OVERVIEW
Early to mid 19th century Australia’s welfare policy involved placing orphans and neglected (usually fatherless and/or impoverished) children into institutions – known as the barrack style system – not dissimilar to the English poor houses. Impoverished parents often placed their children there until they were financially able to reclaim them.

Late 19th century there was a world-wide move to place children in foster care or as it was originally known the ‘boarding-out system’. This was considered cheaper and better able to produce industrious citizens undamaged by the institutionalisation of the barrack system. In 1902 Sir (Dr) Charles Mackellar declared the Boarding-Out system to be national policy. This was formalised at an interstate conference of welfare workers, in South Australia, in 1908. The mandate of the various child welfare departments was to promote adoption but this was hampered by the lack of protective legislative for foster parents: “No matter how dissolute or degraded unworthy parents may be, the law at present permits them to reclaim children…”¹ The purpose of boarding-out and then later adoption was “to give unfortunate children … “natural training” in a private home.”²

In the late 19th early 20th century there was huge concern both for the falling birth rate and the quality of the citizens the country was producing. Ex nuptial or ‘illegitimate’ children were considered racially inferior and there was a eugenic agenda to reduce their numbers.³ Eugenicists saw illegitimacy as a threat to the family, morals and society itself. At the same time there was a pronatalist push to populate Australia. The combination of a eugenic and pronatalist agenda resulted in a social engineering experiment where thousands of newborns were transferred from their single mothers to state approved, childless married couples.

In 1912 Mackellar went to Britain to research the topic of feeblemindedness and when he returned wrote a Report (1913) in which he discussed at great length the problem of the feebleminded and how they should be controlled. He was influenced by the

² Ibid p. 12
The eugenics movement was concerned with ‘right breeding’: only the fit should reproduce.9 Eugenicists believed the ‘science’ of eugenics, with its emphasis on controlled breeding, could be applied to solve social problems such as crime, immorality, delinquency and was a way of strengthening the racial ‘germ’.10 It was feared that suicide of the race would occur if the Commonwealth did not introduce policies to regulate reproduction,11 health reform12 and, most relevant to this discussion, to socially engineer families by transferring/removing children from ‘unfit’ to ‘fit’ parents.13 Hence unmarried motherhood was used to produce families

4 Galton coined the word ‘eugenics’, (the Greek words for well and born) in 1883 in Inquiries into Human Faculty and Development that heralded the movement. Galton (1904, p.1) defined Eugenics as “the science which deals with all influences that improve the inborn qualities of a race; also with those that develop them to the utmost advantage” and “as the science which deals with those social agencies that influence, mentally or physically, the racial qualities of future generations” (1905, p. 11). See: Galton, F. (1904). Eugenics: Its Definition, Scope, And Aims The American Journal Of Sociology Vol X, 1, July 1904, pp. 1-6 (Accessed 30/6/2004): http://www.mugu.com/galton/essays/1900-1911/galton-1904-am-journ-soc-eugenics-scope-aims.htm


8 Mackellar, C. (1913) The Treatment of Neglected Children and Delinquent Children in Great Britain, Europe, and America with Recommendations as to Amendment of Administration and Law in New South Wales Report No 4, 11 September at 34


12 Ibid at 31-32

for infertile married couples where previously, according to those advocating the
removals, none had existed [the unmarried mother and her child]. 14 As previously
alluded to this was a social engineering experiment under a broader Federal
population policy of ‘seeding’ Australia with ‘good white stock’. 15 Unwed mothers:
white or Indigenous with white ancestry, were considered to be feebleminded and part
of a sub-group ‘racially inferior whites’ 16 unable to rear their infants to become
‘industrious useful citizens’. Those considered to be racially inferior were thought to
be in need of elimination, 17 and the way Australia solved the problem was to remove
their children/infants and assimilate 18 them in class above their own. 19 The USA
wanted to sterilize and segregate women whilst putting pauper children on orphan
trains, whilst Britain wanted to emigrate them to its colonies - both had the motive of
saving the State money. Australia though, because of its tiny population and its elite
pronatalist agenda wanted to bolster its population and expand the working and
middle classes. Therefore the pronatalist push combined with eugenic fear of ‘racial
suicide’ lead to the population policy of assimilation being adopted in Australia.
Assimilating ‘illegitimate infants/children’ into the working class had been a strategy
already employed in the mother country for centuries:

> We wish to **assimilate** the children, to the condition of the people of the
country, with whom they board 20

Boarding-out gave the best chance of escaping pauper associations and
becoming **assimilated** into the respectable working population 21

With British colonisation the ideology was brought to Australia:

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14 JH Reid, ‘Principles, values and assumptions underlying adoption practice’, *Social Work*, vol. 2, no. 1, 1957
16 Mackellar, C. (1913) *The Treatment of Neglected Children and Delinquent Children in Great Britain, Europe, and America with Recommendations as to Amendment of Administration and Law in New South Wales Report No 4, 11 September*; Mackellar, C. (1904). *Annual Report Child Relief Department* at p. 91
18 Walter Bethel New South Wales Child Welfare Dept. *Annual Report for part of the Year 1921, and for the four following Years 1922, 1923, 1924 and 1925*, NSW: Govt Printers, p. 5
20 Reports of Poor Law Inspectors to Poor Law Board on boarding-out of Pauper Children in Scotland and certain Unions in England: 1870, p. 44 (hereafter referred to as the Henley Report).
The goal being to disconnect them from their ‘unsavoury’ antecedents as part of a social cleansing policy and to train them to be efficient and productive citizens\(^{22}\)

It is felt that adoptions will not only prove to be a lasting and permanent way for the child to be absorbed [assimilated] into the community\(^{23}\)

The birth of illegitimate children are responsible for quite a large number of cases annually [placed for adoption] (p. 8) … Duty of every healthy intelligent community as parens patriae is to protect to the utmost its children from all those influences which tend to their undoing … and to endeavour to remove or moderate all the forces that destroy the physical and moral health of its people … they must be removed to healthier surroundings if they are to survive and become healthy members of the community instead of hindrances and burdens\(^{24}\)

This solved both problems, single mothers and their illegitimate infants, both Indigenous (only those who had white antecedents) and non-Indigenous were to be separated, the women used as cheap labour, who would later get married and “go to have children of their own one day” and the infants who would “melt” into or be “assimilated” amongst the working classes where they would be trained to be domestics or agriculture workers. Quality children were required by the Australian State and a quality child was white and legitimate\(^{25}\)

Dr. Rosemary Kerr succinctly summarises the population policy\(^{26}\):

1. To promote efficiency based on a vigorous white population to create a secure and competitive nation within the region for imperial proposes
2. To ensure babies were given the opportunity to grow into good and useful citizens
3. The State wanted to improve its infant mortality record because of the loss of life in the war – adoption was considered vital to this
4. Economic – the Department was always engaged in cost cutting measures, such as limiting money paid to dependants such as single mothers

**Eugenics and Racial Inferiority:**

Reekie elaborates\(^{27}\):

Many of the stolen children categorised in the racist terminology of the time as ‘half-caste’, quadroon’, ‘octroon’, ‘mixed blood’ or ‘lighter caste’, were born to parents who were not married (often an Aboriginal mother and white father), and were therefore constructed according to

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\(^{23}\) Walther Bethel, Secretary of the NSW Child Welfare Dept, in the 1925 Child Welfare Annual Report at 5

\(^{24}\) Annual Report Child Welfare Department for the Years 1926, 1927, 1928 and 1929, at 8-9


\(^{27}\) Reekie, G. Measuring Immortality: Social Inquiry and the Problems of Illegitimacy UK: Cambridge Press,
white cultural norms as ‘illegitimate’ (p. 69) … any discrimination the stolen generations might have experienced as a consequence of the social stigma attached to ex-nuptial birth has attracted much less public attention than the physical and sexual abuse, emotional pain, loss of family ties and personal identity, and ongoing psychological trauma caused by racist attitudes and colonialist practices. Although the illegitimacy of the stolen children is sometimes mentioned as a salient fact in the removal policy, the problem has been constructed overwhelmingly as one of the government’s mistreatment of Aboriginal children on the basis of perceived racial status and its attempted genocide of the Aboriginal race (p. 69).

Charles Mackellar did not consider Aboriginals with white ancestry to be Aboriginal but ‘racially inferior whites’.28 He placed single white mothers and part-Aboriginal mothers into the same class: feebleminded or moral imbeciles.29 He believed that the only way to protect their infants was to remove them and place them with white married couples. In this way they would be cut off from the influence of their mothers and families. Since Charles Mackellar was intimately involved in setting up the NSW child welfare Department which other States modelled this removal and assimilation policy was entrenched in the Australian Welfare system.

the youthful mind is like a “a fair sheet of white paper, on which anything may be written”; and in acknowledging the truth of that statement I am forced to the conclusion that where parents are … vicious (feebleminded and/or poor), or otherwise criminal, and the fair white sheet of the child’s mind is likely to be soiled thereby, that the State should not scruple to take the young children under control. It may be urged that such a course would be extremely harsh and cruel to the parent but I have no sympathy with them … I would be prepared even to advocate the perpetual segregation of those … shown that they are the enemies of their own offspring as of the State itself; I would earnestly advocate State interference on behalf of their children30 … The welfare of the community-The most practical way of lessening the burdens of taxation and the loss of property through the ravages of the crime class, is by the prevention of pauperism and crime. Experience proves that the easiest and most effective way of this is by taking hold of the children, while they are young; the younger the better.31

It is universally admitted that the best way of treating State children is to board them out-to place them in homes morally as well as physically clean, where they will lead a healthy social family life. The annals of the Department show that these children when withdrawn from the vicious atmosphere in which their infancy has been passed and placed midst people leading a wholesome moral life, they may be converted into well-

28 Mackellar, C. (1913) The Treatment of Neglected Children and Delinquent Children in Great Britain, Europe, and America with Recommendations as to Amendment of Administration and Law in New South Wales Report No 4, 11 September at p. 91
29 Ibid at pp. 86, 91
31 Ibid p. 18
behaved citizens in no way distinguishable from their more fortunate fellows … I believe that environment and example have a much more potent influence than heredity.\(^{32}\)

Mackellar also used religious organisations to carry out the State’s agenda. “The reformation of the viciously inclined is entrusted by the Government entirely to the religious bodies; and Homes have been established by the Salvation Army in houses rented for the purpose in suburbs … far enough to minimise materially the temptation of the girls to abscond and return to the city… the management of the Homes is vested in their officers, the Government contributing a per capita charge, ranging from 5s to 10s per week, according to character for each girl sent to them...”\(^{33}\)

And being a pro-natalist his agenda was to stem the rise of infant mortality: “The Bill aims at placing the State Children’s Relief board in loco parentis to any mother who bears an illegitimate child” who is poor and without support. “I was impelled to take this measure from the enormous mortality amongst illegitimate children in the State … I have no hesitation in saying this enormously disproportionate mortality is the result of neglect”.\(^{34}\)

**Aboriginals not considered under the assimilation policy**

Full blooded Aboriginals were expected to ‘die out’ and therefore were not targeted for assimilation policies (Manne: 1999, cited in SMH: 1999, 4s, Spectrum, Feb 27, p. 27). Manne also states from the time the Commonwealth took over management of the Northern Territory from South Australia, the rounding up of the ‘half-castes’ began. Manne states: “The policy appears to have been the brain child of the first Commonwealth Chief Protector of Aborigines, Dr. Herbert Basedow”. A Commonwealth policy carried out and enforced by State authorities. He also states that at the heart of so called ‘child rescuing’ was “an astonishing indifference to two fundamental human needs – the bond of the child to its mother and the rootedness of individual identity in a culture”. Murdoch\(^{35}\) stated that is exactly what the British reformers failed to acknowledge: the suffering they inflicted on poor parents and single mothers when they took their children away, many thousands sent overseas, losing not only their families, but cultural identity.\(^{36}\) The same could be said about those who failed to acknowledge the acute suffering and trauma they inflicted on single mothers in taking their newborns away at birth or soon after, in 20\(^{th}\) century

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\(^{32}\) Ibid p. 23  
\(^{33}\) Ibid p. 7  
\(^{34}\) Ibid p. 24  

The Aboriginal Board did not have the power to remove Aboriginal children from their families (Trevorow v State of South Australia: 2007). All ‘part- Aboriginal’ mothers or white mothers’ with Aboriginal children were treated in the same manner within hospitals and mother and baby Homes. Ms Wendy Hermeston states: “The ways of removal graduated over time. They went from covert to overt … pressure was placed on women … the pillow held up … the mother not being able to see the child to cut off those emotional bonds … it graduated over time, the actual forced removal where superintendents police or the mission manger went into the missions and removed children … [adoptions] came into play over the 1950s and 1960s … welfare workers, doctors, anybody within the system, basically is the same. Aboriginal women were dealing with the same workers that non-Aboriginal women were dealing with … we’re talking about adoption … so the same people non-Aboriginal people dealt with in the system… I definitely consider it unethical …Yes, I do think it was illegal (Report 22: 2000, pp. 228-229).

The newborns were removed ostensibly under either Child Welfare or Adoption Acts, and Indigenous mothers like their white counterparts were forced to sign consents. Fortunately their plight has been recognized and they have been apologised to, they make up 17% of the Aboriginal stolen generation (Cheater: 2009, p. 178)\textsuperscript{40}.

According to Cameron Raynes, when researching archival material for his PhD, in South Australia, he came across correspondence of William Penhall, the last Chief Protector of Aborigines in South Australia (1939-1953). According to Raynes (2005) Penhall colluded with authorities at Umeewarra, Koonibba and Gerard missions, and with the Colebrook Home, to systematically deny Aboriginal parents the right to raise their own children. In 1951, Penhall wrote: “The Aborigines Protection Board has NO power or authority to remove children from their mothers, and in fact has never done so. Whenever children of aboriginal descent in South Australia are neglected or ill-treated, action is always taken by the Children’s Welfare Department in the same way as that department deals with neglected white children. A number of children are placed in special institutions by the Board for training, but this is only done with the consent of the parents”.

Raynes stated: “Under the Aborigines Act 1939, the Aborigine Protection Board (APB) of which Penhall was secretary, was the legal guardian of all Aboriginal

\textsuperscript{37} Cunningham, A. (1996). \textit{Background Paper for the Minister of Community and Health Service On Issues relating to Historical Adoption Practices in Tasmania}, 4 December
children under 21. Specific provisions of the Act related to the custody of Aboriginal children under which the board could arrange for the direct transfer of control for a child from its guardianship to the Children’s Welfare and Public Relief Board (CWPRB). Alternatively, the APB could refer a case to the CWPRB, to use its general procedure – as used for the white population – to commit a child to an institution against the wishes of its parents … Penhall asked for advice from the Crown Solicitor (1949) as to whether he could use parts of the Act, other than that allowing a transfer of control from his Board to the CWPRB to remove Aboriginal children from their parents. Hannan, the Crown Solicitor, suggested that certain sections in the Act could be used in tandem to confine any Aboriginal child or otherwise to a reserve or Aboriginal institution. But he added: ‘I do not think the Board has any powers in the matter’”.

In fact removing children constituted a violation of his Board’s role. Under section 7(g) of the Act, the Board had a duty ‘to exercise a general supervision and care over all matters affecting the welfare of the aborigines, and to protect them against injustice, imposition and fraud’. “It is clear that the Koonibba Mission and UAM (United Aborigines Mission) benefited financially from their illegal holding of Aboriginal children”. The Homes received a departmental subsidy and child endowment for each child in their home. Additionally the UAM kept 80% of the wages of their inmates when they were sent out to work. The justification used for illegally taking Aboriginal children from their mothers, Penhall, a Methodist preacher explained, “this method of dealing with the aboriginal race offers the best prospect of success. So long as the children continue to grow up in the old environment there won’t be any radical change in the character of the people.” Penhall like his colleagues in the CWPRB never admitted their part in stealing children, either black or white. This according to Raynes: “effectively quarantined the SA public from this aspect of the public service” (Raynes: 2006, The Adelaide Review, March 18, pp. 8-9).

The Social Construction of Feeblemindedness
Feeblemindedness was a broad and subjective term that encompassed anyone who did not fit the social norm. The anxieties caused by the industrial revolution, growing numbers of people out of work and the move of women into the workforce created concern amongst the elite that the population, specifically of the ‘lower classes’, had to be controlled.41 One way to do that was to regulate how families were formed. Marriage and the formation of the nuclear family were considered to be the ideal.42 Single motherhood and its result: illegitimacy did not fit into this norm and hence the cause of the problem was simplistically attributed to being the product of feebleminded women.43

42 42 Slingerland, W. H. (919). *Child-Placing Families: A Manual for Students and Social Worker*, New York: Russell Sage Foundation, p.25: The first and elemental social organism is the family. To be complete it must contain both parents and children. Upon it depend the reproduction and the preservation of the race,
Feeblemindedness was confounded with crime, vice, delinquency, immorality and producing more feebleminded persons. Imperial Britain influenced population policy here because it wanted a white nation of fit and healthy individuals that it could call on in times of war. Reproduction by feebleminded single mothers needed to be controlled, whether the mother was Indigenous or white. The control of unwed motherhood therefore was subsumed under a broader Australian population policy implemented and regulated by the Federal government its agenda being “preservation of racial vitality and the strengthening of the nation.” Reekie states: “Race literally saturates, indeed forms the substance of western understandings of illegitimacy. The discursive embrace of racial inferiority and illegitimate reproduction is tight and enduring.”

Britain, over several centuries, had the policy of taking children from unfit, usually termed ‘pauper’ parents and placing them with others slightly above their social status so they could be trained to be industrious and the ‘taint of pauperism’ would not be transmitted to the next generation. This same thinking was the foundation of removing children from unwed mothers. If they stayed with their mothers, the mother’s vice would be transmitted to her children who would grow up to produce more illegitimate, immoral, delinquent children.

