

Redress for Historical Institutional Abuse of Children

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Chapter 30

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The concept of institutional abuse of children as a named social problem did not exist until the 1970s. In the United States (US), Gil (1975) introduced the term, and a 1979 US Senate inquiry was convened on the topic. During the 1980s, judicial inquiries on physical and sexual abuse of children in residential care were held in Northern Ireland from 1984 to 1986, and Newfoundland, Canada from 1989 to 1991. Australia's first public inquiry,¹ conducted by what was then known as the Human Rights and Equal Opportunity Commission (HREOC) from 1995 to 1997, gathered evidence on the separation of Aboriginal and Torres Strait Islander children from their families. Its principal focus was on government policies of forced assimilation, and secondarily on the conditions of care in facilities for children.

Over the next 20 years, other countries began to respond to allegations of abuse and neglect of children when in the care of government, church, or charitable authorities. The major responses were (and are) public inquiries; criminal prosecution of alleged offenders; civil suits lodged by survivors; and redress schemes, which are a new variant of civil justice. As of January 2016, 15 jurisdictions have established redress schemes.² They are Australia, Austria, Belgium, Canada, Germany, Iceland, Ireland, the Netherlands, New Zealand, Norway, Scotland, the States of Jersey, Sweden, Switzerland, and the US. Five others have undertaken (or are now undertaking) public inquiries, but do not have redress schemes. They are the Åland Islands, Denmark, England and Wales, Finland, and Northern Ireland. In affluent democratic countries of the developed world, sustained responses to institutional abuse of children, which include monetary recompense to adult survivors, have become common.³ This is taking place when some countries of the developing world, and in eastern and central Europe and the former Soviet Union, have increased the number of children in

residential care, a consequence of conflict, environmental disasters, poverty, and poorly informed government policies (Csáky 2009).⁴

This chapter sketches responses to historical institutional abuse of children in Australia and New Zealand, with a focus mainly, but not exclusively, on redress schemes. In the first part, I define key terms and sketch the historical context of out-of-home care of children and the circumstances that gave rise to “discovering” (Daly 2014a: 16) institutional abuse of children. I then describe redress responses in Australia and New Zealand, how they compare with other countries, and conclude with questions for future research. I would emphasise that institutional abuse and responses to it is a complex field. It includes researchers and practitioners from philosophy, sociology, social work, history, politics, psychology, and law; many advocacy and survivor organisations; and works created by survivors, artists, actors, and curators, including documentaries, films, museum installations, and live performance.

Key terms and historical context

Three terms need to be defined. These are institutional abuse, redress, and redress scheme.

Institutional abuse is a slippery concept and has changed in meaning over time. Abuse can include physical, sexual, emotional, and cultural abuse; or it may be limited to sexual abuse alone. Abuse contexts are mainly historical, but may also be contemporary.⁵ Adult survivors today range in age from about 30 to over 100; they describe abuse occurring during the 1930s to the 1990s, but typically during the 1950s to the 1970s.

An institution normally refers to closed or semi-closed settings, such as an orphanage, residential facility for children, or detention facility; but it can also include foster, kinship, or relative care. In Australia, Canada, and New Zealand—beginning in the mid-nineteenth century and throughout the next century—residential facilities held children who were voluntarily

placed by parents or other family members or who were court-ordered wards of the state, including those adjudicated as delinquents. Children came from socially and economically disadvantaged families. Some were taken from their parents as part of forced assimilation policies by the Australian and Canadian Governments or as part of migration policies established by the British Government with Australian and New Zealand Governments,⁶ with support from church and charitable organisations. Other children were removed from parents, who were deemed unable to care for them, or who had neglected or abused them; still, others had mental or physical disabilities at a time when institutions were believed to be the most appropriate place for them.

A recent development is that institutional abuse can be defined as occurring in both closed and open settings. The Royal Commission into Institutional Responses to Child Sexual Abuse (RCIRCSA), which began in Australia in 2013, is investigating abuse in residential and foster care *and* in open settings such as education, sport, faith-based, and other organisations for children. For ease of reference, I refer to adult survivors of abuse in closed settings as care leavers and to those in open settings as non-care leavers.

