

2. Evidence of Identity

Do you have any of the following? If so, please attach copies:

- *Passport*
- *Driver's Licence (QLD License Attached)*
- *If known, please state your home address when you were first placed in an institution:*

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3. Institution(s) in which you were resident

- *Please give the names and addresses of all institutions in which you were resident and the dates of residence as precisely as possible.*
- *Please also state, if you can, any number you were given in the institution.*

Name of Institution:	Address:	Dates of residence:		Number given in the institution
		From:	To:	
SALVATION ARMY HOME FOR GIRLS EAST CAMBERWELL	UNKNOWN	1939 OR 1939	1948 OR 1949	UNKOWN

4. Description of abuse suffered by you:

- *Please provide a written account of any sexual, physical or emotional abuse or any neglect which you suffered while resident in any institution named in this form.*
- *Please provide the following details, if you can*

Place(s) where abuse occurred	Approximate date(s) when abuse occurred	Name(s) of person(s) who committed abuse
WITHIN THE SALVATION ARMY HOME RESIDENTIAL AND COMMUNAL AREAS.	WHEN FIRST ARRIVING AT THE HOME (1938 OR 1939). I WAS SCOLDED AND ADMONISHED REGULARLY DURING MY INITIATION PERIOD (FIRST SEVERAL WEEKS). I WOULD BE REGULARLY DISCIPLINED FOR THE MOST MINOR OF MISDEMEANOURS WITH STRAPPINGS AND BEAT WITH A CANE ACROSS THE HANDS AND LEGS. I WAS ONLY A 4 – 5 YEAR OLD GIRL AT THE TIME WITHOUT ANY FAMILY AROUND ME. THESE EVENTS HAVE REMAINED IN MY MEMORY.	UNFORTUNATELY I CANNOT RECALL THE NAMES OR EVEN A CLEAR RECOLLECTION OF THEIR FACES. BUT I DO REMEMBER THEM BEING STAFF AT THE GIRLS HOME.
WITHIN THE SALVATION ARMY HOME RESIDENTIAL AND COMMUNAL AREAS.	I WAS ALWAYS BEING PUNISHED (AS DESCRIBED ABOVE) FOR THE MINOR OF MISDEMEANOURS. I WAS ALSO FORCED TO SIT ON A BOX IN AN ISOLATED PLACE / ROOM ALL DAY OR MADE TO SIT THERE HALF A DAY. I WAS ONLY ALLOWED OUT FOR MEALS AND THEN I HAD TO SIT AT A TABLE ISOLATED ON MY OWN. OVER THOSE YEARS THIS ISOLATION TREATMENT OCCURRED REGULARLY – I STILL EXPERIENCE TERRIBLE MEMORIES AND DREAMS AS A RESULT OF THE TREATMENT.	UNFORTUNATELY I CANNOT RECALL THE NAMES OR EVEN A CLEAR RECOLLECTION OF THEIR FACES. BUT I DO REMEMBER THEM BEING STAFF AT THE GIRLS HOME.
WITHIN THE SALVATION ARMY HOME	WHEN I WAS EIGHT YEARS OF AGE I WAS GIVEN THE ONEROUS RESPONSIBILITY OF CARING FOR A YOUNGER GIRL WITHIN THE HOME. I WAS FORCED TO CARE FOR HER MOST MINOR DETAILS INCLUDING DRESS, BATHING, REPAIRING CLOTHING AND SEVERAL OTHER RESPONSIBILITIES THAT NOW I KNOW I SHOULD NOT HAVE BEEN GIVEN SO MUCH RESPONSIBILITY FOR MY AGE. I WOULD BE SCOLDED AND PUNISHED BY THE HOME'S STAFF IF I DID NOT CARE FOR THE YOUNGER GIRL TO THEIR SATISFACTION.	SEVERAL OF THE HOME'S STAFF HOWEVER I CANNOT RECALL THEIR NAMES. I CANNOT RECALL THE YOUNGER GIRLS NAME BUT I WILL KEEP TRYING TO REMEMBER IT.