Boarding-out without subsidy, or adoption as it came to be known, by the early 1920s was seen to be superior to boarding-out because it was cheaper, the foster parents unpaid, whilst the infant could grow up in a family situation away from the fear of ‘vicious’ parents/mothers reclaiming them. The burgeoning citizen could thus be trained to take its place in the community, free of the ‘taint’ of its history.

The concern which was encapsulated in the term populate or perish and had began with the falling birth rate late 19th and early 20th century escalated with the loss of life during World War I. As discussed the Commonwealth wanted not just quantity but quality citizens. It was because of these concerns that in 1921 John Lidgett Cumpston, a eugenicist, became the first Director-General of the newly formed Federal Health Department (1921). Cumpston retained that position until he retired in 1945. The Department’s agenda was to influence state policy and legislation

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46 Reekie, G. Measuring Immortality: Social Inquiry and the Problems of Illegitimacy UK: Cambridge Press, p. 84
47 Populate or Perish: Mr. Joseph Cook, Leader of the Opposition, Brisbane Courier, 15 February, 1913; Lord Northcliffe, newspaper magnate, promoter of British migration into Western Australia, propagandist for the British government and promoter of the white Australia policy generally, used the phrase repeatedly when touring Australia, in relation to Australia’s small population and Europe’s “hungry populations”, Brisbane Courier, August 24, 1926, p. 6; The term though became associated with William Hughes, also titled the Minister of Motherhood, as he linked motherhood with defence whilst Minister for Health. He set up a Commonwealth Project: a Citizens Committee to co-ordinate the national jubilee fund for maternal and infant welfare, Canberra Times, April 13, 1935, p. 1; Hughes, W. Australia being bled White: Mr Hughes warning Populate or Perish, The Courier-Mail Brisbane, July 25, 1935, p. 14: “It was not mere numbers that were wanted, but an increase of strong, vigorous men, women, and children, and the foundation of that was healthy mothers”
concerned with population and social control. Cumpston stated that ‘preventative’ medicine could be applied not just to disease but to social problems that led to disease and crime. He and his colleagues opined that medical practitioners and those with whom they collaborated, such as social and welfare workers, were the first line of defence in implementing Federal population policy.

It is interesting to note that many decades later, in 1967, Mary McLelland, the Supervisor of Professional Training of Social Work, University of Sydney stated publicly:

The method used to attract applicants into adopting children is to inform strategic groups such as doctors in medical practice and ministers of religion and so on.

Cumpston stated he did not want the unfit to reproduce and therefore set out to implement policy to reduce their numbers while at the same time increase the numbers of middle-class white citizens. Inherent in eugenics is that educated elite, often consisting of medical doctors, social scientists and other ‘experts’ regulate the masses ‘in their best interests’. The masses were not to be informed of this Commonwealth social engineering project. Hence dual policies existed simultaneously, the public one, framed as being: ‘in the best interest’ of the child, mother and/or family, and the internal/hidden one: population will be controlled so that only ‘good white stock’ is reproduced. The Immigration Act of 1901 better known as the White Australia Policy is the most well known aspect of this overall policy, a policy broad enough to include the forced removal of not just Indigenous but non-Indigenous babies. The transference of children in such a manner was described by Pamela Roberts as a ‘tidy solution’ to the problems of illegitimacy and infertility. The tidy solution was an un-researched experiment that failed miserably.

In 1924 Cumpston re-organised the Commonwealth Serum Laboratories (CSL). In 1927 the power and control of the Health Department was extended by setting up the Federal Council of Health. In 1937 the Federal Health Council evolved into the National Health and Medical Research Council (the Council), which consisted of Cumpston as chairman and various heads of state departments. The Council supervised research and was a co-coordinator of national policies. Maternal and infant welfare was a prime concern of the council. The Council’s first meeting was held in 1937 at a conference consisting of Federal and State Ministers at the NSW House of Assembly. The Federal Health Minister, William Hughes, gave the opening address wherein he warned that if Australia did not populate it would perish. Hughes was introduced by John Cumpston, who chaired the conference. Minister Hughes stated the Council had been formed to promote the health of the country and that:

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50 Head Social Worker (1964-1976) of The Women’s Hospital Crown Street, who equated single motherhood with ‘unwanted’ children and continued the Health Department’s internal policy of separating mothers from their infants at birth. In 1968 the hospital took 64% of all ex-nuptial babies for adoption
51 Kennett, J. (1970) The losers in the babyboom: For some mothers an agony of mind and heart lies ahead Sunday Telegraph, 12 December
The importance of those functions, national in the broadest sense of the term, could hardly be exaggerated, and the Council is clothed by the Commonwealth and States with all the authority necessary for their exercise.\textsuperscript{52}

An example of the influence (collusion) of the Federal Health Department and its Health and Research Councils on state health and welfare institutions is evident in the trialling of the CSL produced vaccines on babies and infants in five unwed mother and baby homes in Victoria. No proper consent for conducting experiments on these babies was ever given. Collusion is also evident between the federal government and state institutions in the way mothers’ files were coded by social workers, at the time of their first meeting with the pregnant woman, and these codes later informed medical staff in the way the mothers would be treated in the maternity ward months later. The coding system reflected an internal policy of the health department. The coding system occurred all over Australia. Many mothers were wrongly informed their babies had died, this too would have involved collaboration between medical and social work staff.

Child Welfare Departments around Australia vigorously promoted adoption because they saw it as a service to the state.\textsuperscript{53} It saved money and stopped the spread of illegitimacy by removing the child and placing it into a ‘wholesome’ environment. There was no concern for the feelings of the mother and no research on the long term effect on the infants removed.\textsuperscript{54}

The public was led to believe that babies taken for adoption were unwanted\textsuperscript{55} and were given away after all means of assistance to keep the child and the full psychological impact of surrender was explained to the mother. It was always publicly stated that it was the mothers who decided.\textsuperscript{56} The Child Welfare Departments and social controllers/social workers used the media to promote adoption, stigmatise single motherhood and continue to remind the public that the infants were ‘unwanted’ when they knew that to be blatantly untrue.\textsuperscript{57} The adoption industry was duplicitous. Social work literature that guided social work practice stated that mothers were not autonomous and the mother was too ‘immature to make her

\textsuperscript{54} Proceedings of seminar held on 3rd and 4th November, Melb: Victorian Council of Social Service
\textsuperscript{56} Perkins, K Power of the law protects the fatherless Daily Telegraph 31/1/1967; Kennett, J. (1970) The losers in the babyboom: For some mothers an agony of mind and heart lies ahead Sunday Telegraph, 12 December; Staff Reporter The unmarried mother’s problem should she Surrender her Baby? The Australian Women’s Weekly September 8, 1954, p. 28
own decision’. The literature informed social workers that it was they who would be the deciders. The promotion of adoption led to infertile couples believing they had an inherent right to be provided with infants. During the 1930s infants could be bottle fed, there was no longer a need for the mother for the survival of the infant, and gradually the policy of children being routinely removed at birth was introduced. During the Second World War the military welfare officers advised mother and baby Homes that women could not be spared for the 3 or so months they usually spent weaning their infants, as they were needed back in service. This was a further impetus to change the system of weaning infants before being taken. As the demand for children far outstripped supply more draconian legislation was introduced to diminish the rights of natural parents further in an effort to make more children available. There was still a concern in the adoption industry about the intelligence of mothers and social workers who took over control of the ‘problem of the unwed mother’ defined it in more Freudian terminology, which underpinned their profession’s epistemology. Unwed motherhood was now considered to be a result of unconscious conflicts that caused the neurotic woman to defy social norms and become pregnant without being first married. It was social workers’, armed with their case work theory, intention to reform/rehabilitate unwed mothers whilst at the same time ‘curing’ the infertility of married couples.

The adoption legislation introduced around Australia was implemented to protect the rights of adoptive parents and to facilitate the adoption process. This resulted in an ever increasing number of applicants applying to state governments for infants. For most of 20th century the supply of infants did not meet demand, and by the 1960s the wait was approximately four years for a girl and three and a half for boy. Hence enormous pressure was exerted on State governments to find more children. A review

58 M McLelland, Proceedings of a seminar: adoption services in New South Wales’, Department of Child Welfare and Social Welfare, 3rd February, 1967, p. 42. Since it was the mother, who was the legal guardian of her child, and only the mother that was to make any decision with respect to relinquishment, what Mary McLelland is advocating: (that social workers either make the decision or help a mother to a decision), is clearly unethical and unlawful; JH Reid, ‘Principles, values and assumptions underlying adoption practice’, Social Work, vol. 2, no. 1, 1957
60 NSW Adoption Legislation Review Committee (McLelland Report). (1976), Sydney: NSW Dept of Youth, Ethnic and Community Affairs, Chairman: Mary S. McLelland
63 Parker, I. (1927). Fit and Proper A Study of Legal Adoption in Massachusetts Boston Mass.: The Church Home Society for the Care of Children of the Protestant Episcopal Church Parker, p. 54
of Hansard in Western Australia, Victoria and New South Wales indicates that adoption legislation was never formulated to protect the rights of the child or the natural parents but to keep the numbers of adoptable children up and to save the state money. During the 20th century any loop holes by which natural parents could reclaim their children were met with even tougher legislation to close that loop hole.67

Secrecy was never introduced to protect single mothers or their infants but to protect the identity of the adoptive parents. Before the legislation introduced in the 1960s adoptive parents had the name, address and occupation of the adopted child’s mother. After the introduction of the new legislation they still had her name on the top of the Adoption Order.

By 1948 reciprocal legislation had been introduced into all States and Territories and it became routine to traffic mothers across boarders and place them in unmarried mothers Homes. This allowed adopters from one State to adopt a baby from another. Hence babies were moved across borders. 68 Additionally pregnant women were moved across borders to give birth, have their newborns taken from them and then transported back to their home State. This effectively isolated, and cut women off, from any support they might have had from their partner, friends or supportive relatives. The young women had their identities hidden which made it near impossible for them to be found and assisted. None of this was done at the insistence of mothers, who were powerless and as far as policy makers went: invisible. 69

In the 1950s the state Child Welfare Departments began a second wave of promoting adoption and stigmatising single mothers, 70 as did social workers. 71 Sterility clinics were operating in hospitals and there was a belief that if a woman adopted a child she would be more likely to go on and have children of her own. Adoption therefore had the added bonus of being a fertility device and in this way it was used in a way that has been termed positive eugenics: increasing the production of children by the section of the population assumed fit. 72

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Disregard for the rights of natural mothers and their infants was evident in a practice labelled ‘breast-feeding adoptions’ or ‘rapid adoptions’. A married mother who gave birth to a stillborn was given the healthy newborn of an unmarried mother to nurse. It would be unthinkable that the unmarried mother would ever be given the opportunity to revoke her consent after the occurrence of this practice. It also makes a lie of any notion of a proper consent being given by the unmarried mother, assuming as it must that consent was given prior or straight after the birth. It was during this time period that many mothers were deceived by being told their babies had died at or soon after their birth.  

Cathleen Sherry stated (1992) that during her time working with the Law Reform Commission a common thread was pregnant women never made informed or even legal consents. She states:

There was enormous pressure, from families … from social workers … A common tactic was to tell the young woman that if she really loved her child she would give it up. … if you keep it then that is proof that you do not sincerely have his or her best interest at heart … the choice many women had was no choice at all. The social and health workers who should have been guiding them and providing them with options, gave them one option only – adoption … Their children were in effect taken from them … stolen … The NSW Law Reform Commission received evidence of … coercion and illegal practice … Consent to adoption cannot be given before the passage of a set statutory waiting period designed to allow the woman to recover from labour … it was common for women to be given consent forms to sign when they were in no fit state to make any … voluntary decisions … The Commission received evidence of women who were drugged, taken to another institution in the middle of the night, made to sign consent forms and then taken back to hospital. Documents were misrepresenteced to women so that they did not know they were signing relinquishment papers … some women never gave consent… they may have been told their baby died when it had not or a court may have dispensed with their consent. There can be no question that in all these cases the consent was not voluntary and in most it illegal under domestic legislation

Rising Demand for Infants

There was an outbreak of Chlamydia after World War II and with the introduction of a high dose pill in 1961 there was a higher than usual infertility rate. As discussed during the 1950s and 60s the pressure from those who wished to adopt escalated and the Federal and State Attorney General’s in 1961, began discussions to formulate a

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74 Sherry is currently a Senior Lecturer with the University of New South Wales
75 Sherry, C. (1982) Violation of women’s human rights: birth mothers and adoption, Unpublished manuscript. The paper was stimulated by research Sherry undertook on the Adoption Information Act 1990, whilst working at the Law Reform Commission under Justice Richard Chisholm
Uniform Model Adoption bill to further protect the interests of adoptive parents whilst reducing the rights of natural parents.\(^{77}\)

Dr John Bowlby in 1950 was commissioned by the World Health Organisation (WHO) to do a study on a mother’s relationship with her children and its effect on their mental health. The WHO’s concern with the mental health of children stemmed from its belief in a linkage between a child’s emotional well-being and their later ability to become industrious citizens. In Bowlby’s subsequent Report (1951)\(^{78}\) he confounded single motherhood with earlier ideas of mental deficiency and the more modern 1950 social work/Freudian psychoanalytical theory that Tavistock Clinic adhered too. Bowlby’s Report was politically expedient for several reasons. It was used by western governments to push women, who had been working, as part of the war effort back into their homes. Childless women though would need extra encouragement. Bowlby’s ‘scientific’ findings were therefore useful to support a population policy that was already in operation in Australia. Removing children from undesirable parents and eliminating their influence via coercive social control methods, such as ‘closed secret adoption’ and placing them in the homes of the childless to encourage those women back into their homes.

The Australian government expanded and extended further its population policy which culminated in 1964 with the Commonwealth in conjunction with the states drafting a Uniform Model Adoption Bill which all states and territories followed. The draconian legislation combined with the implementation of a punitive internal policy of dealing with single motherhood meant that by the late 1960s more babies were available for adoption than at any other time in history.

Adhering to the aforementioned population policy and bowing to the pressure of potential adopters illegal and unethical practices were the norm with no-one being held accountable. It was known that mothers whose infants were removed were traumatised and children damaged but this was an inconvenient truth that was ignored. Theories such as all single mothers would neglect and reject their children,\(^{79}\) or ridiculous assumptions that single mothers did not have the same feelings towards their children as married women,\(^{80}\) that they would forget they ever had a child were postulated.\(^{81}\) Justification for escalating removals by barbaric practices was provided by Bowlby and case work theory.

There was and still is much confusion about what mothers’ rights were, not only by mothers’ themselves but those working in the industry. The internal policy was not to allow mothers to see their infants, to drug and to force them to sign consents the public policy promoted via the media was that mothers were the ones who made the


\(^{80}\) Hon. A. D. Bridges, NSW Legislative Assembly, 1965, p. 3065

decision. There is only one mention that I am aware of in the public domain, a newspaper article, that stated mothers did not see their babies at birth, most of the publicity focused on ‘unwanted’ babies and desperate couples who were willing to open their hearts and homes to the desperate plight of these unfortunate babies.

Since it was illegal not to allow mothers’ access to their infants it was justified by asserting that mothers would be less distressed if they did not see their infants. There was no medical or social research that supported that assumption, in fact the research that was available stated that mothers would not be in a fit state to make any decision about the long term interests of the baby too soon after the trauma of giving birth. It was known that not allowing mothers to see their babies was traumatic and could physically damage the infant. It was known that mothers suffered if they did not see their babies and their long term psychological well being was impaired by being coerced into relinquishment and/or not seeing their infants to finish the birthing process and make the baby a ‘real person’.

The internal policy was therefore punitive, illegal and one of denying mothers access to their babies to facilitate adoptions. The external policy was that mothers’ should be given every assistance to keep their babies and only if they insisted on adoption was it to proceed and only as a last resort. The public was duped, and the illegal and unethical treatment of mothers’ and their infants was consistent across Australia both in public and private hospitals as well as in religious and government institutions such as unwed mother and infant Homes.

Adoption was a Commonwealth project and this was certainly evident in the drafting of the new Uniform Adoption Bill by the Federal and State Attorneys-General and the Ministers of the various Child Welfare Departments across Australian. Adoption Acts

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83 Sunday Truth, Ward I Crowded: Unwed mothers: A special ward, set aside at the Brisbane Women’s Hospital for unmarried mothers October 24, 1965
88 Emerson, D. (2010) Former Driver recalls heartbreak of baby lift The Western Australian, March 10, p. 17
89 Staff Correspondent (1950). The Problem of the Unwed Mother, The Sunday Herald June 28, 1953, p.12, http://nla.gov.au/nla.news-article18504211; discusses women coming from interstate and overseas, hidden in the maternity home, used for labour, and when one young woman gets married the couple are told their baby died. The hospital where the mothers deliver is connected to the unwed mother’s home. The mother is expected to make a decision before entering the home and is not given the same access to her baby as married mothers.
implemented throughout Australia during the 1960s followed the Uniform Adoption Bill first implemented in the Australian Capital Territory in 1964. It must be said though that these Acts did not appear in a vacuum. The fundamental ideology that it was in the best interests of the child to be removed from its single mother had been national policy from the 1902. The Commonwealth began moving towards uniform policy and legislation across Australia in the 1930s, beginning with the reciprocal legislation that allowed adopters to make applications for newborns across borders. The implementation of the Acts only strengthened the state’s ability to further its agenda and gave those working in the adoption industry a stronger more ‘scientific’ foundation on which to base the expanded role it now needed to satisfy the increasing demand of middle class white couples for babies.

By 1971 there were more babies taken than available adoptive parents to rear them, hence it was a buyer’s market and adopters could pick and choose from the many babies available. A situation then arose that babies were discriminated on hair colour or nose shape if not appealing, or those who were of mixed race or had minor health defects. Many babies languished in institutions for years. Needless to say, a costly exercise for the government and a population policy that had run off the rails.