It is important to distinguish the two because care leavers are more socially and economically disadvantaged than non-care leavers.⁷ This is because when growing up, they did not have stable caregivers or access to adequate education and health care. In addition, some children in closed settings were the subject of policies targeting them *as children* such as child migration policies and sterilisation of those with mental disabilities, or *as members of racial minority groups* such as forced assimilation policies. Merging these different groups as one group creates problems of equity in contemplating redress. Relatedly, some responses to abuse, such as the RCIRCSA, restrict it to sexual abuse only. Care leaver advocacy groups in Australia have identified a range of abuse and neglect experiences while growing up, including physical, sexual, emotional, and cultural abuse. Sexual abuse is not as important nor as frequent (Golding

2016; Penglase 2005). Thus, in Australia today and with respect to the RCIRCSA, care leavers and non-care leavers differ on the aims and purposes of redress because they experienced different types of wrongs. That having been said, the RCIRCSA is unusual because few other government public inquiries or redress schemes have intended to address a diverse group of survivors who have been abused (sexually abused) in closed and open institutional settings, and with reference to both historical and contemporary abuse.

Redress means to rectify or correct and can be viewed as a type of corrective justice.⁸ It refers to all the activities, processes, and outcomes that provide a compensatory mechanism for harms or wrongs against an individual or group.⁹ Two types of redress mechanisms are civil litigation and redress schemes.

Redress schemes may run parallel with civil litigation and are formed in two ways. They can be *negotiated* between lawyers for the plaintiffs and defendants, or they can be *stipulated* by an offending party—that is, a government, church, or charitable organisation—with little or no negotiation. Unlike civil litigation, redress schemes do not make findings of guilt or responsibility. As administrative processes, redress schemes typically have a lower evidentiary standard than civil litigation, and they use a variety of decision-making processes. A redress scheme is often the only feasible civil justice option when credible evidence no longer exists, too much time has passed, and defendants are deceased and thus cannot be sued. It offers victims a potentially faster and less onerous justice process. A trade-off is that money payments in redress schemes are, by and large, lower than those in civil litigation; and in accepting them, claimants typically waive their rights to sue. However, redress schemes have more elements than civil litigation. Almost all include apologies, most have services or benefits such as counselling, and some have memorials and commemorative activities.

My analysis of 19 cases in Australia and Canada as of mid-year 2010 (Daly 2014a), together with a 20th New Zealand case, shows that criminal prosecutions and civil litigation

often precede and run alongside redress schemes. Of the 20 cases, 15 had criminal prosecutions that resulted in convictions, and 17 had civil litigation and settlements. Why, then, has institutional abuse of children become a matter of recent public concern and legal action?

Discovering and responding to institutional abuse

Inquiries and investigations of child maltreatment or cruelty to children are not new. They began in the mid-nineteenth century in Canada and Australia (Daly 2014a; Swain 2014), with a significant New Zealand Royal Commission held in 1900 into the Stoke Industrial School (Dalley 1998). Foster care and boarding out formed the largest proportion of out-of-home care for children in the twentieth century in Australia and New Zealand; in Queensland, for example, 10 to 20 percent of children were in residential care (Forde 1999, 38). The conditions of daily life in residential facilities in Australia (Daly 2014a; Penglase 2005) and New Zealand (Dalley 1998; Stanley 2015), as recalled by adult care leavers, are remarkably similar.

Although some residential facilities were better than others, common themes were isolation and separation from family and culture, regimes of control and fear, lack of food and poor sanitary conditions, and degradation and neglect. Runaways from institutions were common and a clear sign of children's distress. This institutional reality was largely hidden from public view, and could not be seen even by social workers until the mid to late 1980s (Daly 2014a, 86–95).