Place(s) where abuse occurred	Approximate date(s) when abuse occurred	Name(s) of person(s) who committed abuse
<p>WITHIN THE SALVATION ARMY HOME RESIDENTIAL AND COMMUNAL AREAS.</p>	<p>AT ONE TIME IN THE HOME (I CANNOT RECALL THE DATE OR PERIOD) I REMEMBER JUMPING OVER A DITCH IN THE YARD AND FELL AWKWARDLY, INJURING MY ANKLE. I WAS IN SIGNIFICANT PAIN AND COULD NOT WALK OR PLACE WEIGHT ON MY ANKLE. VERY SOON AFTER INJURING MYSELF THE MORNING BREAKFAST BELL RANG. I MANAGED TO CRAWL TO THE DINING ROOM DOOR AND KNOCKED ON THE DOOR. THE STAFF REFUSED MY ENTRY OR HEAR OF MY INJURIES AS THEY WERE ADAMANT ABOUT MAINTAINING THEIR DINING HALL PROTOCOL - THAT THE DOORS WOULD CLOSE SOON AFTER THE BELL RANG AND NO GIRL WOULD BE ALLOWED ENTRY AFTER THE DOORS CLOSED (THEY WOULD MISS THE MEAL). I WAITED THE BREAKFAST PERIOD OUT AND WHEN THE STAFF EVENTUALLY SAW ME THEY SCOLDED ME FOR SEEKING ATTENTION AND PLACED ME IN BED FOR THREE WEEKS. NO ONE TENDED TO MY INJURED ANKLE IN WHICH IT HEALED WITHOUT MEDICAL ATTENTION. MY ANKLE BROKE OUT IN A CLUSTER OF VERY PAINFUL BOILS FOR MONTHS AFTER.</p> <p>TO THIS PRESENT DATE I STILL HAVE OCCASIONAL PAIN IN THE ANKLE WHEN WALKING.</p>	<p>SEVERAL OF THE HOME'S STAFF HOWEVER I CANNOT RECALL THEIR NAMES.</p>
<p>WITHIN THE SALVATION ARMY HOME.</p>	<p>I WAS BORN LEFT HANDED. WHEN I COMMENCED SCHOOL IN 1941 AT THE SALVATION ARMY HOME. I WAS REGULARLY STRUCK ACROSS MY LEFT KNUCKLES WHENEVER I ATTEMPTED TO USE MY LEFT HAND. THE TEACHERS REGULARLY TIED MY LEFT HAND TO THE BACK OF MY CHAIR. THE TEACHERS AND STAFF CONTINUALLY TOLD ME THAT I WAS STUPID AND AN IDIOT. I WAS PLACED INTO A CORNER WITH A DUNCE'S CONE ON MY HEAD. I HAVE NOW GROWN TO BELIEVE THAT I AM SLIGHTLY DYSLEXIC, AS EVER SINCE MY TIME AT THE HOME I HAVE REGULARLY MADE THE MISTAKE OF CONFUSING THE LETTERS D AND G.</p>	<p>TEACHERS WITHIN THE HOME.</p>

Place(s) where abuse occurred	Approximate date(s) when abuse occurred	Name(s) of person(s) who committed abuse
WITHIN THE SALVATION ARMY HOME GARDEN AREA.	A REGULAR TASK I WAS FORCED TO DO WAS TO ASSIST FOUR OTHER GIRLS IN THE HOME TO RAKE A VERY LARGE AREA OF LAWN. RAKING THE LAWN IN WINTER AND AUTUMN WAS WORST AS WE WOULD SUFFER CHRONIC CHILBLAINS ON OUR HEELS AND FINGERS. THE TEMPERATURE WAS NEAR FREEZING AND WE WERE NEVER PROVIDED GLOVES OR WARMER CLOTHING. NOR WERE OUR CHILBLAINS COVERED AND CONSEQUENTLY WE COULD NOT WEAR SHOES DUE TO THE PAIN.	

5. Description of injuries resulting from abuse:

- *Please provide a written account of the injuries resulting from the abuse with reference to the following:*
 - (a) *Physical or psychiatric injury.*
 - (b) *Psychological, social and educational difficulties.*
 - (c) *Loss of employment or other opportunity,*
- *If you have attended any medical or other practitioner or any hospital for treatment of these injuries, please provide the following information where possible:*

Name of Practitioner/hospital	Address	Dates attended
NONE	NONE	NONE

6. Civil or criminal proceedings arising from abuse

Have you ever made a statement to the police about the abuse suffered by you?

Yes No

If "yes" please give details

Name of police officer:	N/A
Police station:	N/A
Date when statement made:	N/A
Address of police station:	N/A

- *Please provide a copy of the statement, if available.*

Have you brought any proceedings for damages against any person or body arising out of any matter referred to in this form?

Yes No

Have you received damages by way of a settlement or a court award in respect of any action arising out of any matter referred to in this application?

Yes No

If yes, what is the amount of compensation/damages received? N/A

If a claim was pursued or legal proceedings were issued, please attach a copy of any relevant documentation including a copy of the writ and/or settlement documentation.