In the same year, 1971, because of the difficulty in placing infants labelled: deferred adoptions, the government encouraged that “Every effort should be made by a good adoption agency to find adoptive homes for “hard to place” babies, special recruitment schemes through magazine, radio and television publicity being used to boost the supply of such homes from time to time, providing Departmental approval is granted.”

After the new adoption legislation was implemented the numbers of babies taken increased so that by 1972 there were nearly 10,000 babies taken from mothers around the country. The methods used to remove the infants were the same in all states and territories. By this time the state health departments had internal policies that facilitated adoption by such means as not allowing mothers’ access to the infants at the birth, drugging and forcing them to sign consents before allowed to leave hospitals.

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93 Berryman, N. *So you want to adopt a baby* *Sunday Herald* 8/4/1979
In July 1973 the Whitlam government introduced the Supporting Mothers’ Pension which was widely publicised and overcome to a large extent the connivance of social workers to withhold information about Benefits available prior to 1973, which were not so widely known.

In the late 1960s several legal cases were launched where mothers accused hospital staff of gaining their consent by coercion. In 1971 the Australian Association of Social Work Adoption Manual stated that it was morally indefensible not to allow mothers the same access to their children as married mothers. Groups supporting single mothers that began forming around 1970 spoke out about the coercive practices within the adoption industry that forced mothers to relinquish. In 1982 the Health Commission sent around a circular informing staff that they were breaking the law by putting objects in the way of mothers so they could not view their babies at the birth. It clearly stated that unwed mothers had the same rights as married mothers before the adoption consent was signed.

In the 1984 a government selected committee advised it that adoption could no longer be used to ‘cure’ infertility and the government would have to introduce measures to assist infertile couples with mental health issues such as depression, grief anxiety and other problems associated with the trauma of infertility. By that time the number of babies taken had plummeted and the media was labelling it a crisis for the infertile and placing the blame on easier access to the pill, abortions and the Pension. The number of illegitimate births though continued to rise. Social workers, historically justified the immense availability of adoptable infants by equating illegitimacy with unwanted children. The fact that illegitimacy had increased exponentially through the 1970s up to the present whilst the number of adoptions dropped to an all time low has never been adequately explained.

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THE DEVELOPMENT OF THE INTERNAL POLICY
Breeding the efficient citizen, Commonwealth Population Policy implemented by state institutions
Save the State money
Protect the interests of foster parents so adoption is more popular
Public campaigns to promote adoption
Campaigns lead to increased demand by childless couples - puts pressure on government to provide more babies
Single mothers are feebleminded
Regulation of Rescue Homes by the state – ends in mothers forced to relinquish
Move children to a suitable environment
Environment important to train child – should be removed when young
Breast feeding important to save child life – pronatalist policy – populate or perish – but no concern for the mother
Building relationship between State and Church for the supervision of unwed mothers and infants
Vaccination trials conducted on infants awaiting adoption – evidence of collusion between Commonwealth and state institutions
The development of the Commonwealth Model Act on Adoption – collusion between states, Commonwealth and all those agencies and actors involved in adoption industry

Supporting Material for the Overview:

The End of the Barrack System
Since the inception of the boarding-out system in New South Wales in 1881, the State has resolutely set itself to the task of boarding-out neglected, dependent and delinquent children. The policy has met with consistent success. Prior to the recognition of boarding-out by the law of 1881 the Government here, as elsewhere, had adopted the institution policy. In 1881, 1,406 children were in barracks, and boarding-out was limited to operations concerned with a few children, and undertaken by a private body. Now 9,779 children are boarded out with private families, 5,053 with their own mothers (widows, or deserted wives) (Mackellar: 1913, pp. 204-205). 99

SAVE THE STATE MONEY & Protect the interest of prospective adopters
Sir Arthur Renwick, first president of the Child State Relief Board, the predecessor of the Child Welfare Department, in his 1888 Report noted what a pecuniary benefit the boarding out system, especially adoptions (without subsidy) was for the State:

I may state here that it is estimated that the boarding-out system is now effecting a saving of 11, 824 pounds a year as compared with the cost of maintaining children under the asylum system … the average capitation costs of children kept in the public institutions was seldom less than 22 to 23 pounds…there was a saving last year in the boarding out system of

99 Mackellar, C. (1913) The Treatment of Neglected Children and Delinquent Children in Great Britain, Europe, and America with Recommendations as to Amendment of Administration and Law in New South Wales Report No 4, 11 September
Renwick also lamented the fact that there were 83 applications to adopt children that could not be accommodated because of the insufficiency of the law, but he insisted that if the State had the power to permanently remove and place those children there would have been a further saving of 1,200 pound per year.

Renwick had been calling for legislation to protect the interests of adopters from 1882. Even though he reported that there was no shortage of persons wishing to adopt babies: “Childless women yearn for a little one [and lonely] women whose families have married (1883, p. 19). He believed that even more adopters would come forward and hence the cost cutting benefit to the State (1882, p. 21) increased if they were reassured that the biological parents had no legal avenue to reclaim their children.

Renwick stated that adoptive and foster parents must be protected because after all:

“a stranger went to the trouble and expense of properly training and educating the offspring of an unworthy person (p. 21).

In 1922 the Child Welfare Act that included adoption legislation was debated in the NSW legislature:

The bill further contains a valuable provision in that for the first time effort is being made to legalise the adoption of children. In the past the position has been most deplorable. Parents of unwanted children have got rid of them as babies by handling them over to decent people who have been willing to become foster parents. These foster parents give the utmost care to a child, educate it become as fond of it as if it were naturally their own, and make it a child of which the State may be proud and yet there is nothing under the present law to prevent the mother or father who may not be deserving of any consideration from claiming the child and taking it away…A great number of child-loving people who are prepared to adopt will come forward if they know that after they have given years of care and motherly and fatherly attention to a child it will practically be their own and it cannot be taken away from them because they have legal protection”.

National Policy Boarding-Out Adopted and State Child Removal Policy instigated by Mackellar

Sir Charles Mackellar, announced in his 1902 Report, in his role as current President of the State Child Relief Board, that adoption and foster care had become “…the national policy for dealing with the orphaned and destitute children of the State”.

100 Annual Report (1888) New South Wales State Child Relief Department
101 Annual Report (1883) New South Wales State Child Relief Department
102 Annual Report (1882) New South Wales State Child Relief Department
103 Mutch, NSW Legislative Assembly, (1922). Hansard, p. 1342, cited in McHutchison: 1984, p. 4
Mackellar an environmental eugenicist encouraged state intervention and removal of children from environments which he did not approve. He believed that if an infant is removed from his mother or family early enough and placed in homes that were: “morally as well as physically clean, and live a healthy social family life … withdrawn from their vicious environment … and placed midst people living a wholesome moral life they may be converted into well-behaved citizens in no way distinguishable from their more fortunate fellows …” And further “With every allowance for the advantage of hereditary I believe that environment and example have a much more potent influence … the youthful mind is a “fair sheet of white paper on which anything can be written” and on this statement I am forced to the conclusion that where parents are vicious … and the fair white sheet of the child’s mind is likely to be soiled … the State should not scruple to take the young child under control … I would earnestly advocate State interference on behalf of the child (Mackellar: 1904, p. 24).  

A conference of Interstate [welfare] workers, held at Adelaide in 1908, adopted by resolution, recognition of boarding out as a national policy.  

During Mackellar’s time of president he moved the state welfare from one of charity to one of intervention: “where it is necessary for the State to interfere with the conditions of family life in children’s interest, children should be afforded opportunity if practicable of being brought up in a suitable family” (1913. p. 4).

Dr. Naomi Parry states: “Under Mackellar the State Child Relief Board (SCRB) began to change its conception of welfare from charitable delivery and “rescue to social intervention and state supervision” (Parry, p. 143).  

The boarding-out principle …. is evolving itself rapidly from the conception of “child” “child-reform” and “child-environment” … an obvious fact which has been long ignored that children must have the benefit of a private home if they are to fulfil their allotted parts as citizens of a community (1913: p. 34).  

Focus on a favourable home environment (1913, p. 35).  

So much depends on the environment (1913, p. 86).  

The definite relation existing between delinquency, feeble-mindedness, and the influence of illegitimacy must be realised. Very many cases of delinquency may be rightly attributed to other than positive criminality and the beginning of departmental activity should be directed to ascertaining the source. It will frequently be found in feeble-mindedness in one form or another…. Consensus of thought, based upon practical experience and

106 Mackellar, C. (1913) The Treatment of Neglected Children and Delinquent Children in Great Britain, Europe, and America with Recommendations as to Amendment of Administration and Law in New South Wales Report No 4, 11 September  
knowledge or results, is everywhere to the effect that boarding-out should be the generally accepted method of dealing with dependent, neglected, and delinquent children, *in the first instance.* (italics in original, 1913, p. 202).

Mackellar believed the rights of a parent over their child should be limited by the state, to ensure that ‘culpable neglect of the guardian’ would not menace the community (see Mackellar Parental Right and Parental Responsibility) (Parry: p. 144).

**ADOPTION GREATER SAVING THAN THE BOARDING-OUT/ FOSTER CARE SYSTEM**

The NSW Child Welfare Department gives every facility to people who are willing to adopt children, and every day the Department has applications from people anxious to fill some vacant chair in the home and some place of affection in their lives … Apart from this, this free service has saved the expenditure of large amounts annually which would have to be paid for boarding-out these children, and, in addition, the Department knows that the children are finally placed in good permanent homes with a real father and mother, whose name they can readily claim like other children, and that great pleasure is given to parent who yearns for an outlet for their love and affection. Applications for adoption are received in excess of the number of children available”.108

The State wants “by every means to encourage the adoption of children” as it was considered “for the benefit of the children themselves as well as for the State.” (WA Hansard, 21 Sept, 1921, p. 852 cited in Dees: 1983, p. 1).109

Amounts were quoted, in both Western Australia and Victoria Hansards, of savings in costs to the State through adoption. In Victoria, in 1928, Mr. Slater quoted from a 1927 report of the NSW Minister for Education:

“…as each child would have the State for its maintenance 26 pound per annum the saving affected to the State for the children adopted is nearly 300,000 pound, for 14 years …”

Dees states: “which he put forward as a reason in favour of the Adoption of Children Act which he was introducing to Parliament” (Hansard, vol. 176, p 674, August 7, 1928, cited in Dees, 1983, p. 1).

On the 21st of September, 1921, Mr. Lovekin stated to the WA parliament:

Last year there were 87 adoptions that meant a saving to the State of 22,000 pound. Parents who adopt these children have a strong objection to carrying on the name of their forebears, and when persons adopt such a

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108 Annual Report Child Welfare Department, Years ending 1926-1929, p. 31
child they want to keep it quite clear that the child is their own and we should guard them if we can (Mould: 1982, p. 2).\footnote{110}

Saving the state money was also a NSW Child Welfare Department priority. T. D. Mutch, NSW Minister of Public Instruction stated in the Child Welfare Department Annual Report:

Adoptions: Now that the adoption of children has been put on a proper legal footing, people wanting children are coming forward in greater numbers, and already a great saving to the State has been effected. It is not too much to say that in time this process will largely replace the “boarding-out” system, and if it does, it will mean not only a great step towards economy, but will prove a great advantage to the children concerned in the matter of providing them with a lifelong parentage … Up to the present time over 800 adoptions have been arranged. Most of these children would have been dependent on the State for support from birth to their fourteenth year. As each child would have cost the State for its maintenance 26 pound per annum, the saving effected to the State for the children adopted is nearly 300,000 pound for the fourteen years. This speaks for itself as a striking achievement …”\footnote{111}

**Supervision of Homes for Unwed Mothers’ and Infant**

“State supervision would be extended to the Rescue Homes and facts collected about the inmates as part of the state’s rehabilitation programme … They would prove valuable in supplementing the work of the Industrial School for girls at Parramatta” (Mackellar: 1913, p. 206).\footnote{112}

“The co-operation of religious organisations is an essential corollary in the general scheme of reform” (Mackellar: 1913, p. 203).

“Success with moral degenerates would largely depend upon the earnest and complete co-operation of religious organisations. Religion, especially with women of the type in question will be an essential part in the process of reform. The State may do its utmost in this respect, but the Church must play its part…The State can supply suitable opportunities, sympathetic environment, and material in abundance. The Church must do the rest…The Congruent influence of church and State will make for complete success; but with neither concerning itself in the problem, we may anticipate national decadence, physical and moral” (Mackellar: 1913, p.96).

“I mean that the State takes no official cognisance of numerous private and religious organisations-orphanages and such-in which destitute children are placed by parents or relatives in preference to being boarded out. Many of these establishments are

\footnote{110}Moulds, S. (1982). 86 Years of Adoption Practice: Hansard Address given at the inaugural meeting of the Australian Relinquishing Mothers Society held in Perth on 25 October

\footnote{111}Mutch, M. (1925). Minister of Public Instruction, President NSW Child Welfare Department, Annual Report of the Child Welfare Department for the first half of the year, 1921, and the following years, 1922, 1924 and 1925, p. 2

\footnote{112}Mackellar, C. (1913) The Treatment of Neglected Children and Delinquent Children in Great Britain, Europe, and America with Recommendations as to Amendment of Administration and Law in New South Wales Report No 4, 11 September
unnecessary; the children in them should be boarded out” (Mackellar: 1913, 205). The fact that very poor parents used these institutions temporarily for their children when in great need was not a consideration for Mackellar.

He goes on:

There are some hundreds of children in these private establishments, many of which I say are superfluous. Some however are necessary and should be recognised by the State as capable of being a valuable adjunct to the system. I refer particularly to the Rescue Homes, in which a very large proportion of the reformatory work among fallen women and young girls is performed. The Committees of these Homes realise the necessity for a religious environment. The Homes are established and conducted by church bodies, or organisations closely associated with church bodies. Salvation Army Homes and Roman Catholic Refuges and other establishments so are carrying out the work in a manner which it is not possible to a purely State institution. … [the ]Rescue Homes, notwithstanding their importance, they have no recognition in the scheme of reform which prevails in this State. This omission should cease, and a definite place assigned to them. They would prove valuable in supplementing the work of the Industrial School for Girls at Parramatta and would extend the facilities legally available to special magistrates of the Children’s Courts. In point of fact, portion of the inmates of these Rescue Homes are from time to time discharged reformatory inmates or State ex-apprentices and it seems an anomaly of the worst kind that children in need of reform under religious influence should not be able to take advantage of such opportunities until after they have been discharged from the supervision of the State.

A conference with the Committees of these Homes would disclose interesting and valuable information as to their work and its results, types of inmates, and so forth (Mackellar: 1913, p. 206).

Under Part V of the Child Welfare Act, all establishments which exist as lying-in homes, hostels, and other places where mother and children are received, are visited periodically by the Department’s Inspectors, …under the delegated authority of the Minister for the purpose of supervising the children, and seeing that the regulations governing the homes are carried out all lying homes are registered by the Health Department. The keeper of the lying-in home is responsible for the registration of all births occurring…The inspectors of the Department, when visiting these homes, make a special point of advising the mothers … as to the facilities that exist for the adoption of their children…” 113

Minister Drummond (1933) states: Control over lying-in Homes - while carrying out these inspections the lay inspectors make direct contact with the mothers of

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illegitimate children, and this enables them to advise the mothers as to facilities afforded by the Department for the adoption of such children by others …“114

Population Policy
In the early 1900s, Dr. Sir Charles Mackellar, held a eugenicist concern for the Australian state centred around encouraging the fit to procreate and the unfit (feeble-minded) to die (Mein Smith: 2002, p. 306)115 whether they were black or white (Mackellar: 1913, p. 67).116

“These responses may well be seen as attempts by government to shape not only the population as a whole but specifically the conduct of women” (Mackirmon: 2000, p. 110).117

“Early maternal and child health programs were explicitly designed with a population rather than a health rationale, although they were frequently justified in terms of the latter … A large increase in the white population was, until well into the twentieth century, a 'keystone of a national policy of defence and development' … Depopulation was equated with the decline of European civilization …” (Mackirmon: 2000, p. 111)

“However, once the emotive, moral discourse saturating the population debate became submerged, policymakers turned to other means of 'fixing' the problem, focusing first on health and later on immigration, while a few suggested broader social and economic change. The growth of maternal and child health services needs to be viewed in this perspective as first and foremost … a population policy and not an intervention for the intrinsic benefit of women and children” (Mackirmon: 2000, p 112).

“The over-riding language of the landmark 1904 report of the 1903 New South Wales Royal Commission into the Decline of the Birth Rate (Chaired by Sir Charles Mackellar) and the Mortality of Infants was drawn from morality” (Mackirmon: 2000, p. 112).

“Fear of invasion by the more populous Asian countries to the north, and concerns that the middle classes were being 'outbred' by the more numerous and 'less fit' working class, focused attention in the new nation on the family as the mainstay of European civilization. The idea of the population as a 'species body' (Dean 1999:107) was one of a white, bourgeois, disciplined group, with clear boundaries between settlers and indigenous people. The family was characterized by a dependent wife with several progeny. This was officially enshrined in the Harvester judgment of 1907, which laid down a basic wage for a man, his wife and dependent children, and

115 Mein-Smith, P. (2002). Blood, Birth, Babies Bodies Australian Feminist Studies, 17(39)
116 Mackellar, C. (1913) The Treatment of Neglected Children and Delinquent Children in Great Britain, Europe, and America with Recommendations as to Amendment of Administration and Law in New South Wales Report No 4, 11 September
the maternity allowance of 1912, designed to provide for better medical attention during childbirth (Mackirmon: 2000, p. 113).