Change came with new ideas about childhood, new concepts that facilitated seeing abuse, significant cases of clergy sexual abuse, and what I term the “sexual turn” in the institutional abuse story (Daly 2014a, 92–95). A societal shift occurred in the early 1960s in affluent nations of the developed world toward a more child-centred world, a “prizing of childhood” that came with higher standards of living, lower birth rates, and better treatment of child illnesses (Corby, Doig, and Roberts 2001, 43). Institutional abuse as a social problem

built upon the rediscovery of familial child *physical* abuse in the 1960s. Concept diffusion—that is, seeing child physical abuse as widespread—occurred in the late 1960s and early 1970s (Parton 1979). The discovery of child *sexual* abuse began in the 1970s. The term *child sexual abuse* was used for the first time in published research by de Francis (1969) and Gil (1970). The next step—of seeing child sexual abuse as widespread—began in the 1970s and continued into the 1980s. Like child physical abuse, attention centred on familial sexual abuse.

Major media cases of sexual abuse of boys by Catholic clergy in open settings first arose in the US in the mid-1980s, in Canada in the late 1980s, and in Australia and New Zealand in the early 1990s. Although the offending took place in open church settings, the admissions and criminal convictions of priests made children’s reports of sexual offending in closed institutions more credible. Finally, and related to clergy abuse, the sexual turn in the abuse story transformed what had previously been authorities’ concerns with too harsh corporal punishment into a recognition of “a more disturbing form of abuse” (Corby, Doig, and Roberts 2001, 83), *sexual abuse* by male adults of boys in their care. This galvanised a belief that something needed to be done in order to address institutional abuse.

What sparked responses to institutional abuse?

In other work, I have detailed the sequence of events that sparked responses to institutional abuse in Australia and Canada (Daly 2014a) and have schematized responses for Denmark, England and Wales, Norway, and Sweden (Daly 2014b). Each country or jurisdiction has a specific signature which is formed by its policies and practices toward vulnerable groups and, in some cases, wrongs against political minority groups.

Distilling greatly, after a period of intermittent investigations and media stories, there is heightened public concern to do something about the problem. Then, a series of triggering factors precipitate sustained responses by authorities. These factors include media stories—

often termed “shocking” (Sköld 2013, 14)—of survivors’ memories of abuse and institutional life, a media focus on failed investigations and cover-ups by authorities, the pressure of civil litigation, and campaigns by advocacy groups. A frequent triggering factor in Australia is media stories of alleged cover-ups by police, government, and church or charitable organisations. These heighten a belief that if only authorities had acted sooner, fewer children would have been hurt or suffered.

For New Zealand, the evolution of responses to institutional abuse has not been written or published before; thus, I briefly sketch it.¹⁰ With civil litigation lodged against three government ministries, as well as church and charitable organisations; periodic review by the UN Committee against Torture (UNCAT); and strong legal advocacy for claimants—initially by GCA Lawyers, and then by Cooper Legal—the New Zealand story has many layers.

The set of events that triggered a sustained *government* response by the Ministry of Social Development (MSD)—formerly the Department of Social Welfare (DSW)—in 2006 can be chronicled this way.¹¹ Softening the ground, in the mid-1970s, children alleged physical and sexual abuse and an inappropriate use of electric shock treatments in a child and adolescent unit of the Lake Alice Hospital, a psychiatric facility under the authority of the Ministry of Health (MoH). Two complaints were investigated in 1977, and the unit closed in 1978. At the same time, the Auckland Committee on Racism and Discrimination received complaints of abuse in children’s facilities under the authority of DSW. These were investigated by the Human Rights Commission, and its 1982 report “raised serious questions” about procedures and practices in residential care (Dalley 1998, 302).¹² By 1990, almost all residential facilities were closed. In 1997, media reports began to emerge of the experiences of former Lake Alice residents, and the numbers grew when the Christchurch-based law firm GCA Lawyers encouraged people to come forward. Ultimately, the government legally settled the Lake Alice case with 185 former residents during 2000 and 2001. In the mid-1990s, media reports of abuse

in a Ministry of Education (MoE) unit—Waimokoia Residential School—led to the state’s prosecuting three former school staff members, one of whom was convicted.

