationships, were denied ongoing schooling and lived in an environment where they were always unsure of who they could trust.

They spoke of the difficulties they have had through their lives in developing trusting relationships and close personal ties. For many, this included intimate relationships. The isolation they experienced was compounded by being placed in isolation as '*punishment*'. Several spoke of their '*fear*' or reluctance of leaving their homes even now and the avoidance of social interaction except when it is deemed necessary.

Overall impacts

- Lifetime of trauma induced PTSD
- Lifetime of numerous ongoing physical and mental health concerns;
- Lack of education opportunities;
- Lifetime of limited opportunities & severe social disadvantage including poverty, homelessness, unemployment or under employment;
- Lifetime with fractured relationships including intimate personal relationships through domestic violence; and
- Lifetime of shame having a mental health records.

Physical Impact. *“I have got chronic renal disease, I had a heart attack and a stroke in 1985 and I’ve just had two heart attacks in the last year ... I suffer something shocking with a lot of health problems*

Social Disadvantage: *“They never taught us any life skills such as how to manage money, cook or how to have a conversation with ‘normal’ people. We were never taught how to look for a job, how to interact with prospective employers or even about personal hygiene*

PTSD: *One of the side effects of PTSD is alcohol and drug addiction, which I have experienced. This is often used to self medicate in order to obliterate the anxiety and horror of reliving the past.*

I gave up every bit of dignity I had.

Redress

In developing a Reconciliation Plan for those, who as children in the care of the State of Queensland, suffered while a resident in an adult mental health facility, consideration needs to be given to the multiple abuses that occurred during their time in these facilities and the impact these experiences has had on them for the rest of their lives.

Finklehor, et.al. (2007) through their study of child victimisation and maltreatment refer to the repeated victimisation of children through multiple forms of abuse as ***poly-victimisation***. They highlight the often narrow approach of treatment of children through the examination of one form of abuse as separate to the many forms of abuse and maltreatment children may experience.

Viewing the experiences of people placed as children who were wards of the State in Wolston Park and other adult mental institutions, through the lens of ***poly-victimisation*** provides a way in which a redress plan needs to account for the multiple ways in which abuse occurred.

While the national redress for the institutional child sexual abuse is set at a maximum payment of \$150,000, survivors of Wolston Park and other adult mental health institutions also reported experiencing:

- Being detained in an adult mental health facility while a ward of the State;

- Being detained in an adult mental health facility with adults some of whom had mental health illnesses and were charged with criminal offences;
- Multiple rapes by multiple offenders including staff;
- Multiple acts of sexual violence and other demeaning behaviour by staff and other adult patients;
- The administration of a variety of chemical restraints including anti-psychotic drugs, sedatives and electroconvulsive therapy;
- Endured many acts of physical violence including bashings and cigarette burns;
- Endured repeated gynecological examinations in humiliating circumstances;
- Living in a state of constant fear;
- Endured long periods of solitary confinement;
- Being witnesses to other people being raped, sexually and physically abused
- Being witness to suicide; and
- Having a belief they would die through the treatment they received.

As a result of their time at Wolston Park as minors, many of the survivors have reporting experiencing lifetime impacts as documented above.

“While I was in this institution I suffered extreme and frequent maltreatment, neglect and abuse including emotional, psychological, physical and sexual abuse as well as exposure to extreme violence and systems abuse. The treatment I received in this institution as a child has had a devastating effect and continues to affect all aspects of my life. Despite being an intelligent person, I have never been able to get the education that was interrupted by the time in Wolston park, have never managed to have a career due to the impacts on my life, have never been able to maintain intimate adult relationships and live with post-traumatic stress that affects everything I try to do.”

Several of the women have been lobbying for justice for themselves and others for over 20 years. During this time they have seen many women who were incarcerated with them die as a result of suicide or ill health. This has led many to believe that *“the government is waiting for us all to die”*. A timely closure to this process is important to the women.

Overall Recommendations

Over and above any individual request for payment or other forms of redress as documented in part two of this report, it is also recommended:

- Each of the women affected by the reconciliation be offered access to legal advice prior to accepting any offer of redress.
- Consideration be given to seeking advice from the Commonwealth regarding taxation implications and to ensure the women are not disadvantaged in any other benefits they receive;
- Each woman affected by the reconciliation be offered access to financial advice on the management of any monetary payment;
- Each woman affected by the reconciliation be offered access to professional debriefing regarding this current reconciliation process;
- All of the women have requested their files from Wolston Park be returned to them;
- The impact on physical and mental health of survivors is prioritised in their ongoing need for health care, aged care, housing, medical, and other supports deemed necessary;
- A public apology is sought from the Royal Australian and New Zealand College of Psychiatry;
- A public apology is sought from the Australian Medical Association;
- A commemoration event is held at the end of the reconciliation process;
- That any redress be survivor focused and in consideration of their specific and ongoing needs for support.

As previously stated, many of the women have been seeking redress for the abuse and suffering they experienced while wards of the State for more than 20 years. It is the opinion of the author of this report that redress needs to be provided to them in a timely manner acknowledging how exhausted many are feeling.

References

Condon, M., (2017) No Escape from Hell in *Q Magazine*, Courier Mail March 11-12, Brisbane

Finklehor, D., Ormond, R. & Turner, H., (2007) Poly Victimization: A neglected component in child victimisation in *Child Abuse & Neglect* 31, (2007) pp. 7-26

McSherry, B., Phd. (2017) *Chemical Restraint: Behind Closed Door, Social Equity Unity*, University of Melbourne. Downloaded from <https://pursuit.unimelb.edu.au/articles/chemical-restraint-behind-locked-doors> 24th May 2017