“Fears for future generations also drove change. By the early twentieth century, concern about Australia’s falling birth rate and high infant mortality rate and, for some, the belief that the dissolute poor were breeding more than the respectable classes, promoted population policies. In 1912 the federal government introduced a maternity allowance (baby bonus) to help mothers meet the medical costs of giving birth” (Garton: 2008).118

“In Australia there was an emphasis on 'the quality child' [legitimate, non-Indigenous] and the quality family. (The Harvester judgment which established the notion of a basic wage assumed a moderate, if unlikely, family size of three and a half children.) Feminists and professional experts, male and female, pursued this ideal, one frequently underpinned by eugenic reasoning. Educated women who elevated their maternal nature to a sacred duty deplored what they saw as the mindless reproduction of the working class and advocated small planned families; or none at all for the 'unfit' “(Mackirmon: 2000, p.116).

The following comments made by Mrs. Edith Waterworth support Mackirmon’s observations as quoted above. Mrs Waterworth (a eugenicist) was the President of the Tasmanian Council of Maternal and Child Welfare and she stated:119

> Nature has given women the onerous task of producing and nurturing the young. In my opinion, the most important task in the world. To ensure the work being carried out in the best interests of the race, she has implanted in women an instinct which revolts against the bearing of children without proper provision for their shelter and care. The sight of a child without home or father rouses in women a feeling of failure in their responsible work. They see in the production of a child under such circumstances an act of colossal selfishness … Though the unmarried mother and her child have received in the past a treatment which is a blot on our social history, we are inclined over this and many other things to swing too far in the other direction. While we help and pity the unfortunate, we should continue to view with sternness whatever is calculated to damage the race.120

“The eugenicist solution …. Australia authorities such as Dr (sir) Charles Mackellar adopted was to encourage the fit to reproduce and discourage the unfit from doing so (Mein Smith, 2000: p. 306)”. 121

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121 Mein-Smith, P. (2002). Blood, Birth, Babies, Bodies Australian Feminist Studies, 17(39)
“The corollary to the stereotype of the fit ... was the ‘construction of the Unfit mother: a conception that dispelled moral qualms about depriving Aboriginal, poor white, and unmarried mothers of their babies and transferring them to fit mothers by adoption’. Anxieties that evolution might not lead to progress justified state policing and denial of maternity. While unmarried mothers and children without a male provider were stigmatised for being deviant …” (Mein Smith: 2000, p. 317).

Gail Reekie\textsuperscript{122} states that British and Australian social inquiry might nevertheless have contributed to the idea that high illegitimacy rates are conceptually inseparable from racial inferiority (Reekie p. 67)

Many of the stolen children categorised in the racist terminology of the time as ‘half-caste’, ‘quadroon’, ‘octooon’, ‘mixed blood’ or ‘lighter caste’, were born to parents who were not married (often an Aboriginal mother and white father, and were therefore constructed according to white cultural norms: ‘illegitimate’ (p. 69) … any discrimination the stolen generations might have experienced as a consequence of the social stigma attached to ex-nuptial birth has attracted much less public attention than the physical and sexual abuse, emotional pain, loss of family ties and personal identity, and ongoing psychological trauma caused by racist attitudes and colonialist practices. Although the illegitimacy of the stolen children is sometimes mentioned as a salient fact in the removal policy, the problem has been constructed overwhelmingly as one of the government’s mistreatment of Aboriginal children on the basis of perceived racial status and its attempted genocide of the Aboriginal race (p. 69).

Below is a quote from Walther Bethel, Secretary of the NSW Child Welfare Dept, in the 1925 Child Welfare Annual Report:

It is felt that adoptions will not only prove to be a lasting and permanent way for the child to be absorbed into the community, but they will relieve the State of the expense it is now under … with a view to facilitating the adoption of children a short amending Act was passed in 1924 … giving the Department the power to arrange adoptions … The Department facilitates the adopting parents in every respect… Rich and poor alike are vying with each other to open … homes to these derelict children. Much has been said of the declining birth-rate and the reluctance of women to bear children. I have a story to tell on the other hand of a surplusage of love and affection that is aimed at the adoption of the unwanted child - particularly those born “without benefit of clergy.” The Department has only started these adoption operations since December 1924, and up to date 807 adoptions have been arranged, and applications are coming in every day … our hostels are full of them, all awaiting a future to be arranged by the Child Welfare Department...” \textsuperscript{123}


\textsuperscript{123} Walter Bethel New South Wales Child Welfare Dept. \textit{Annual Report for part of the Year 1921, and for the four following Years 1922, 1923, 1924 and 1925}, NSW: Govt Printers, p. 5
That the Child Welfare Department was instrumental in the promotion of adoption and the implementation of Adoption Acts to attract more applicants is evident by the following 1929 letter to the Editor, published when Walter Bethel retired from the Department:

Tho adoption work which lies to Mr. Bethel's credit is an outstanding feature of his untiring record. How many unfortunate unmarried mothers, unequal to the task of rearing their own children, have come to bless that part of the Child Welfare Act that has been instrumental in providing for the futures of their offspring, and the conferring on them the benefits of legally acquired legitimacy. … He was instrumental in preparing the bill which subsequently became law in 1923 … Mr. Bethel will always be identified with the Child Welfare Act …”

Feeblemindedness causes Single Motherhood

In 1913 Mackellar was commissioned by order of the New South Wales Governor: His Excellency the Right Honourable Baron Chelmsford, to inquiry into delinquency which centred chiefly around the elites concern with ‘feeblemindedness.’ In the preface Mackellar stated: “The question of the treatment of the feeble-minded has been discussed at very considerable length in view of its social importance, which I hope to see recognised at an early date, so far as New South Wales is concerned, in adequate legislative form” (Mackellar: 1913, p.ix). MacKellar was authorised to inquire into the treatment of delinquent and neglected children in Great Britain and the Continents of Europe and America” with the intention “to recommend for adoption whatever measures you may consider might … be introduced in the New South Wales.” MacKellar was further authorised to attend “any Conferences or Congress dealing with the subject” during his travels … (Mackellar: 1913, p. xi). Mackellar’s eugenic concern for feeblemindedness led to his requesting and being given an extension of his commission to investigate: “the treatment of the feeble-minded, and the close relation of illegitimacy and feeble-mindedness to the delinquency of children” (1913, p.1).

The outcome of MacKellar’s trip was his 1913 Report, which focussed on the problem of illegitimacy and its connection with feeblemindedness. He made specific recommendations for the treatment of feeblemindedness as it related to illegitimacy.

“Connection between feeble-mindedness and illegitimacy was also made abundantly clear - Detention of feeble-minded girls” (p. 88)

Many of them have had illegitimate children, and this often at very early ages … (p.88) …Fully borne out by the records of NSW Children’s Court of 999 delinquent children at least 265 were illegitimate (pp. 88-89) … The feeble-minded exceptionally fecund mostly of illegitimate children - so a way of identifying a feeble-minded

125 Mackellar, C. (1913) The Treatment of Neglected Children and Delinquent Children in Great Britain, Europe, and America with Recommendations as to Amendment of Administration and Law in New South Wales Report No 4, 11 September
woman was if she was fertile and produced any illegitimate children - large proportion of illegitimate are mentally deficient. (90) … Rescue Homes were homes set up to assist single mothers and their infants. Mackellar wanted an examination of the history of cases admitted to the rescue homes; cases indicate mental weakness so they could be supervised (p.91) … Mackellar makes some key recommendations to reduce the incidence of the feeblemindedness the first on his list was the supervision homes for unwed mother and infants.

Mackellar states:

If we consider the conditions in New South Wales and desire to estimate the several sources from which the feeble-minded come to be charge upon the State, either in respect to themselves or their children, we are led to recognise that there must be concerted action and general supervision in the following particulars:

1. Examination of the history of cases admitted into Rescue Homes and similar establishments case indicating mental weakness which do not in many instances come under supervision at all. Young women are frequently admitted into private or denominational establishments from immoral home-surroundings, are simple or weak-minded, and are subsequently returned to their homes without any improvement being manifested in their condition, or are placed in situations, no note being taken of their mental weakness. In many cases there are other members of the family living in the same degenerate condition but who have no particular need for the present to bring themselves under notice. These escape attention altogether. Examinations of court records of criminal offences are interesting in this connection; Were the environment of persons guilty of, or charged with offences of a sexual nature inquired into, usually a condition of moral or mental degeneracy (or both) will be found

2. General supervision of white women and children (half-cast or quarter-caste etc). The type of these women is that of “simple-minded or moral imbecile or approximating to moral imbecile. Frequently these women with their children leave the camps to reside on the outskirts of country towns, they constitute a menace to morality (p. 91)

Though Mackellar stated that feeblemindedness was inherited (p. 12) and connected to illegitimacy and delinquency he also places importance on the environment and its relationship to delinquency (1913 pp. 26, 27,31-33). This is explained by his belief that feebleminded parents cannot establish an adequate home and upbringing for their children. Mackellar states: “The feeble-minded … an exceptionally fecund class, mostly of illegitimate children, and a terrible proportion of their offspring are born. mentally deficient. A decorous family life among their children is obviously impossible, the conditions of their nurture prevent it….So the mischief goes on increasingly …a considerable part of the population has already become the bearers of germs of degeneracy.” (p. 90). He asserts that “the problem of the Feeble-minded” as outlined by the British was evidenced in Australia because he states that the records of his Department show “the great tendency to delinquency evidenced from the number of admission to State control of children who are the offspring of single girls or abandoned women, many of who are mentally deficient” (p. 91).
“The relationship of Mental Deficiency to crime, illegitimacy, prostitution and intemperance was made abundantly clear by practically every one of the Mental Hospitals and Prisons examined -The English Royal Commission” (Mackellar & Welsh, 1917: p. 25).126

“Many of the defectives had illegitimate children at very early ages, and when illegitimate children are born by such women the chances are enormously in favour of their turning out to be either imbeciles, degenerates or criminals” (Mackellar & Welsh, 1917, p. 26).

Dr. Eric Sinclair the Inspector-General of the Insane, tells us in an article in the Australian Medical Journal Oct 1912 that “There are numbers of mentally defective persons in NSW … whose wayward and irresponsible lives are productive of crime and much misery, and injury and mischief to themselves and others”. (Mackellar & Welsh, 1917, p.5)

A large amount of the vice, crime and prostitution that exists in our midst, is due to defective mentality (Mackellar & Walsh, 1917, p. 6) and feebleminded girls, it is an accepted fact that they have a definitely immoral tendency, and their fall is due directly to their weakness of intellect; they have no power to resist temptation, and they fall an easy prey…” (Mackellar & Welsh, 1917: p. 6)

At a “Medical Congress held in Sydney in 1911 (The Australian Medical Congress) the subject [feeble-mindedness] was discussed at considerable length, and it was resolved by the section of psychological medicine and neurology that a popular campaign should be initiated through the Commonwealth and New Zealand, in order to obtain a more accurate census of mental deficiency and to educate the public upon the problems of the feeble-minded” (Mackellar & Welsh: 1917, p. 10).

Mackellar though was a environmental eugenicist:

“I cannot accept the theory that the characteristics which have been acquired by the parents during their lifetime are transmitted to their offspring by inheritance. … my experience has been that such children, when removed from an evil environment during their earliest years, vary but little from their more fortunate brethren. It has been said that the child is born prepared to attach himself, as a climbing plant is disposed to climb, the stick being of little importance; the models upon which the child or boy forms himself are the boys or men whom he has been thrown amongst, and whom from some incidental cause he may have learned to love and respect (citing Galton Inquiries into the Human Frailties” (p.30) “Education from its surroundings is a great factor in teaching a child” (Mackellar & Welsh: 1917, p. 31)

Discussion of the British Royal Commission on Feeblemindedness

“The connection between feeble-mindedness, illegitimacy, and children’s offences were made abundantly clear, and witness after witness strongly urged the need of detention of feeble-minded girls on the ground of their proneness to sexual immorality; during my own investigations whilst in England I particularly inquired into this question and I found that it was the universal opinion of those who controlled the institutions for their care that it was a marked feature amongst defectives…” (Mackellar & Welsh: 1917, p. 33) “in a considerable number of cases of illegitimacy is caused by feeblemindedness” (Mackellar & Welsh: 1917, p.34)

“I have no reason to doubt that mental deficiency sexual immorality and delinquency are so closely interwoven with each other, both as to cause and effect that it is impossible to adequately deal with one and ignore the others” (Mackellar & Welsh: 1917, p. 34)

Feeblemindedness is caused by a defect of the germ-plasm which once obtained will cause a serious defect in the race” (Mackellar & Welsh, 1917, pp 54-56).

Researcher Dr. Naomi Parry127 delved into NSW and Tasmanian state archives and child welfare files. Additionally she has interviewed mothers who were incarcerated in Salvation Army Homes in Tasmania:

Parry states:

“Administrator of Charitable Grants, J.F. Daly, visited mainland institutions, and recommended the state establish homes for mothers and infants as Mackellar had in NSW. However, the government was interested to farm out this work to religious institutions. The homes were thus made an arm of government services, and their role was increased by the Mental Deficiency Act, which specified that women using lying-in services were under the care of the matron, who was acting in loco parentis, and could be assessed and supervised by the [Mental Deficiency] Board. As a result, Salvation Army matrons were entitled to sign documents on behalf of the women in their care, including consent to the surrender or adoption of babies. In this way many babies were signed over to the Department, and their mothers moved on to indefinite – and sometimes permanent – institutionalisation at St John’s Park, or the Mental Diseases Hospital in New Norfolk … the adoption of babies in this way created a second generation of removal” (Parry: 2007, pp. 199-200).

Parry compares the situation of white and Indigenous mothers:

“The misery of Tasmanian mothers whose babies were taken from the Salvation Army Home under the Mental Deficiency Act is indistinguishable from that of Aboriginal apprentices who became pregnant and were pressured to give up their babies” (Parry: p.327).

In 1939 because of the concern of defectives reproducing the Victorian *Mental Deficiency Act* was implemented. A person deemed a ‘defective’ could be forcibly placed in an institution.\(^{128}\)

Mental defectiveness was defined in the Act to [mean] a condition of arrested or incomplete development of mind existing from birth or from an early age whether arising from inherent causes or induced by disease or injury and of such a kind as to render the person affected incapable of adjusting himself to his social environments and as to necessitate external care supervision or control of such person.

Jones\(^{129}\) (1999, p.2) states that the “Passing of the 1939 Victorian Mental Deficiency Bill indicates the survival of eugenics as a potent influence on social policy in Australia in this period.

The following is a Schedule to be signed by a doctor to commit a person deemed feebleminded to be incarcerated.

FIRST SCHEDULE FORM OF MEDICAL CERTIFICATE. No. 372130

I the undersigned being a medical practitioner hereby certify that I schedule on the day of One thousand nine hundred and at in the State of Victoria personally examined R.S. of [insert residence and ] and that the said R.S. is in my opinion apparently a mental defective and a proper person to be taken charge of and detained in an institution and that I have formed this opinion upon the following grounds, viz.:

1. Facts indicating mental deficiency observed by myself [here state the facts].

2. Other facts (if any) indicating mental deficiency communicated to me by others [here state the information and, from whom].

Dated this day of One thousand nine hundred and at in the State of Victoria.

Signature
Qualifications
Place of abode

By the 1950s child welfare department officers were so eager to enforce their model of “the two-parented white suburban home that they removed children because they were half-caste or illegitimate, because there was little food in the cupboard or because not all the children in the family had the same father … If a child’s living conditions were less than perfect it was believed she or he was better off with adopted or with foster parents” (Jones: 2000, p. 51).

Since Mackellar had defined the links between delinquency and illegitimacy and unfit parenting generally, it is not surprising to find that the Annual Reports of the NSW

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Child Welfare Department had in their appendices statistics about the rates of
delinquency for the prior year. Jones (2000, p. 53) states that decrease in delinquency
was: “…a statement of achievement from a public servant and his department …
and]… it was those statistics on which its annual success was measured.”

**POPULATION POLICY AT THE STATE LEVEL: PROMOTION OF
ADOPTION BY STATE CHILD WELFARE DEPARTMENTS**

Dr. Rosemary Kerr has delved into the WA Child Welfare Department Files and
consequently published her findings in an article included in the proceedings of a
Conference titled ‘On the Edge’ The Appeal of Blue Eyes: Adoption, Citizenship and
Eugenics in Western Australia During the Interwar Years (2001) Curtin University.
The article is a condensation of Chapter IV of her unpublished thesis:

Unpublished Thesis Curtin University - The following extracts are taken from:
Ch IV, p. 118: Infant Life Protection 1907-1940s: The Problem of Illegitimate
Children

“The focus of this chapter is the State Children Department/Child Welfare
Department … [The policies of the Department] were in line with the pronatalist
measures around the nation evident from the early 1900s unto the 1930s which largely
ignored the mother’s welfare and reduced her role to a … ‘state certified wet nurse’”
(p. 118).

**State Certified Wet Nurse**
The Mother, the Baby and the State: A short Discussion of the question of Infantile
Mortality Legislative Council Sydney 10 March 1917
An Open Letter to The Honourable J.D. Fitzgerald MLC Minister for Public Health
by Sir Charles K Mackellar 1917

Mackellar was concerned with the high infant mortality rate and it was for that reason
he advocated assisting expectant mothers of illegitimate children (Mackellar: 1917: p.
13). In 1908 with the assistance of Mr. A. W. green the Chief Boarding Out officer
established under the State Children board three such homes for expectant mother of
illegitimate children…In these homes women were received and cared for several
weeks before and several months after confinement and in no case was there a death
of a mother or her children. The mothers were taught to nurse their infants, and the
insistence of the practice of sucking at the breast proved not only helpful to the infants
but the practice developed that maternal instinct which is so often absent in that class
(Mackellar: 1917 p. 13).