In 2004, MSD began receiving civil claims alleging historic abuse at institutions under DSW authority in 1950 through to 1994. In 2006, it established the Care, Claims and Resolution Team—later called the Historic Claims Team—to handle them. Wellington-based law firm Cooper Legal represented almost all claimants and has pushed strongly for their rights. As of 31 March 2016, MSD had received 1,862 claims, of which 1,030 were resolved. Of resolved cases, 817 (79 percent) were validated and offered a payment.

Redress activities

Redress activities include inquiries and investigations, redress schemes, and the specific elements and outcomes of redress schemes.

Inquiries and investigations

Except for Norway,¹³ Australia has the highest number of public inquiries and redress schemes of any country. There have been five major government inquiries, which have produced seven reports. The inquiries are as follows: the HREOC’s inquiry conducted from 1995 to 1997; the Forde inquiry conducted in Queensland from 1998 to 1999; two Australian Senate Committee inquiries, one on Child Migrants undertaken from 2000 to 2001, and a second on Forgotten Australians in residential care conducted from 2000 to 2004, and those in foster care undertaken from 2000 to 2005;¹⁴ and the Mullighan inquiries into sexual abuse in South Australia, and on the Aboriginal Anangu Pitjantjatjara Yankunytjatjara (APY) lands conducted from 2006 to 2008. The ongoing RCIRCSA, which began in 2013, will issue its final report(s) by December 2017, but it has already produced a plethora of case studies and reports, including one with recommendations for Redress and Civil Litigation (RCIRCSA September

2015). As of 2016, it has held more than 5,000 private sessions with survivors who wish to share their story with the Commissioners, with a further 1,500 to be held (RCIRCSA 2016). In addition, the Parliament of Victoria (2013) investigated abuse in non-government institutions, and the WA Legislative Assembly investigated abuse of child migrants (Barnett 1996). Judicial inquiries have examined a country hostel in Western Australia (Blaxell 2012) and the police handling of sexual abuse allegations in an NSW Catholic diocese (Cunneen 2014).

Despite calls for a public inquiry into historical institutional abuse in New Zealand, one has not yet been established. However, in 2005, the Confidential Forum for Former In-Patients of Psychiatric Hospitals was established. It ran for a year and received accounts from 405 former residents, as well as 88 family members and former staff (Department of Internal Affairs 2007). In 2008, the Confidential Listening and Assistance Service (CLAS) was established, modelled along the lines of the Confidential Forum. It ran for seven years, receiving accounts from 1,103 individuals and assisting them in their requests, which were typically for counselling, access to institutional files, and referrals for legal assistance (Henwood 2015).¹⁵

In 2009, UNCAT began raising questions about MSD's handling of historic claims and a *60 Minutes* show aired on survivors' experiences. In 2010, there was a High Court push for MSD to settle claims rather than fight them.

Redress schemes

The first government redress schemes for institutional abuse were established in the 1990s in Ontario and other Canadian provinces. Ireland was next with its Residential Institutions Redress Board (RIRB) which began in December 2002 and which is scheduled to end in 2016. Australia's first government redress scheme was in Tasmania, which ran from July 2003 to February 2013. In New Zealand, MSD introduced an alternative dispute resolution process in 2008 to address a rising number of civil claims. At the end of 2013, it received cabinet approval to establish a two-path process, with one path intended to resolve abuse claims more

rapidly than the standard out-of-court resolution process; and in 2015, it announced a fast-track process to resolve outstanding cases. By taking this approach, MSD intends to finalise all its cases by 2020.