7. Expenses

- *If you have incurred medical and other expenses please provide full details of all expenses, including a letter from your treating doctors/health care providers regarding the nature, extent and likely cost of any future treatment needs.*

8. If you wish to add anything to the information you have given above, please do so in the space below:

EVEN THOUGH I EXPERIENCED WHAT I BELIEVE TO BE HARSH TREATMENT WHILE AT THE SALVATION ARMY HOME FOR GIRLS I NEVER SOUGHT LEGAL OR MEDICAL ASSISTANCE / TREATMENT AFTER LEAVING THE HOME. WHEN I WAS OLD ENOUGH TO DO SOMETHING ABOUT MY EXPERIENCES IN THE HOME I DID NOT CHOOSE TO DO ANYTHING BECAUSE AT THE TIME IT WAS NOT CONSIDERED THE PROPER THING IN SOCIETY TO CHALLENGE THE SALVATION ARMY AND THE WAY THEIR STAFF TREATED US GIRLS IN THE HOME. AS TIME PAST I SIMPLY CHOSE TO FORGET THAT PERIOD AND RARELY DISCUSSED THE PERIOD WITH FAMILY OR CLOSE FRIENDS. HOWEVER THERE IS NO DOUBT THE WAY I WAS TREATED, BOTH PHYSICALLY AND EMOTIONALLY, HAS CERTAINLY REMAINED A HORRIBLE MEMORY OF MY PAST AND I KNOW THAT THE WAY I WAS TREATED WOULD IN NO WAY BE ACCEPTED BY SOCIETY TODAY AND I VERY MUCH DOUBT THAT IT WOULD HAVE BEEN ACCEPTED BY SOCIETY AT THE TIME, IF ONLY BEGRUDGINGLY FOR THE SERVICE THE SALVATION ARMY PROVIDED IN TAKING IN HOMELESS GIRLS. BUT I DO NOT ACCEPT THAT THE SERVICE THE SALVATION ARMY PROVIDED MITIGATED THE MANNER IN WHICH THEIR STAFF TREATED US GIRLS AT THE HOME.

FIRSTLY I SEEK AN OPEN AND UNCONDITIONAL APOLOGY FROM THE SALVATION ARMY FOR THE WAY THEIR STAFF TREATED ME WHEN I WAS IN THEIR CARE. SECONDLY I WOULD LIKE YOU TO REPRESENT ME IN ANY PUNITIVE DAMAGES THAT YOU WOULD CONSIDER APPROPRIATE FOR THE GRIEF AND ANGUISH I HAVE CARRIED OVER SO MANY YEARS.

THANKYOU FOR TAKING TIME TO REPRESENT ME. IF YOU NEED FURTHER DETAILS OR ANY CLARIFICATION OF MY STATEMENTS PLEASE DO NOT HESITATE TO CALL ME AT HOME [REDACTED]

9. Tell us about yourself.

Were you a Ward of the State. NO. I WAS HANDED INTO THE CARE OF THE SALVATION ARMY GIRLS HOME BY MY MOTHER WHO COULD NOT CARE FOR ME FOR FINANCIAL REASONS AT THE TIME (SHE WAS A SINGLE MOTHER WITH NO FAMILY TO SUPPORT US).

If so, over which years? 1938-9 to 1948-49


- Are you married? YES
- Do you have children? YES

• Dates of birth



- Do you have siblings? NO
- Were they in the Institution with you? NO
- Are you in contact with them? NO
- Can you provide contact details? NO
- If Yes, please provide details: N/A
- Are you in contact with any other residents who were in the Institution with you? NO

IT HAS BEEN OVER 60 YEARS SINCE I WAS IN CARE AT THE HOME AND I CANNOT RECALL ANY OF RESIDENT GIRL'S OR STAFF'S NAMES. I DID NOT MAKE MANY CLOSE FRIENDSHIPS WHILE AT THE HOME AND HAVE NOT SOUGHT TO MAKE CONTACT WITH ANY OF THEM SINCE LEAVING THE HOME. I SIMPLY WANTED TO FORGET THAT PERIOD AND NOT CONTACT ANYONE THAT WOULD PROVOKE A RECOLLECTION OF THAT PERIOD OF MY LIFE.

- If yes, please provide contact details: N/A
- What level of education did you achieve? 6TH GRADE
- When did you come to Australia? BORN IN AUSTRALIA (TASMANIA)
- Are you presently employed? NO, RETIRED.
- What is your occupation? RETIRED.
- Name of Employer? N/A.
- Average Gross Annual Earnings? 

Signed: 

Dated: 17 Aug 2006