In 1929 Mr. Drummond, Minister for Public Instruction discusses a similar policy still
existing in NSW:

In connection with the care of infants, a special feature exists in the shape
of the Department’s Hostels … These Hostels are used for girls who get

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Royal Australian Historical Society, 86(1) June
into trouble and have no resources … The Department therefore recognizing the danger to the community has established these Hostels which provide a refuge for such girls. After the birth of the child the Department … insists on the mother stopping for four months in order to give it a chance of growing up healthy and strong … the child is then weaned and if the mother cannot manage to maintain herself with an allowance under Section 14 [of the Child Welfare Act 1923], the Department will take it and board it out with a private family until it is 14. The child may also be surrendered for adoption.  

Kerr goes on to state the Department assisted women during the 6-9 month weaning period but after that they were expected to relinquish their babies for adoption. “Over the high risk period the Department considered illegitimacy created significant social and economic problems for both the mother and child. To overcome these problems the Department considered that adoption provided the ultimate solution to assisting the illegitimate child towards useful citizenship, and vigorously promoted its placement service” (Kerr: p.120).

This is bore out by statements by mothers who were incarcerated in lying-homes in WA in the 1930s. Only they did not get 6-9 months to be with their babies. Shirley Moulds, researcher, states:

Earlier this month I heard the stories of 2 mothers who had given birth in 1927 at the Alexandra Home for Women in Perth (now transferred to NAGLA - in South Perth). Both women say they were made to breast feed their babies at the Home for a period of 3 months before having to give up their babies for adoption … When some complained at this deprivation of their liberty they were told it was "all part of their punishment." Further case histories indicate that this practice continued into the 1950s here in WA. Again in 1927 at Alexandra Home, when the women signed their adoption papers, the Matron made them take a sacred oath with their hand on a bible and swear that they would never go looking for their child. Some elderly Perth citizens still feel bound by the terrible oath they were made to take many years ago even though they long to know the child they bore (Moulds: 1982, p.3).  

The WA State Children Department tabled their Annual Report in Parliament and the following was published in the **West Australian**:  

A number of unmarried mothers received help as in previous years, in order that breast-feeding, of their babies might be continued, also with very satisfactory results. A record of adoptions (91) was established for the year, which was an increase of 20 over the previous term, and brought the number of adoptions finalised by this department to 728. The estimated

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133 Moulds, S. (1982).  86 Years of Adoption Practice: Hansard Address given at the inaugural meeting of the Australian Relinquishing Mothers Society held in Perth on 25 October
saving of future maintenance by adoptions completed during the year was £23,002.134

Certainly there was a divergence in the policy of allowing mothers to breast feed or not between the major maternity hospitals and the religious and charitable organisations. For example already in the 1940s mothers were separated at birth and placed without their babies in an isolated part of the hospital. Isobel Strahan in 1950 discusses how at The Women’s Hospital in Melbourne it was considered best to remove the baby “as soon as possible after the birth”. Whereas the charitable and religious organisations still felt it better for the health of both mother and baby to be kept together for the first two months.135

Rev Graham Gregory describes the use of the Homes. The Berry Street Babies’ Home and Hospital, Girls Memorial Home, Fairfield/Georgina House, Hartnett house Keddish, the Presbyterian Sisterhood, St. Joseph’s Babies’ Home, St. Joseph’s Receiving Home, and the Haven Maternity and Babies’ Homes, are among those residential facilities that care for the single expectant mother. One notes that several link residential care for the expectant mother with Babies’ Homes and this reflects both the traditional outcome of single pregnancy as being adoption, and I guess, the institutional origins of such homes is the breast feeding of the babies.136

Improving the White Race As Policy
1903: “In the context of population policy, therefore, government efforts to Europeanise Aboriginal children and those to reduce the white illegitimacy rate were part of a common project. Both strategies were aimed at increasing the numbers and quality of the legitimate white population of Australia. Both government strategies were heavily supported by social scientists: anthropologists, welfare officials, statisticians and other experts on social questions” (Reekie: 1998, pp.74-75).137 Marion Piddington (prominent eugenicist early 20th century) held firmly to the idea, common wherever eugenic discourse took hold, that illegitimacy was a debilitating influence on white racial strength …. For the considerable proportion of social elites who enthusiastically embraced eugenic theories in the interwar period, the continued reproduction of illegitimate children represented the worst kind of white racial pollution” (Reekie: 1998, p. 82).

“American, British and Australian social experts were all swept up in the intense eugenic focus on mental defectiveness as an obstacle to the social advancement of the white race. According to eugenic theory there was a close relationship between mental defectiveness and illegitimacy. It was accepted by a wide range of medical experts, psychologists, sociologists, child welfare and social workers and population theorists – even a contributor to the Encyclopaedia of Religion and Ethics (1914, p 108 cited in Reekie p 120) that feebleminded women were a major source of

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illegitimate births. Feebleminded women, they argued, reproduced prolifically, typically giving birth to illegitimate children who were themselves likely to be feebleminded. The illegitimate and the feebleminded were thus responsible for perpetuating a degenerative cycle (Marion Piddington 1923). British physician Hugh Ashby, like many of his colleagues in the 1920s, was confident that ‘Few facts are more sure or better known than that a great many of the illegitimate children are feeble-minded and born of feeble-minded women’’ (1922, p. 186 cited in Reekie: 1998, pp. 120-121).

“Advocates of eugenics emphasised the condition of mental defectiveness as an obstacle to the social advancement of the ‘white race’. Experts in the medical, psychological and social work fields believed there was a close correlation between mental deficiency and illegitimate birth…By the late 1930s eugenics had lost favour in the discourse illegitimacy but unmarried mothers were discussed in terms of maladjustment or abnormality…The various eugenic discourses are evident in Department propaganda, produced to persuade people to foster or adopt illegitimate children” (Kerr: p. 119).

The inferiority of single mothers was passed onto their progeny which is evident by the different classifications the adoption industry used for ‘illegitimate’ and legitimate babies. ‘Illegitimate’ babies belonged to the ‘B’ class as explained by Dr. Rickarby:

… when I was doing my obstetric training in the Royal Women’s Hospital in Melbourne, in 1954, I and another trainee doctor asked why there were two nurseries and we both asked why were these babies in the second nursery and isolated. Was it because they had some infection?

Rickarby was informed by the sister in charge:

No, these are B grade babies.

Dr. Rickarby inquired as to what was a ‘B’ grade baby and was told

There the babies that go out for adoption138

The population policy behind the mistreatment of single mothers and their infants was unknown to most Australians. The social mores [defined in this instance as societal values of the broader community as opposed to the specific agenda of elites such as Cumpston] even in the early 1900s was not to separate mother and child as Kerr stresses: “…many unmarried mothers and their children lived together and never came into contact with welfare authorities. Numerous community members and welfare workers held firm beliefs in the power of mother love and the family bond and actively promoted policies while at other times it came out of a genuine belief that a woman, given family and state support, could successfully rear her illegitimate child” (Kerr: 2005, p. 119).

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138 Personal conversation, 30th September, 2010 between Dr. Geoff Rickarby and the author.
It was the most impoverished women, women without family who were led to seek refuge in state and religious institutions, and under state authority, they had their babies taken.

At the Ashfield Home for Infants there was a concerted effort to counteract the promotion of adoption by the Child Welfare Department in NSW.

“The Committee, believing to keep a child with its mother was rehabilitating and “efficacious in protecting the mother from falling” … [were] concerned at the promotion of boarding-out and adoption, this they felt, “… would deprive us of our opportunity of training them for useful work, and exercising a beneficial influence over their future lives through the child.” … The Committee tried to reverse this trend by forming a sub-committee to ‘visit the Maternity Hospital, to … talk to the patients, and tell them about the Home…’ (Lorne-Johnson: p. 66).\(^{139}\)

“It is a matter of regret to the Committee and the Staff, that in these days more illegitimate mothers do not avail themselves of the advantages which the Home offers to them and their infants. This would be infinitely better for them than to have their babies adopted, a course that is made very easy by the Child Welfare Department, which often sends them to the Home only to wait till a suitable adoption is made” (p.87).

The promotion of adoption by Crown St Women’s hospital was such that by 1945 Lady MacCallum, the patron of the NSW Ashfield Infants Homes urged the Crown Street Hospital Board not to advise unmarried mothers to give up their babies for adoption and to turn for help to The Infants’ Home (p. 94). This marked a turning point, no longer was this Home being utilised for keeping destitute mothers and their infants together but had become redundant in the state’s push to use mothers to provide children for the adoption market.

Closer links with the Child Welfare Dept were ensured in 1956 when after the State elections, the Home was ‘transferred from the Department of Labour and Industry to the Department of Social Welfare and Child Welfare’ (p.101).

Middle class values of men like Dr. Cumpston were that “working class unmarried mothers … were irresponsible, immoral and uncaring…” (Kerr: 2004, p. 34). This attitude is observed in comments made through most of the 20\(^{th}\) century by doctors and welfare workers particularly when it came to justifying their removal of newborns. Eugenicists such as Dr. J. H. Cumpston who in 1909 was the Medical Officer of the Public Health Department in WA believed that the high infant mortality of illegitimate children was due to the mother for “improper feeding”.

“In 1910 in the Child Welfare Annual Report the Director stated that adoption: ‘…by good people into good homes’ was ‘one of the best possible arrangements for the future welfare of such [illegitimate] children.’ Kerr states the above comment could be interpreted “as the beginnings of the policy development that created propaganda

and later legislative amendments to make adoption a prominent aspect of the Department’s work (Kerr: 2005, p. 145).

“From World War I the Child Welfare Department in conjunction with the Supreme Court became active in legislating and administration changes which aided the policy of ‘as the best remedial measure to unfortunate birth or environment’” (Kerr: 2005, p. 105).

The Department embarked on a successful campaign to promote child adoption for 4 reasons:

5. To promote efficiency based on a vigorous white population to create a secure and competitive nation within the region for imperial proposes
6. To ensure babies were given the opportunity to grow into good and useful citizens
7. The State wanted to improve its infant mortality record because of the loss of life in the war – adoption was considered vital to this
8. Economic – the Department was always engaged in cost cutting measures, such as limiting money paid to dependants such as single mothers (Kerr: p. 149)

Stigmatising the mother became part of the Child Welfare’s Department campaign:

The mother was considered “not able to rear a child correctly”. In the Department’s 1933 Report the Director stated: “to mother one’s children rightly is a great service to the community … the miracle of it grown straight instead of crooked, right instead of wrong.”140 (Kerr: p. 152)

As part of the Department’s pronatalist agenda that included promoting adoption to the ‘right’ sort of persons the Department, via newspaper articles and radio broadcasts, suggested a “home was incomplete without ‘the pit-a-pat of the feet of a small child and that a child made a marriage more interesting and provided a perfect way for ‘a bored housewife to fill her time before the return of the man to the house’”. The Department undertook extensive campaigns to promote adoption in 1927-1929 and 1932-1933. Because of the intensive promotion of adoption the Department had developed a demand for children, particularly by infertile couples that it could no longer meet. The Director in 1934 appealed to parents to consider adopting a child under the age of one year. This was promoted so that a baby for a women would “obtain the fullest experience of motherhood” (p.153). Even in those days and with the depression 66% kept their babies (Kerr: p. 154).

As the promotion of adoption continued there was a need to make it palatable to the public. The Department could certainly not advertise that unmarried mothers were now expected to produce babies for a market that it had created. Hence it introduced the term the ‘unwanted’ baby in its propaganda campaign. The Department knew that the mother was forced to relinquish because of lack of family or financial support, and made this fact known in its 1918, 1920 and 1921 Annual Reports. Kerr says the use

of the term ‘unwanted’ was used by the Department to encourage adoptions and that it was quite aware that the children were very much wanted (p.153).

The Department’s policy changed somewhat around 1944 when older single mothers were supposed to be offered alternatives to adoption, but not younger single mothers. In this case the grandparents wishes were considered. Adoption rates revealed that the number of mothers keeping their babies remained at 66% (Kerr: p. 155).

Hon F. Willesee, WA Minister for Community Welfare, Leader of the Government and Leader of the Opposition in the Legislative Council stated:

> I am advised that departmental officers always discuss the implications of adoption very thoroughly with the natural mother. We try not to persuade older persons one way or the other as the choice must be theirs of their own free will. With younger persons, however, we do, go into more detail concerning the realities of an unmarried mother’s attention to care for her own child. Some young people are immature and naïve about the full aspects of this responsibility and require a good deal of time and attention to help them make a proper decision … Mr. Claughton also referred to the shortage of staff in the department, making it difficult to liaise sufficiently with public hospitals and thereby intervene should an unmarried mother make a decision concerning keeping her child that is not in the child’s best interest. I have already acknowledged that the shortage of staff causes difficulty, but this does not prevent liaison with hospitals. In many cases hospitals have social workers who are able to discus with the natural mother the alternative of keeping the child or having it adopted. Apart from this, a further check is made in regard to ex-nuptial children in that the department receives information concerning a birth from anywhere in the State and must satisfy itself if the parent has taken the child home, that satisfactory arrangements are made for its care… there are people on the staff of the hospital who advise the Child Welfare Department when the child goes home and the department makes further investigations.¹⁴¹

There may have been some attempt to bring social policy in line with Britain as Dr. John Bowlby describes certain classifications of illegitimacy emerging there. He identified two types, which he stated was “socially accepted”. One consisted of couples who lived together as if married and the other “poorer classes”, where grandparents accepted the infant into the family. In these cases, Bowlby states, in Britain the duty of the social worker was “to persuade the grandparents to make a home” and “to continue by considering alternatives [to adoption] such as residential employment, day nurseries, foster-homes, or residential nurseries” and only “in special cases e.g. where the mother is very young or is the wife of man not the father of the child, to give advice about legal adoption.”¹⁴² Bowlby though, remained staunchly against illegitimate children being kept by the unmarried mother as he equated illegitimacy with neglect. Bowlby’s work was used extensively in Australia to justify the early removal of infants from their unwed mothers.

In the 1958 training manual for adoption welfare workers Bowlby is quoted (p.22) 
"The proper care of children deprived of a normal home life [life with their single 
mother] …essential for the mental and social welfare of a community…Deprived 
children …are a source of social infection as real and serious as are carriers of 
diphtheria …preventative measure …determined action greatly reduce the number of 
deprived children in our midst and the growth of adults liable to produce more of 
the…"

It would seem overall the policy here remained to rid the country of illegitimacy 
because of the government’s social agenda, to seed the country with good white stock. 
This is evident, for example, by the ages of mothers who presented for After-Care 
mental health services run by a Home for unwed mothers, Carramar. Nichols, a social 
worker, stated that it was usually the older mothers that presented for the service 
provided, and that at present, 1966, she had two mothers she was attempting to assist 
who were both 27 years old.143 The average age though was 19 years old. In 1950 the 
majority of single mothers were aged between 17 and 23 years when the average age 
to marry for a woman was 21 years.144 In 1967 the average age of the unmarried 
mother was between 18 and 25 years old.145

The publication of the above differential treatment given to younger as opposed to 
older single mothers is a blatant abuse by the state of these women’s rights. Younger 
mothers were just as much the guardians of their child as older women. There was 
nothing in the Adoption Acts or in the common law that discriminated on age. It was 
always the mother who had to agree to the relinquish and the person who had to sign 
the consent. Mothers were supposed to be protected from any coercion, even from 
persuasion by their own parents.146 This, anyway, was the propaganda put out by 
government departments.147

The 1957 Annual Report of the Child Welfare Department,148 cited Dr. John 
Bowlby’s, Consultant in Mental Health to the World Health Organisation and 
Director of the Child Guidance Department, Tavistock Clinic London, work as 
supporting what the Department was already doing. As stated before Bowlby did not 
revolutionise practice in Australia just gave ‘scientific’ support for continuing on the 
practice that already existed and extended it.

The Report states:

Bowlby’s work has demonstrated in quite spectacular way the effect of 
maternal deprivation on very young children. He aduces convincing 
evidence that severe deprivation in any of its forms…has serious and 
sometimes permanent effects on the functional intelligence, and on the 
general personality development of children so deprived as early as in the

143 Nicholas, M. (1966). The Natural Parents’ Needs after Placement of Her Child, Church of 
England Course for Adoption Workers
147 Health Education Department of Western Australian (1972). Illegitimacy: Unmarried Parenthood 
February
first months of life. Such evidence strikingly illustrates the principle that early adoption (as soon as possible after birth) is in the interests of the baby’s mental health. And it is an interesting fact that early adoption, the advantage of which have thus latterly become apparent, has been Departmental practice for many years, the average age of children “allotted” being less than one month. It had, until recent years, been urged that early adoption means less opportunity to access the baby’s potential. It now appears that there is no reliable way in which potential may be determined… Bowlby suggests that the best guide, and that no more than a very rough one, is the intelligence of the baby’s parents; this Department has, in fact always given great weight to that fact when matching babies and adoptive parents.149

Not surprising when the underlying ideology of child welfare in Australia had in roots in eugenics.