Up to mid-year 2010, there were 15 redress schemes in Canada and Australia (Daly 2014a). As of January 2016, there are over 35 additional schemes in the two countries and 13 other jurisdictions.¹⁶ Most schemes are or have been managed by governments—at times co-funded by church organisations—but some are managed by church or charitable organisations alone. As shown in Table 31.1, Australia has completed six government schemes in the four states of Tasmania, Queensland, South Australia, and Western Australia. In addition to these, seven non-government schemes are continuing,¹⁷ and an eighth government scheme began in March 2016 (South Australia’s Stolen Generations scheme). Another scheme was proposed in September 2015 (RCIRCSA’s national scheme), and two others may be proposed in 2016 or 2017 (in Victoria for institutional abuse and in NSW for the Stolen Generations). Along with Canada and Norway, Australia is unusual in having a high number of redress schemes for institutional abuse of children. New Zealand currently has one scheme for historical abuse.¹⁸

Redress scheme elements and outcomes

Redress schemes take varied forms. Some are more generous and have more elements than others. Some were created for one institution only, while others are country-wide and include hundreds of institutions and many thousands of adult survivors (Daly 2014a). I limit my analysis to a small set of variables. These are the size of the claimant group, validation rates, subjects of redress, average monetary payments, and whether counselling was provided. See Table 30.1.

<TABLE 30.1 ABOUT HERE>

Several points will aid the reader in interpreting Table 30.1. First, some schemes have two-levels, like Queensland; or have changed over time in the capped amount, like Tasmania; or are differentiated by how the government receives the claim, like New Zealand. Thus, two rows are allocated for these schemes. Second, a scheme's money logic has two dimensions: how to decide and how much to pay. *How to decide* can either be an individualised assessment of abuse, treating eligible claimants equally, or using another formula. Individualised assessments use grids, matrices, or scoring systems to assess abuse and severity, or to assess abuse, severity, and its impact. For equality approaches, claimants receive the same amount as a flat payment or a pool of money is divided equally among eligible claimants. Other formulas include calculating payments based on the number of years a survivor spent in an institution. *How much to pay* can be open-ended, with a high maximum cap, or it can have a lower cap or be a flat payment.

As shown in columns three to five, the number applying to schemes varies from less than 200 to over 10,000 claimants. Of these, a smaller share is validated to receive a payment. Validation rates in this sample range from 64 to 90 percent, and the average is 75 percent. Only one scheme—South Australian Institutions—addresses sexual abuse only.

Queensland's money logic combined an equal, or flat, payment at level 1; and an individualised payment, capped at AUD 33,000, at level 2. Nearly 7,500 people received a flat payment of over AUD 7,500 when adjusted for inflation, and about 3,500 people received the flat payment and an individualised payment for a total of AUD 21,600. The Queensland scheme was constrained by having a fixed pool of funds; this occurred in Redress Western Australia and may be affecting recent payments in New Zealand. Except for the New Zealand cases filed in court, all the individualised approaches in Table 30.1 had, or have, a low maximum cap, which unadjusted for inflation, ranges from AUD 33,000 to 60,000. Such caps can be misunderstood by survivors, who often believe they are entitled to the maximum. Averages are a preferable metric to understand and compare payments, and a

realistic rule of thumb for an individualised scheme with a low maximum is that the average payment is about half the maximum.

For the individualised schemes, and except for Tasmanian Institutions (phases 1 to 3, AUD 40,800) and Western Australia County Hostels (AUD 36,300), adjusted payments cluster between AUD 14,000 and 24,000. The scheme with the highest payment is Tasmanian Stolen Generations with AUD 67,000; it used an equality-based approach of dividing a fixed pool of AUD 4.9 million among 84 validated claimants. Worldwide, most schemes have maxima of AUD 80,000 or less. But two have very high caps of over AUD 200,000: they are Ireland's RIRB with EUR 300,000 and the level 2 payment in Canada's Indian Residential Schools (the Independent Assessment Process) with CAD 275,000, but up to 430,000 for proved loss of income. For these schemes, the average payment was AUD 88,000 and 97,500 respectively (Daly 2016). The redress scheme proposed by the RCIRCSA is modelled on an estimated 60,000 eligible claimants and an average payment of AUD 65,000.