‘Deferred adoptions’, ran at approximately 21-22% of babies taken from their single mothers, per annum. These were babies judged not perfect enough for adoption. If the government was really concerned with placing the child as soon as possible because of maternal deprivation, then why were so many babies kept in institutions awaiting medical clearance to be adopted? The phenomena of deferred adoptions reflect the true agenda of adoption, promoting adoption for the welfare of the state and the interests of adopting couples.150

Explanation of ‘deferred adoptions’ or a hard to place baby: “The examining paediatrician may give as his opinion that adoption for a particular baby should be deferred for a while on medical grounds. In rare cases, he may consider a child unsuitable for adoption on medical grounds”. …151

THE INFLUENCE OF THE COMMONWEALTH GOVERNMENT ON THE STATES IN MATTERS OF POPULATION POLICY

The failure of the Australian government to stop the exploitation of mothers and babies was because the state interest lay in preventative medicine as espoused by John Lidgett Cumpston. Cumpston was the first Director-General of the newly formed Commonwealth Department Health (1921) and remained so until his retirement in 1945. In the early 1900s the government began an agenda to rid the country of illegitimacy because it believed that it led to delinquency, crime, poverty and the production of an inferior class of people. The government though had a pro-natalist policy [as evident in the report of Walter Bethel above]: populate or perish and the children of single mothers could have their status elevated by being placed with good Christian married couples.152 It also saved the State money.153 This was always a

149 Child Welfare Annual Report 1957 , p. 25
152 Rowe, J. (1966). Parents Children and Adoption Rouledge & Kegan Paul, p. 23
153 New South Wales State Children’s Relief Dept. (1883). Annual Report For the Year ending April 5. NSW: Govt Printers; New South Wales Child Welfare Dept. Annual Report for part of the Year 1921, and for the four following Years 1922, 1923, 1924 and 1925. NSW: Govt Printers
concern but intensified in the late 1920 and the 1930s when the country was in the depths of depression.

In the early 20th century illegitimacy was confounded with feeblemindedness, and feeblemindedness meant the proliferation of crime, delinquency and the degeneration of the Australian race. Cumpston’s agenda was ‘the production of a sound national policy of public health’ (Roe: 1984, p. 126) in preventative medicine. Cumpston explained that preventative medicine involved:

“..heredity … family … domestic life … personal habits … customs…home …workshop … In short preventative medicine to be effective must deal with the man, the whole man as an individual (Roe: 1984, p. 129)

Cumpston’s belief was that preventative medicine ensured Australia remained a vital, efficient and vigorous nation.

Cumpston believed his Federal Department was to “inspire and co-ordinate public health measures generally without infringement or transfer of the sovereign powers of... the States.” (Roe: 1976, p. 179). The Commonwealth’s power to influence and direct states was by extension of the quarantine powers given to it by the Constitution (Roe: 1976, p. 182).

**Doctors Ensure Commonwealth Population Policy At State Level**

Giving evidence to a Insurance Commission held in 1925 Cumpston argued that public health authorities should supervise “not only the social environment but the health of individuals” and to do this effectively “the Commonwealth should use its powers to stop the propagation of the unfit.” Cumpston insisted that general practitioners should be integrated with public policies. He said: “Government should supply the profession with expert facilities and grapple with the hospital problem”. Cumpston also gave evidence to a Health Commission held in the same year. Roe states: “His concern for improvement remained … in relation to venereal disease, mental health, and mother infant and child welfare.

It is interesting to note that single mothers and their infants all over Australia were given Wasserman tests (to detect venereal disease) as a matter of course when admitted into maternity hospitals.

The Health Commission … advised that the [Federal Health Department] take control of services in all Australian territories and that government encourage its research activities, especially in venereal disease, maternity, child welfare and industrial hygiene. The department should take the initiative in co-ordinating state public health work, desirably through a federal council. Cumpston, in June 1925, wrote in the *Medical Journal of Australia*, …the practitioner, he argued, should receive help and payment from government for public health work, and in return ‘should be

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prepared to accept discipline in professional matters relating to public health from an official body of his professional colleagues” (Roe: 1984, pp. 137-138).

“The Federal Royal Commission on Health (1925) endorsed the department’s work, and promised to give it a broader role via the Federal Health Council which first met in January 1927, and continued regularly to do so, under Cumpston’s chairmanship. The council comprised of Cumpston as chairman and the heads of State health officers”. Thereby it was possible that he and his colleagues could guide the States on matters such as venereal disease and infant and maternal care”. (Roe: 1984, p. 140).

Hence the Federal Government influenced the state governments in areas of public health and social welfare policy. “The influence on health and welfare of the states by the Commonwealth was further strengthened by the development of the Federal Health Council. The Council, was to provide a forum for consultations between the Commonwealth and state health departments” (Gillespie: 1991, p.45).

“In 1928 W. Ernest Jones conducted a national survey of mental deficiency for the federal government. This came about as a consequence of a recommendation by the 1925 royal commission into health that the proposed, and subsequently established, Federal Health Council ascertain the extent of mental deficiency in Australia and make recommendations as to the role the Commonwealth could perform in co-ordinating the efforts of the states in solving the problem”.156

“The committees [of eugenicists] that proposed and planned the mental deficiency legislation in Victoria in the 1920s comprised doctors and educationalists attempting to apply new scientific techniques of the measurement of human intelligence and morality in an attempt to improve the breeding potential of the Australian ‘race’. This group was supported by the medical profession through the pages of the Medical Journal of Australia, in the new educational research institutions in the pages of the press and they received the support of all parliamentary parties” (Jones: 1999, p. 337)

“In 1935 to commemorate George V’s 25 years of kingship a fund was established. It derived from Commonwealth and state government as well as public subscription. Its aim was to improve natal care. The Federal Health Council offered guidelines for state committees” (Roe: 1984, p. 144).

“In 1937 the Federal Health Council evolved into the National Health and Medical Research Council and Cumpston was its chairman and included heads of state departments. The Council supervised research and was a co-coordinator of national policies … Maternal and infant welfare was a prime concern of the council. Its documents contain a mighty store of pertinent material – relating not only to statistics and sickness, but also to contraception, abortion, and child-raising … The Commonwealth’s delegation was strengthened …and further members represented the professions, the universities and the lay public. Subsidised with relative generosity, the Council sponsored much inquiry and discussion on a very wide rang of health and social matters” (Roe: 1984, pp. 144-145).

“‘National hygiene’ was to be attained by the medical regulation of all stages of family life, from pregnancy through child rearing and nutrition, in order to build a superior Australian race. Drawing on earlier British concerns for building national efficiency through health reform, the national hygienists developed a vision of national destiny which linked a multitude of population and developmental questions – from the settlement of the tropics and remote areas to the physique and military potential of slum dwellers – to medical control” (Gillespie: 1991, pp. 31-32.).

Cumpston’s agenda was the nationalisation of Medicine and to do this he believed that “every practitioner” should be enlisted in the service of the state” (Roe: 1984, p. 129).

Gillespie explains: “At the same time, ‘nationalization’ implied major changes in administrative structures, the assumption of greater responsibilities by the federal government, co-ordinating the activities of the states and forging the subordination of ‘curative private practice to ‘preventive’ state medicine. The term ‘preventive medicine’ only gained general currency during and after World War I, displacing the older term ‘public hygiene’ and its connotations of municipal nuisance inspections, with a notion of public health claiming a central placed in curriculum and directly challenging the dominant mode of medical practice. Although this implied major changes to the conduct of private medical practice – its subordination to national policy objectives – it did not mean the abolition of the market nor radical reform of access to hospital and their institutional care. Instead, the new public health concentrated on using administrative means to replace the emphasis on curative medical care within the whole health system. Public health policy was to shift from the policing functions of sanitary reform towards modifying the behaviour of individuals through education and other forms of social control. Although this implied major changes to the conduct of private medical practice – its subordination to national policy objectives” (italics added, 1991, p. 32).

Hence Cumpston’s and the Federal government’s agenda of regulating maternal and infant well being would be carried out through the state vial local medical practitioners, hospital boards and social and welfare workers.

“The general practitioner, who must, under the direction and supervision of the trained district and central staffs, accept the responsibility for those measures of preventive medicine which can be applied in the home and must be prepared to accept the responsibility for failure to require or carry out prescribed or obvious measures of prevention. This means a greatly increased range of duties performed for the State and … briefly the [federal] health department must say what should be done and the local government authorities and the medical profession, each in their sphere, must do it. The central health authority should have power to see that they do their duty and, clearly the association between the preventive and curative branches of the profession must be intimate” (Cumpston cited in Gillespie: 1991, p. 39-40).

“… most national hygienists like Cumpston and Sutton…favouring a mixture of sterilization and segregation of the manifestly unfit, encouragement of the breeding of the indubitably fit, and improved nurture and training of those in between. Sutton, for example was convinced that “mental deficiency is a public health as well as an educational problem, for from mental deficient’s are recruited many of the social parasites of our civilization-the unemployable and thriftless, prostitutes, delinquents and criminals. But while it was worth trying to prevent them “from perpetuating their defects” benefits would also come from slum clearance, free kindergartens and the provision of urban playgrounds. Cumpston more cynically suspected that advocacy of sterilization laws, no matter how advisable, would be simply a waste of time in Australia so he concentrated on environmental reform. If a consensus-or least objectionable position-emerged, it was that the fit, especially among the middle class, should produce more children and the environment should allow all citizens, regardless of class, to make the best of their genetic potential. The desired outcome of national hygiene was clear to all, whatever the preferred means to this common end. Sutton expressed the racial ideal perhaps most vividly when he imagined a future white body “fully trained, free from defects of posture, upright, elastic, vigorous, alert, the responsive and capable instrument of the will (Anderson: 2002, p.171)\textsuperscript{158}

“The programmes of national hygiene were developed within a consensus shared by the department and much of the medical profession”. (Gillespie: 1991, p.43)

In 1930 a Division of Maternal and Infant Welfare [within the Federal Department of Health] was approved after a report by Dame Janet Campbell, of the British Ministry of Health, stressed the need of the ‘effective supervision of maternity’ (Gillespie: 1991, p. 46).

“The emphasis on the integration of the general practitioner within public health administration remained central. Harvey Sutton, long time colleague of Cumpston and the director of the University of Sydney’s School of public health and Tropical Medicine (founded and controlled by the Commonwealth department from 1930) took this as his major theme in lectures for the diploma of public health: ‘the chief unit in future health work is the general practitioner. He is the front line for attack and defence’” (Sutton cited in Gillespie: 1991, p. 49).

Cumpston and Sutton both had links with the Racial Hygiene Association, whose members had an interest in mental deficiency, stopping the unfit from reproducing, venereal diseases and introducing compulsory sterilisation for those it deemed unfit. (Australian Racial Hygiene Congress 1929, Report Sept 15, 16 17 & 18th September).

1960
Dr. Lawson is a very good example of the outcome of the Federal government’s policy to have medical practitioners implementing its population policy at the local level. It is also a chilling introduction to the institutionalised baby theft that escalated during the 1960s and early 1970s. The fact that there was no discussion about the content of the lecture or after its publication any comment made by anyone either in

\textsuperscript{158} Anderson, W. (2002). The Cultivation of whiteness: science, health and racial destiny in Australia
Melbourne: Melbourne University Publishing

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government or in the adoption industry is revealing in that it shows the total disregard for the rights of mothers’ and their infants and that the Australian government failed in its duty of care to protect its most vulnerable citizens: pregnant women, new mothers and their newborns.

Dr. Lawson gave a lecture to fellow obstetricians, paediatricians and medical staff at the Royal Women’s Hospital in Melbourne. His lecture was subsequently published in the *Australian Medical Journal*. Dr. Lawson’s lecture is pro-adoption, and in the language of early eugenicists, he deems the family of the unwed mother unfit to rear its kin. He urges his fellow practitioners to take all illegitimate infants for adoption, irrespective of what the mother or her family want, even to break the law when it came to adoption. According to two former adoption consent takers, Dr. Lawson reflects the values and principles of social and welfare workers who work in the field of adoption (Marshall & McDonald: 2001, p. 3).

It is the unstable mother who can have the most effect upon the family … The obstetrician has a particular duty when dealing with single girls who become pregnant. This is a big problem…. The prospect of the unmarried girl or of her family adequately caring for a child and giving it a normal environment and upbringing is so small that I believe for practical purposes it can be ignored. I believe that in all such cases the obstetrician should urge that the child be adopted (Lawson: 1960, p. 165).

The last thing that the obstetrician might concern himself with is the law in regard to adoption. …If you belong to a bowling club, you cannot trample on the green with hobnail boots; but you can trample on the face of everything that is decent and proper, and because of something which is called the sacred right of parents…Years ago diphtheria, dysentery and scarlet fever would sometimes decimate these homes. Natural selection played a part in keeping this proportion [illegitimates] of the population down. …Heredity is important; but everything we hear from child health specialists tells us how important is the right environment for normal mental and social development. To them environment is almost everything, and I believe that a good environment will make a better job of bad genes than a bad environment will make of good genes….It is environment which pushes the sinfulness into these babies. Adoption brings joy to the adopting parents and the prospect of a better life to the child (Lawson: 1960, p. 166).  

The operation of the population policy that was reflected in the internal (secret) policy in institutions dealing with single mothers, alluded to by Dr. Lawson, was explained more fully by the head of the Social Work Department at The Women’s Hospital Crown Street (Crown St).

Acknowledgement that unwed mothers were singled out for differential treatment was substantiated in an affidavit sworn by Pamela Thorne, nee Roberts, head social worker of Crown St. (1964-1976). Pamela Roberts, describes the internal policy of the

health department that was in use while she was in charge of the social work department for 12 years.\footnote{160 P Roberts, ‘Statement of Pamela Thorne, nee Roberts, 30 September, 1994’ in the matter of Judith Marie McHutchison v State of New South Wales no. 13428 of 1993}

Before being admitted into Crown St an unwed mother had to first visit with a social worker (Roberts: 1994, p 1). This effectively placed all unwed mothers under the control of the social work department. Whether a pregnant woman had made up her mind or not about adoption her files were marked with a secret code: UB- or BFA, both meant mother unmarried, baby for adoption (Roberts: 1994, p.5). This code guided the medical staff months later in the way a mother was treated in the maternity ward. Unwed mothers would:

1. Have no contact with the child at the birth; the baby would be immediately taken to the nursery;
2. During the birth have a pillow placed on her chest, obscuring the mothers’ view of her infant at the birth. It was practice not to inform them that a pillow or sheet would be used for this purpose;
3. In the days after the birth the mother would not be permitted to see her infant (1994, p. 6);
4. Be injected with stilboestrol (a carcinogenic hormone to dry up her milk) immediately after the birth so she could not feed her infant and it was practice NOT to inform mothers that this would occur (Roberts 1994: p. 8);
5. Be given barbiturates prior to, during and after the birth (1994: p. 5).
6. Mothers would be removed to an annex of Crown St: Lady Wakehurst, hours after the birth which meant they had no physical means of accessing their infants (Roberts 1994: p. 6).

**Commonwealth And State Institutions Collaborate To Run Illegal Vaccination Program**

In 1931, the Superior of St. Joseph’s Mother and Baby Home, Sister Lavinas, opened the Mothercraft training school under the auspices of the Health Department and the guidance of Dr. Vera Scantlebury Brown (Director of Infant Welfare) (p.21) .

A Truby King nursery (run on eugenic/scientific methods) under Sister Maud Primrose (formerly Truby King’s assistant) was set up at the Home. The whole infant welfare movement was characterized by set standards and methods of baby health care. These rules and routines were taken up by mothers in the community through their contact with Infant Welfare centres but they were more rigidly adhered to in the training schools (such as St Josephs). The ‘Bible’ of the training schools was Dr. Scantlebury Brown’s Guide to the Care of the Young Child: the Green Guide (p.21)
In the 1940s, The Children’s Hospital and Commonwealth Serum Laboratories (CSL) joined forces to do research at St Joseph’s Babies Home, on infants accommodated in the facility to develop the production of the triple antigen serum (p. 29). The triple antigen vaccination was not introduced by the CSL until 1953. It is most likely the Victorian Homes were used because the CSL was located in Poplar Road, Parkville, Victoria. The CSL was housed within the Walter and Eliza Hill Institute (The Institute) in Victoria in 1917 until moving into permanent premises at Parkville. It has collaborated with the Institute from then until today.

The CSL in collaboration with The Institute, and the Children’s Hospital conducted experimental trials of vaccines on babies and infants in five state and religious run institutions generally used to accommodate the babies and infants, of unwed mothers, awaiting adoption. The following are two newspaper articles discussing the trials:

During the twentieth century, babies and children in Victorian orphanages and Homes were used as subjects for medical experiments. Reports from the Senate Inquiry into Children in Institutional Care contained details of studies carried out by the Walter and Eliza Hill Institute and the Commonwealth Serum Laboratory (CSL) between 1945 and 1970. A report written by the Department of Human Services in November 1997 considered the issue of who had given consent for these children's participation in the medical trials. The report found that 'it is likely that the research institutes gained consent to conduct the research from staff responsible for the institutions and possibly in one case, from a Departmental employee'.

CSL research records in the National Archives show that 56 babies under the age of 12 months were used in the Victorian vaccine trials. One baby died of meningitis in August 1960, less than three months after completing a course of three quadruple antigen injections.

The Age has revealed that in 1997 Victorian children's homes and orphanages had been used by a number of medical and research organisations, including CSL, for trials of a range of experimental vaccines. CSL used babies in Victorian orphanages and children's homes to test a new quadruple antigen vaccination, which included polio vaccine possibly contaminated with a monkey virus, SV40, since linked to cancer. CSL records show the trials were conducted on babies as young as three months in five institutions between December 1959 and early 1961. Quadruple antigen, containing Salk polio vaccine, was not publicly released until November 1960. There is no indication of who gave formal consent for the babies to be used in the trials, which were carried out by CSL's virus research department. The National Health and Medical Research Council said it would work with federal health authorities to assess the need for more research into possible links between SV40 and

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163 The University of Adelaide Clinical Toxinology Resources Commonwealth Serum Laboratory Ltd http://www.toxinology.com/fusebox.cfm?staticaction=generic_static_files/avp-csl-01.html
164 http://www.pathwaysvictoria.info/biogs/E000503b.htm
cancer. Support group for victims of contaminated medical products yesterday called
for a royal commission into CSL “The track record of CSL demonstrated the need for
a royal Commission into all their operations – No one gave consent and these children
were under the care and protection of the government as state wards.”