Although victims and survivors say that it is not the money that matters in pursuing redress, in time it does come to matter because it symbolises the degree to which survivors' experiences of abuse and neglect are validated and vindicated. By validated is meant that victims' suffering is believed, acknowledged, and recognised; and by vindicated is meant that the offending party has admitted that a wrong occurred (Daly 2014a, 2016). In addition to a money payment, another frequent redress element is counselling. As shown in Table 30.1, counselling was part of almost all redress schemes, although some have been more generous than others. In New Zealand, counselling was not part of the Historic Claims process, but if it was requested during CLAS, a person could receive up to 12 counselling sessions (Henwood 2015).

Conclusion

Historical institutional abuse of children began to emerge as a significant social problem in affluent democratic nations in the 1980s. As of January 2016, 20 jurisdictions have held public inquiries, established redress schemes, or done both. This chapter has taken readers on a descriptive tour of a new interdisciplinary field of knowledge and practice, with a focus on developments in Australia and New Zealand. Among the key areas for future research are the following. For philosophy and questions of justice, what do offending institutions such as governments, churches, and charities *owe* survivors and why? For politics, what explains a political penchant for redress *now*, why are some responses more generous than others, and what priority do citizens who are not survivors give to redress and why? For the law, can individualised approaches to assessing abuse be transformed to be more meaningful to the lived experience of institutional abuse? What other redress logics and procedures are possible? For socio-legal processes and impact, how do responses to institutional abuse affect survivors, alleged or admitted perpetrators, professional advocates and service providers, and others? Are some redress responses more effective than others? These and other questions will provide fertile ground for researchers and the development of theory in the years ahead.

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¹ As discussed below, there were numerous investigations of child maltreatment in Australia, dating from 1855. However, as in other countries, these focussed on too harsh discipline or corporal punishment, not on physical or sexual abuse as named social problems (Daly 2014a, 84-92).

² Members of my research team (Victoria Meyer and Dannielle Wade) and I identified these jurisdictions in a world-wide review. My thanks and appreciation to them and to Sonja Cooper, Bronwyn Dalley, Amanda Hill, Lizzie Stanley, and Stephen Winter for their reviews of a draft of this chapter.

³ It will only be a matter of time when the social problem of institutional abuse is “discovered” in less affluent nations and countries of the developing world.

⁴ Collateral effects of conflict and displacement are immigration detention centres and refugee camps, which put children and adults at further risk of victimisation.

⁵ Although I focus here on institutional abuse of children, such abuse is not limited by age (Stanley, Manthorpe, and Penhale 1999).

⁶ About 7,000 children were sent from Great Britain to Australia from 1912 to 1970 (Daly 2014a, 47), and 550 were sent to New Zealand after World War II (1948 to 1953) (Dalley 1998,

176). Canada began receiving children in 1869, but ended child migration in 1935 (Australian Senate Report 2001, 60).

⁷ Although we lack definitive data, we may assume that economically disadvantaged people, Indigenous peoples, and other members of racial-ethnic minority groups are a higher share of abuse victims in closed than open settings. They were (and are) more often subject to social welfare and criminal justice controls, and targets of forced assimilation policies.

⁸ The term redress is synonymous with reparation, but redress is more often used in the institutional abuse field; and reparation, for international crime and violations of human rights (Torpey 2006).

⁹ I do not consider the relationship between corrective and distributive justice in redress scheme design (but see Winter 2014; Daly 2016).

¹⁰ A longer, more detailed New Zealand case study will be available on my website: www.griffith.edu.au/professional-page/professor-kathleen-daly/publications/.

¹¹ I focus on government responses, not those by church and charitable organisations. Nor do I describe litigation and pay-outs by MoH and MoE. However, all this activity is important for grasping the totality of institutional abuse and redress in New Zealand.

¹² Youth who were living in DSW facilities would be brought to the Lake Alice unit for what was called treatment (but was, in fact, punishment) when it was operating from 1972 to 1977; thus, there is crossover in the claims arising from the Lake Alice unit and MSD claims.

¹³ At year-end 2009, Norway had a national scheme and 30 distinct municipal schemes (Pettersen 2010, 55–57).

¹⁴ There have been other key Senate inquiries on the Australian Government's implementation of the Senate's previous inquiries on historical institutional abuse, along with a review of the Government's compensation schemes (Daly 2014a, 278–279).

¹⁵ Neither Forum could grant or recommend monetary payments. After they closed, the information provided to them was sealed.

¹⁶ The estimate includes a sample of ten Norwegian schemes, not all of them.

¹⁷ These are *Towards Healing, Melbourne Response, Anglican Church, Jewish Centre, Yeshiva Centre*, and *Salvation Army Eastern and Southern Territories*.

¹⁸ There are two others, both established in 2013: one addresses claims against MSD that occurred from 1993 to 2007; and a second, those against MoH for abuse in psychiatric hospital care before 1992 (except Lake Alice child/adolescent unit claimants).

Table 30.1 Australian and New Zealand redress schemes

case #	case name and scheme	# of claims	validated claims		money logic	based on proving	average payment in AUD*	counselling	comments on estimates and outcomes
			#	%					
AU2	Queensland Institutions (level 1)	10,218	7,453	73%	flat equal	abuse and its severity (declaration)	7,662	yes	Began with pool of about AUD 100 million. All level 1 payments were distributed; the residual was then allocated to validated level 2 claimants.
	Queensland Institutions (level 2)	5,416	3,492	64%	individualised, low cap	abuse, its severity, and impact	21,644	yes	This figure combines level 1 and level 2 payments. Cap for level 2: AUD 33,000. Cap for level 1 and 2: AUD 40,000.
AU5	Tasmanian Institutions (phases 1–3)	1,873	1,454	78%	individualised, low cap	abuse, its severity, and impact	40,791	yes	Cap: AUD 60,000
	Tasmanian Institutions (phase 4)	541	382	71%	individualised, low cap	abuse, its severity, and impact	14,136	yes	Counselling reduced in phase 4 to 3 sessions. Cap: AUD 35,000
AU6	South Australian Institutions	129	91	71%	individualised, low cap	sexual abuse, its severity and impact	14,718	yes	Figures as of 30/07/2014; 79% applications resolved. Average payment is of those accepting the offer. Cap: AUD 30,000 (50,000 in “exceptional cases”).
AU7	Tasmanian Stolen Generations	128	84	66%	equal, other formula	no abuse had to be established	67,073	yes, on request	Began with pool of AUD 5 million. Of 23 family members who applied, 22 validated; AUD 100,000 awarded to family members for an average of 4,545 per person. Residual of AUD 4.9 million allocated equally to 84 validated members of Stolen Generations. Redress for policy wrong.
AU8	Redress Western Australia	5,768	5,210	90%	individualised, low cap	abuse, its severity, and impact	24,361	interim, but more on request	Cap: AUD 45,000
AU9	Western Australian Country High School Hostels	105	90	86%	individualised, low cap	abuse, its severity, and impact	36,333	yes	Cap: AUD 45,000
NZ1	NZ Historic Claims (sent to MSD)	821 resolved cases	665	81%	individualised, low cap	abuse, its severity, and impact	17,743**	yes, if requested to CLAS	MSD-reported data as of 31/03/2016; 64% of applications resolved. Cap: NZD 50,000 for fast track, but can be higher if the other path is taken. Some claimants have legal representation.
	NZ Historic Claims (filed in court)	209 resolved cases	152	73%	individualised, no stated cap	abuse, its severity, and impact	19,752***	yes, if requested to CLAS	MSD-reported data as of 31/03/2016; 36% of applications resolved. Negotiated outcomes. All claimants have legal representation.

*Only this column adjusts for GDP in AUD (year 2012) except for NZ schemes. Caps and other money amounts shown on the table are not adjusted for inflation. Amounts are net of legal fees or costs.

** Average NZD 19,089; used NZD/AUD exchange rate 0.92948 (2015).

*** Average NZD 21,215; used NZD/AUD exchange rate 0.92948 (2015).