The institutions used in the trials were St Joseph’s Home in Broadmeadows, Berry
Street Foundling Home, Bethany Babies Home in Geelong Methodist Babies Home
and the Children’s Welfare Department at Turana, run by the Victorian
government…. CSL research records in the National Archives show that 56 babies
under the age of 12 months were used in the Victorian vaccine trials. One baby died
of meningitis in August 1960, less than three months after completing a course of
three quadruple antigen injections.”

ADOPTION LEGISLATION AND PROMOTION BY STATE CHILD
WELFARE DEPARTMENTS LEADS TO MORE DEMAND FOR INFANTS
BY CHILDLESS COUPLES

Mr. MacFarlan in the Victorian Legislative Assembly on September, 1928 states:
“The whole object of the Bill is to get the adopted child from its natural parents and
prevent it from ever going back to them.”

Hon R. J. Hamer:
Some of them, but by no means all are children of unmarried mothers…all of them
the process of being adopted opens new horizons particularly the warmth, security
and protection of a good home which they might not otherwise have… The foster
parent had no security of tenure…That was a fundamental fault because even after
years of affection and care by the foster parents, the natural parents could turn up and
demand their child back…one could imagine the heartbreak and disruption that sort of
thing caused.”

Permanently placing children with foster families was labeled ‘adoption without
subsidy’, and was deemed to be an excellent source of cost cutting for the State, but Renwick complained that many foster parents were being deterred because
without legislative protection there was nothing to ensure that the biological parents
would not try and reclaim their children after, he lamented, ‘a stranger went to the
trouble and expense of properly training and educating the offspring of an unworthy
person …’. It was not until 1923 that foster parents were granted this protection
with the introduction of the New South Wales Child Welfare Act 1923 with its
adoption clauses. Once this was done, T. D. Mutch, the Minister for Public

166 MacFarlane, Victorian Legislative Assembly, 26 September, 1928, Hansard, vol 177, p. 1869, cited
in Dees, p. 1)
167 Hon. R. J. Hamer, Adoption of Children bill 24 March, 1964, p. 3283
168 New South Wales State Children’s Relief Dept. Annual Report For the Year ended 5 April 1883, p.
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169 New South Wales State Children’s Relief Dept. Annual Report For the Year ending 5 April 1883, p.
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170 New South Wales State Children’s Relief Dept. Annual Report For the Year ending 5 April 1883, p.
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171 New South Wales State Children’s Relief Dept. Annual Report For the Year ending 5 April 1883
172 New South Wales Child Welfare Department Annual Report for part of 1921 and the four following
years ending 1925, p. 3
Instruction announced that ‘people wanting children are coming forward in greater numbers, and already a great saving to the State has been effected.’ So it was that modern adoption, as a service for married couples and a cost saving exercise for the State, was born.

As Dr. Kerr has found in her research that the Western Australian Child Welfare Department run vigorous media campaigns to promote adoption and stigmatise single motherhood particularly by the use of labelling their infants unwanted. From the 1920s the NSW Child Welfare did the same.

Mr. Hawkins, Minister for Child Welfare and Social Welfare stated:

> Despite these figures large number of applicants are still awaiting the allotment of a child for adoption, and it is a matter of concern to officers of my department that the difficulties and delays experienced by prospective adopting parents may give rise to the temptation to see more direct methods of satisfying their wish to obtain a child.

Progress, a quarterly magazine published by the Public Service Board of NSW also gives evidence in 1964 of the pressure emanating from people who wanted to adopt. In the post war years when the waiting list of adopting parents grew longer, and couples desperately wanting to adopt baby felt they could not wait the requisite period (then up to five years), it was inevitable that money should change hands.

Hon Evelyn Barron

> “Careful supervision of the adoption laws is necessary. Pressure exerted by people who want to adopted children has been one of the great difficulties that the Minister and the department have had to bear. The scarcity occurs not in theumber of openly who want to adoption children but in the number of children who are available for adoption. Often not enough children are available. The waiting time is caused not by the department’s having been to slow in dealing with applications but rather because of the shortage of children suitable for adoption. People want to adopt more children and take them into their homes than the number available to supply the demand

Mr Hawkins referred to the waiting list of couples:

> Indeed the waiting list for adoption is a long one. Parents applying for children by adoption may have to wait as long as 3½ years to 4 years for a baby girl and about 6 months less for a baby boy. The rate of adoption at

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173 New South Wales Child Welfare Department Annual Report for part of 1921 and the four following years ended 1925, p. 2
175 New South Wales State Children Relief Board Annual Report Year ending 6th April 1920, p.12
177 Progress, (1964), published quarterly by the Public Service Board of NSW, 3(2), p. 14, cited in McHutchison, p. 13
about 2,000 a year, indicates a most commendable spirit in the
community.178

In a 1954 Report179 it was stated: “No doubt the increased interest [in adoption] is
partly due to the natural desire of childless couples to have children, which has been
reinforced by the possibility of legal adoption, and partly to the greater awareness of
the plight of children deprived of a normal home life, to which much publicity has
been given in recent years (p.4).

During this time the Department was experiencing “long waiting lists of prospective
adoptive parents”. (Kerr: p. 155). This put enormous pressure on the various Child
Welfare Departments around Australia. The same pressure was noted in NSW
Hansard, and discussed later.

Popular women’s magazines such as *The Australian Women’s Weekly*, were utilised
to promote adoption. The staff reporter interviews adoption social workers who state:
“One theory strongly backed by social workers overseas is that although it is hard for
the mother to give her child up, it may be better in the long run for the baby to be
adopted into a family”. The article goes on to discuss how young pregnant women
are persuaded to see the difficulty of keeping their babies.180

By 1971 the promotion of adoption was so successful that there were more children
available than adoptive parents. This was a problem because no homes could be found
for any child who had even a minor defect, even considerations as small as hair colour
or nose shape. “They knew there would be another baby. Children with even minor
problems were often doomed to spend their youth in institutions”.181 By 1974 the
waiting lists for babies was so long that the NSW government introduced legislation
that gave priority to childless couples. Infants with medical problems or of a mixed
race were advertised as being available in only six months for a boy or 12 months for
a girl. These children were categorised as deferred adoptions and when there was a
surplus of babies they could languish in institutions for years.182

Unfortunately for mothers and their infants the promotion of adoption by the use of
the term in the best interests of the child and the legislation and policy that evolved to
supply the increased demand based on the same principle, was based on absolutely no
research.

“Unfortunately there is a great paucity of studies in Australia and other countries
regarding accurate follow-up of adopted children. In fact, until recently there has
never been any really comprehensive scientific study of adoption.”183

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178 Hawkins, NSW Legislative Assembly, (1965), Hansard, p. 3014, cited in McHutchison, p. 16
179 Fyfe, D. & Stuart, J. *Report of the Departmental Committee on the Adoption of Children 1953-1954*
[Cmd 9248] London: Her Majesty’s Stationery Office p. 9

180 Staff Reporter *The unmarried mother’s problem should she Surrender her Baby? The Australian
Women’s Weekly* September 8, 1954, p. 28
181 Berryman, N. *So you want to adopt a baby Sunday Herald* 8/4/1979
182 Mooney, J. *Move To Cut Adoption Waiting Time* 4/8/1974
*Proceedings of Seminar* held on 3rd and 4th November, 1972 Victorian Council of Social Service, p. 66
“There remain so many unknowns”…. “Australia was to be included in a [review of research] but it was found that no research had been conducted into adoption in any of the Australian States up to September 1965 … without research we are moving in the dark …strong on description, and weak on diagnosis …What do we know about the outcome of adoptions in Australia?”

THE COLLUSION OF COMMONWEALTH, STATES AND ADOPTION ORGANISATIONS IN THE DEVELOPMENT OF THE DRACONIAN LEGISLATION AND SOCIAL POLICY OF THE 1960s

Adoption was a Commonwealth project and this was certainly evident in the creation of the Adoption Acts implemented throughout Australia during the 1960s that were formulated by Federal and State Attorneys-General and implemented in all States and Territories between 1964 and 1970.

Kerr states: “The popularity of adoption Australia-wide during and after World War II resulted in Departments around Australia corresponding to create uniformity in adoption legislation… Reciprocity of agreements between all states and territories occurred by 1948…These measures … were considered important protection for the adoptive family … Propaganda distributed by the Child Welfare Department complemented the legislation by constructing adoption as being in the best interests of the child and a service to the state. Social workers similarly promoted adoption to single mothers as being in the child’s best interests. (p.156).

W.C. Langshaw, Director, Department of Youth and Community Services New South Wales, stated that the Adoption Acts were the result of discussions between the Attorneys-General of the Commonwealth and the States and that these discussions begun in 1961 and “took place between the Commonwealth and States at Ministerial level and representations and proposals were received from many individuals and organisations”.

Langshaw explains: “It was … agreed that the social welfare aspect of adoption should be considered and determined before work on the legal problems involved was carried out. As a result, numerous discussions took place between the Commonwealth and States at Ministerial level….the discussions of the 1960s have produced very real uniformity…and the resultant legislation … provides a … framework for the type of adoption practise envisaged for example in the Child Welfare League of American Standards for Adoption Service…. It was the Commonwealth Attorney-General’s Department that prepared the draft of a model bill that the States would follow. All States and Territories passed legislation between 1964 and 1968 and the new so-called Uniform Adoption Law was gradually implemented between the period from 1st August, 1965 and 1970.

The Child Welfare League Standards for adoption that Langshaw is referring to, were discussed by Joseph Reid, Executive Director of the Child Welfare League of American and Deputy President of the International Union for Child Welfare at various social work conferences and in published articles. Since it was these

184 Ibid, p. 55
186 Ibid, p.47
Standards the Australian government modelled its policy and legislation on and enacted through its various state governments it is worth noting what they were, briefly:

- An unwed mother and her child are not a family
- The mother is not entitled to make her own decision.  
- If family members do not support adoption, they should be counselled otherwise.
- It should always be presumed that adoption is in ‘the child’s best interest’.
- A service that must be rendered for infertile couples is the use of case work by social workers utilising psychological methods
- Ensure mothers do not try to reclaim their babies (both casework and legislation)
- Agencies should be politically active and lobby for law changes to reduce the rights of natural parents.
- Because the above principles are only partially accepted by the community, social workers must advocate strongly and publicly for their acceptance.
- Agencies must network with those in law and medicine to ensure the above principles are disseminated.

The above principles dictated Australian policy and legislation as it related to single mothers. The discussions entered into certainly reduced the rights of natural parents. Academic and researcher, Judy McHutchison, stated the 1960 Adoption Acts throughout the 1960s were the most draconian in the world. Its effect of giving mothers only 5 days to ‘make up’ their minds, and enforcing that by hospital policy that disallowed mothers to leave hospital before signing a consent, discussed later, ensured the desired outcome, providing more babies for the adoption market.

Father Perkins stated: “… the number of children available for adoption would greatly increase when the new Adoption of Children Act came into force this year”. This is exactly what transpired. The Deputy Director of the Department of Child and Social Welfare Mr. W. Langshaw stated: “An increased number of illegitimates are handed over for adoption …This is contributing factor in the shortened waiting period undergone by childless couples. A few years ago this was estimated at four to five years. It is now no more than 12 to 15 months”.

So positive were adoption enthusiasts they believed, after the introduction of the new legislation, and with the continued minimal impact of the pill on the rise of ex nuptial births, that there would be an increase in NSW from 5, 360 adoptions in 1968 to 6,177 in 1978. Hence there was an expectation that by 1978 that hospitals would need to have to care of a huge increase in babies surrendered for adoption.

Joseph Reid, on whose principles Australian policy was based stated:

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187 This was in direct contrast of the espoused principles of social work: clients at all times were supposed to be autonomous and the rights and freedoms of individuals were to be protected.
189 500 Good Hoes a Year Wanted for Waifs Family Bureau The Australian 30/1/965 Daily Telegraph 15/3/1968 Illegitimate babies increase
190 Roberts, P. (1968). The hospital’s responsibility to the unmarried and her child Hospital Administration, 16(2) December p. 10
It is not an unwarranted interference with the unmarried mother to presume that in most cases it will be in the child’s best interests for her to release her child for adoption....The concept that the unmarried mother and her child constitute a family is to me unsupportable. There is no family in any real sense of the word. The concept that the unmarried mother has an absolute right for self-determination is to me fallacious, too.

Mary McLelland, Supervisor of Professional Training, Social Studies Department, University of New South Wales at a Conference, (attended by adoption social and medical workers, representatives of adoption agencies, adoption lawyers and the Minister for Child Welfare), 192 to herald in the new Adoption of Children Act 1965 (NSW), reveals the internal policy replicating two of Reid’s principles, 1. Ensuring the mother will not reclaim her baby and 2. The support of the infertile to form a family:

The ultimate objective of adoption is such a planned change through helping to make a family where before one did not exist. But before the placement…[there] are other minor or contributory changes in the social functioning of various individuals where the social worker’s part is well defined. The natural parents must resolve, if possible, conflicts about the surrender of the child, the child even if an infant…will need to develop to the point of readiness for placement193.

Mary McLelland, also made it clear that this state was following the above Principles that influenced Australian government policy when she stated the mother must be helped to her decision because:

… the responsibility for considering the interests and needs of the child is often beyond the capacity of the frequently immature, frightened and confused pregnant girl194.

It was also apparent from the following that the primary clients were infertile couples, and so again following Reid’s principles that assistance be “rendered for infertile couples in the use of case work by social workers utilising psychological methods” McLelland states 195:

the social worker’s concern is with childlessness or infertility… not in its treatment, but in assessment or resolution of its effects on the marital relationship of the couple…They are also very rewarding points for intervention by the social worker…

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192 The seminar was sponsored by the Council of Social Services of New South Wales and the paper subsequently published. The seminar was held in 1967, when the 1965 Act was implemented.
194 M McLelland, Proceedings of a seminar: adoption services in New South Wales’, Department of Child Welfare and Social Welfare, 3rd February, 1967, p. 42. Since it was the mother, who was the legal guardian of her child, and only the mother that was to make any decision with respect to relinquishment, what Mary McLelland is advocating: (that social workers either make the decision or help a mother to a decision), is clearly unethical and unlawful
195 Ibid, p. 42
The stigmatisation of single motherhood is encouraged by Reid because the principles advocated by the Child Welfare Bureau are only partially accepted by the community therefore his instruction that “social workers must advocate strongly and publicly for their acceptance” is followed in Australia. McLelland stated at the aforementioned seminar that to sections of society “out-of—wedlock pregnancies are quite acceptable” but her role as a social worker was to control illegitimacy by supporting marriage and married couples and not accepting single motherhood because it undermined the social functioning of society. She also advocated the media in the recruitment of adoptive parents to that end.  

The principle that doctors, lawyers and social workers should work collaboratively to support adopters is re-stated by McLelland: “Direct service to the adoptive parents is the joint responsibility of doctor, lawyer and social worker.”  

Pamela Roberts, Senior Social Worker at Crown St. Women Hospital article in a leading Journal on Hospital administration, indicates that the Australian policy of promoting adoption was well entrenched in the hospital system:

...During the ante natal period the patient should be helped to come to a decision about the future of her baby....It must always be remembered that any reference to unmarried mothers and illegitimate children brings a strong emotional reaction in most people because these are things seen as a threat to the concept of the family as the unit of our society...  

Social workers and Child Welfare Departments vigorously promoting adoption via the media also reflected the internal policy and the Principles adopted by the Australian government. Mary McLelland is quoted in newspaper article:

…a further modern day role of the social worker was to recruit adopting parents by stimulating interest among suitable…the supply of children was falling in relation to the supply of adoptive parents 

Pamela Roberts stated:

The Internal Policy Manual aimed to ensure that the Social Work Department ran in accordance with the Hospital and Health Department policies and it existed to ensure that the policy was understood and implemented by the social workers … the usual practice was that the mother was not permitted to see the baby in the delivery room …in the days after the birth, the mother is not see the baby. The Policy Manual would reflect these procedures

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196 Ibid, p. 42, 49
197 Ibid p. 48
198 Hospital Administration December 1968
199 Sunday Telegraph A thought for the unmarried father 5 February. 1967
As Dr. Kerr has found in her research that the Western Australian Child Welfare Department run vigorous media campaigns to promote adoption and stigmatise single motherhood particularly by the use of labelling their infants unwanted. From the 1920s the NSW Child Welfare did the same. The Child Welfare Bureau principles certainly further encouraged that phenomenon.

A 1958 NSW Child Welfare Department Manual stated:

The Department provides an adoption service …This service, which is provided free of charge, has three phases [the first priority given to] the location of suitable children (mainly babies) for adoption (p. 30)

Since the majority of infant adoptions were those of ‘illegitimate’ infants then the service relied on the reproductive labour of single mothers. Yet the Manual also states “World authorities are placing more and more emphasis on … retention of the child in his home environment. These principles have been followed by the Department and every effort made to keep the child in the home-circle (p. 23). But understanding that a single mother and her child do not constitute a family throws a different light on the above statement. Dr. John Bowlby is quoted in the Manual: (p. 22)

The proper care of children deprived of a normal home …is essential for the mental and social welfare of a community… Deprived children whether in their own homes … are a source of social infections … as serious as are carriers of diphtheria…And just as preventative measures have reduced these diseases…so can determined action greatly reduce the number of deprived children in our midst and the growth of adults liable to produce more of the …

Similar analogy was used previously by Dr. Lawson. He also suggested the stopping of sources of infection by the removal of infants from their unwed, neglectful mothers.

Dr. John Bowlby believed that single mothers’ children were by definition ‘deprived’.

While the Australian Association of Social Workers was questioning the wisdom of selecting adoptive parents on condition of their infertility stating “This position may… stem from the original purpose of adoption – to provide children for the childless, and persist as a way of favouring those considered to be most deserving of a child)” the New South Minister of Youth and Community Services Mr. Healy announced that the long waiting period for babies by childless couples would be cut by a proposed amendment to he Adoption of Children Act (NSW). This amendment was to give priority to childless couples as opposed to parents who already had adopted children.

201 New South Wales State Children Relief Board Annual Report Year ending 6th April 1920, p.12
GOVERNMENTAL POLICY OF NOT ALLOWING MOTHERS TO SEE THEIR CHILD: ILLEGAL AND UNETHICAL

In Report 22, 2000, it states: “Since the late 19th century, English and Australian courts have upheld the principle that the mother of an illegitimate child has the same rights to custody and guardianship as the parents of a legitimate child and that these rights ‘arise automatically and naturally on the birth of the child’. Further the principle was restated in the legal case in Ex parte Vorhauer; Re Steep (1968), Hence by the very birth of their babies mothers’ had the same rights as those who were married. Women could not be placed under Acts arbitrarily, for instance, just because they were unmarried. Marking mothers’ files with secret codes such as BFA: Baby for Adoption, whilst the woman was still pregnant, assumes consent prior to the birth. To not allow mothers access to their infant at the birth does the same. Before any mother could be placed under an Adoption or Welfare Act specific criteria had to be met. The criteria were outlined in Child Welfare Manuals. The media was used to inform the public of the specified criteria. This was the public face of adoption, not the internal policy of the Health Department, influenced by a Commonwealth policy on population.

The practice of not allowing mothers to see their babies at the birth was routine practice around Australia, even though it was illegal and known to cause psychological harm to the mother and physical damage to the infant.

Members of Parliament knew of the policy and supported it.

The Hon Anne Press

“I have always advised adoption for we have to think of the happiness not of one child but of two children. Frequently the mother of an illegitimate child is in her teens. She has been carried away by emotion, and then brings forth this baby which she would if given the opportunity, like to own and love. But that is not for her; she must make the supreme sacrifice by denying herself the pleasure of holding it in her loving arms. She always makes the sacrifice.

She continues on to say mothers never regret their decision.

Press continues:

The fact that the girl wants the baby to cuddle like a doll until it is twelve months old and then have it adopted is not important. That does not matter, the child must go into a home where it can grow in happiness every year, be educated and take its place as an honoured member of the community.”

205 Report 22, 2000, p. 130
206 Ex parte Vorhauer; Re Steep (1968), 88 W.N. (Pt 1) NSW, p.136; For an historical perspective see Youngman v Lawson [1981] 1 NSW LR, p.439 (see discussion in Report 22, 2000, p. 130)
The NSW Minister for Child Welfare responds:

I can speak of the hospitals where these girls go to have their babies and where they rarely if ever, see their children, because they have no interest in the child—and because of their attitude to the child perhaps it is just as well they never do see the child – Let us consider the interest of the child of a young mother who has never married and is living at one of the department’s lying-in homes. This little baby is bottle fed because it is unwise, and in fact imprudent, to take the baby to its mother210

Researcher Judy McHutchison observes (1984, p. 20): “With many parliamentarians in the legal profession it is a wonder they did not point out to their colleagues that under English Common Law an “unmarried mother” no matter what her age is the sole legal guardian of her child.”

The implementation of the Acts only strengthened the state’s ability to further its agenda and expanded role needed to satisfy the increasing demand of middle class white couples for babies. The implementation of the Acts was a direct consequence of immense lobbying by adoption professionals, associated organisations and adoptive parents and significantly reduced the rights of natural parents, especially those of the single mother.

An example of this, is that the five day minimum period in which to make a decision and sign a consent to surrender the baby was dictated by the same people and organisations working in the adoption field. Judy McHutchison, in her research into NSW Hansard stated: “The decision to allow mothers to sign adoption consents three full days after birth [on the fifth day] was based on information from well-know social welfare workers who were concerned too much of a delay would allow mothers to be psychologically attached to their child and make the decision harder (cited in McHutchison: 1984, p. 16, Hon Asher Joel, NSW Legislative Council 1965, p. 3057).

This is also borne out by comments made in the Victorian parliament, Hon Archibald Todd states:

The debate this evening has centred around some of the more important matters, particularly in relation to the question of the five-day period. This should be examined in the light of the fact that mothers leave hospital earlier than the old period of nine days … Mothers now leave hospital as early as five days after the confinement … I am sure that we accept the advice of the hospitals. I take it that they will be included in this measure, although they are not specifically mentioned as charitable organizations. They could be regarded as adoption agencies, and they will be able to nominate an officer to act on their behalf … 211

Hence in Victoria hospitals were operating as adoption agencies, surely a conflict of interest.

210 Bridges, the Hon D. Legislative Council, A (1965), p. 3065 cited in McHutchison p. 19
211 Todd, A. (1964). Hansard, vol 274, Adoption of Children Bill, 14 April, p. 3649
Hon Hamer states:

The period of five days has been agreed upon after consultation with the almoners and the experts at the main maternity hospitals as the period when the state of uncertainty in the mind of the mother usually can be expected to disappear. After about six days the mothers are usually discharged from hospital. The five-day period is a compromise which will not apply equally well in every case, but there is good reason why that period was eventually adopted…

The five day minimum was just that the minimum period for a mother to give a consent, it was never in the legislation or discussed with the public that was when a consent had to be signed. Yet the purpose of the five day period was introduced to ensure that the consent was taken before mothers left the hospital, whether or not they were in a proper state of mind.

As Mr. Hamer goes on to explain:

I believed the period should be made as long as possible, but not to such an extent that it would be necessary to “chase” mothers interstate or overseas to obtain their consent after they returned home.

It could be argued that the amendment to the Acts that allowed adoptions across state borders facilitated adoption by moving mothers and children across them, thus secrecy was maintained on behalf of the adopters.

The Hon R. J Hamer states:

Mr. Fulton mentioned the situation of children in connexion with State borders. Of course, there is a great number of interstate adoptions now. A number of children who are born in other States are adopted in Victoria and vice versa … The five-day period after the birth of the child … was arrived at after a great deal of discussion. There are two factors to be balanced one being the state of mind of the mother, who is naturally in some distress and in a nervous condition as the result of the birth. On the other hand, many unmarried others come from remote parts, from interstate and even from New Zealand, to have their children here. They are discharged from hospital at some period after the birth and they return to their homes. It would be undesirable to have to “chase” the mother after seven or ten days when she returned home, in order to obtain her consent. After they decide to have their children adopted many unmarried mothers want to be free of the whole thing. …

Why would the mother need chasing if she was ‘definite’ in her decision to relinquish her child for adoption? An important criteria for the Act to be enlivened was a mother must be definite in her decision, if indecisive no consent was to be taken. Another of the criterions to bring the Adoption Act into force was a mother had to insist on adoption after being offered all the alternatives to it. Chasing a mother to gain her

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212 Hon R. J. Hamer Adoption Children Bill, (1964) Vic Hansard, vol 274, pp. 3647-3648
213 Ibid p. 3648
214 Hon. R. J. Hamer, Adoption of Children Bill, (1964) 14 April, Vic Hansard, vol 274, p. 3647
consent was illegal. Adoption was supposed to be a last resort for a child whose parents or mother were incapable or refused to rear their/her child.

Hon Archibald Todd:

The adoption of children of unmarried mothers is generally determined by those mothers before the child is born. They make it plain either to the medical officer who is going to look after them, or to some person connected with the hospital, that the child is to be available for adoption. In many cases, when the child is born the mother never sees it, so that there is no link between the mother and the child. She never meets the adopting parents. It is only on rare occasions … the motherly instinct in the woman is revived and she desires to keep the child with all the attendant problems of the unmarried mother…  

Hon A. J. Hunt states: “Consents were often signed even before the birth of the children” … Hon R. J. Hamer: “That should not have been done, but it has been”.

No decision was supposed to be made if the mother was distressed or in anyway undecided. No decision was supposed to be made before the birth. Mr Hamer’s comment that the mothers “want to be free of the whole thing…” shows his utter disregard and contempt for the single mother who has just had her baby taken. His remark is a reminder of Mackellar’s comments in 1915 that single mothers do not have the same feelings as married mothers. Todd’s remark about the single mothers’ rare maternal instinct is dehumanising, and if he really believed mothers had so little love for their newborns why did he think it necessary for the mother not to see her baby so that there was “no link between them”. Bowlby’s attachment theory at the time stipulated that the baby could not differentiate between his or her mother and any other kindly mother substitute. It was known that the mother always suffered because she already had a nine month connection with her baby.

Using duress or coercion on the mother to gain a consent was illegal, not allowing mothers’ access to their infants was both. The 1982 Health Commission circular sent to all NSW hospitals stated that not allowing mothers access to their babies could void a consent as it equated with coercion and duress.

Todd comments reveal that he is obviously aware of the governmental policy of not allowing mothers to see their babies at the birth to facilitate the adoption process.

Hon R. J. Hamer states:

The attitude is that the natural parents do have an overriding right to determine the welfare and future of their child. This Bill proposes to extend the power of the court to dispense with consent in particular cases.

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215 Hon A. Todd, Adoption of Children Bill, (1964). 14 April, Vic Hansard, vol 274, p. 3649
216 Hon. R. J. Hamer, Adoption of Children bill 24 March, 1964, p. 3288
217 Ibid p. 3648
Dispensation of consent was a convenient tool of the State to deprive mothers of their infants.

As Glennis Dees discovered after research into Hansard from 1896, and revealed also by searching NSW Child Welfare Annual Reports, secrecy was employed because of the desire of adoptive parents not to have the adopted child’s natural parents reclaim him or her. Mothers and certainly not their infants had any power to influence the government in any respect, so the myth that secrecy in adoption was for the benefit of the mother and her child is a nonsense. It has always been known that the majority of adopted children’s mothers were unmarried. The advice was always given to tell adoptees of their adoption. So more than likely the majority knew they were born illegitimate. The adopters have always known the mother’s identity. Up until the new Acts came into force not only was the mother’s name known but, so was her address and her occupation.

In 1965 the Minister for Child Welfare (WA) asks: “Where a married couple wish to adopt a child, is it essential, that the names, addresses and occupations of the natural parents should be shown on any of the documents which are viewed by the married couple?”

Mr. Craig replied: “Yes”. 218

After the implementation of the 1960 Acts the adoptive parents were still told the child’s original names and naturally because its surname is the same as its mother’s they have always known the mother’s name. 219

Hon W. O Fulton: “Most countries in the world have a longer period … A period of three months is prescribed in the United Kingdom Act” 220

To appease parliamentarians concern about the very short period after birth given to mothers to decide on adoption the Honourable Hamer misinforms parliament stating: “Once a consent has been given it is irrevocable. That was the situation until recently in parts of Australia. In Victoria, it has been found by experience that it is better to give a limited-but not long-power of revocation.” Prior to the introduction of Commonwealth/State devised Acts mothers had up until an adoption order was made, that could be anything up to 18 months. 221 The new Acts diminished the rights of mothers by only allowing the 30 days or less if the adoption order was made. The period of revocation was shortened because of the Mace v Murray case. In which a single mother unsuccessfully tried to reclaim her infant. She had revoked before adoption or that the baby had attached to his new parents. After this case there was a push to reduce the consent so that mothers had very little time to regain their strength and garner support to reclaim their child.

Hence an early decision was not dictated by either the mother or the baby’s best interest but on the need to ensure that a supply of babies was kept up for the adoption

218 Mr. Graham August 12, 1965, cited in Shirley Moulds Address give at the inaugural meeting of the Australian Relinquishing Mothers society held in Perth on 25th October, 1982, pp. 6-7
219 Ibid p. 7
market (market was a term used by those working in the adoption field since the 1920s).\textsuperscript{222} 

At the New South Wales Inquiry into past adoption practices (Reports 17: 1998; 21: 1999; 22: 2000) evidence was given by mothers that they were not permitted access to their babies at the birth. That adoption was the only option promoted and they believed their babies had been stolen.

The Tasmanian Government held an Inquiry (Parliament of Tasmania: 1999), where similar complaints were brought forward by families who had their newborns taken. Further the Government’s policy of promoting adoption for unwed mothers was exposed in a letter from the Health Minister to the head of the Child Welfare Department when the Department wanted to stop the abusive and illegal practice of not allowing mothers’ access to their children at the birth. The following is quotations from the Report (pp.7-8)

Director Gordon Smith, his Deputy, Bernard Hill and others, including Child Welfare Supervisor, Ms Joan Brown, acted upon the belief expressed in 1966 by Mr. Smith that the “the bond between a child and his parents is of greatest importance, to be disturbed as a last resort”….It was…obvious from his actions that he believed that unmarried mothers should be given the opportunity to keep the child if it was possible to do so…In the Director’s view it was immoral that a mother be forced to give up her baby because of economic circumstances….Mr. Smith’s view concerning the rights of parents regarding a child before adoption, such as the mother being able to see her child, conflicted with the opinions of influential …medical practitioners…In a memorandum dated 25 September 1969 from Ms Joan Brown Child Welfare Supervisor “where once the maternity hospital adopted the fixed rule that no mother should see her baby and often conveyed the impression that she was not allowed to do so, they now accept that the mother has a moral and legal right to see her baby if she wishes….The incumbent Minister for Health, Dr. N. D. Abbott, appears to have disagreed with these sentiments. In an extract from his letter to the Chief Secretary dated 8 October 1969 he states; “Whatever one feels, there is a need some mothers express and agreed to by their own mothers, to keep the infant, and in this I think they should be strongly discouraged; rather should they be encouraged to adopt-out the babe.

Ann Cunningham prepared a Background Paper for the Tasmanian Minister of Community and Health Services after their were claims by mothers that they had been told their babies had died only to have their children turn up on their door step 20 or more years later. In Cunningham’s report she notes that there were signed consents in the claimants’ files. It has to be said though, that as they were never forensically analysed –they could have been forged as other mothers have claimed was the case with their consent forms\textsuperscript{223}. Hence these mothers’ claims could still be viable. It has been reported by Link Up and in the Bringing Them Home Report that Indigenous

\textsuperscript{222} Popenoe, P. The Foster Child  \textit{The Scientific Monthly} 29(3). Sept 1929 pp. 243-248).
\textsuperscript{223} Cooke v State of NSW & Anor [2006] NSWSC 655 – Ms Cooke has her consent form forensically analysed and it was deemed to have been forged by the consent taker
mothers who had their babies taken in the same way as white mothers was also told their babies had died only to have them turn up years later.

Cunningham does report however:

“The practice in most public hospitals was to actively discourage and prevent mothers from having any contact with their babies after birth if they were to be adopted. …I sighted a letter on the Departmental files written by the Medical Commissioner at the time, T.H.G. Dick, addressed to the Minister for Health, which letter was dated the 18th September 1969:

Re: Adoption of Babies. There will be some cases where the parents of the unwed mother agrees to take her daughter and her offspring home. Only in this case do I feel it wise that the unwed mother should see her baby after birth. In all other cases where the child is going out to adoption it is my unqualified opinion that it is most unwise for the mother to see or have any relationship with the child after birth. I have discussed this question with the Professor of Psychiatry who is in entire agreement with me on this matter.

So unless the mother had a family who was willing to ensure her rights were met it was governmental policy to deny her access to her infant even though it was illegal.

This basic denial of mothers’ rights was substantiated in the NSW Inquiry into Past Adoption Practices (1998-2000) where hundreds of mothers stated that they had been denied access to their babies and their children purposely hidden from them. Yet the public were never informed of the Government’s policy of denying mothers access to their children or of not allowing them to feed or in some instances even know the sex of their infants (Parliament of Tasmania: 1999, p. 7; Borromeo: 1967, p. 11). Rather the public were subjected to a media campaign orchestrated by the Department of Child Welfare where a series of articles were published advertising for infertile couples to come forward and look after the hundreds of unwanted babies of single mothers (Gilbert: 1969: Kerr: 2000, pp. 9, 224; Sunday Telegraph: 1968). The need for advertising was certainly not because there was a shortage of applicants, in fact during the 1950s-1960s when this campaign took place there were many more applicants than babies (McHutchison: 1984, p. 16). The public was informed it was the mothers’ decision.

It is a decision only she can make … Very few girl come through without a tremendous agony of mind and heart … by surrendering she can ensure the child a better and more secure life than she can give it alone … She has to adjust to the loss and she can only do it if she has made the decision freely knowing it is for the good of the child…It is a tidy solution it gives the lass another chance.225

225 Kennett, J. The losers in the baby boom Background Daily Telegraph 13/12/1970
Popular women’s magazines such as *The Australian Women’s Weekly*, were utilised to promote adoption. The staff reporter interviews adoption social workers who state:

“One theory strongly backed by social workers overseas is that although it is hard for the mother to give her child up, it may be better in the long run for the baby to be adopted into a family”. \(^\text{226}\)

The article goes on to discuss how young pregnant women are persuaded to see the difficulty of keeping their babies.

In only one newspaper article did it let slip there was a policy of not allowing mothers to see their infants. Usually media reporting focused on issues such as the decision must always be the mothers after she had been given all alternatives to adoption.

Normally the newspapers recounted the sanitised version of adoption, but in this particular article where the journalist interviewed child welfare staff, the industry’s attitude towards single mothers was apparent. It was stated:

> Here are some of the sickening and tragic facts uncovered … in a Sunday Truth special investigation into the growing incidence of juvenile vice in Queensland… At this moment at least 100 young girls…are in homes in Brisbane waiting to be taken to Heartbreak Ward to have their babies…..The Minister in charge of the State Children’s Department …and the department’s Director... have expressed grave concern at the growing problems of wayward girls…Sunday Truth contacted dozens of child welfare experts and social workers to complete this report … In Heartbreak Ward …girls … wait for the babies they are never allowed to see. \(^\text{227}\)

Those involved in past adoption practices claim not allowing mothers to see their babies was ‘for their own good’ and to ‘stop the bonding process’. There is no medical evidence to support that claim. In fact Dr. Geoff Rickarby, a psychiatrist, has stated that in the 1950s to 1970s when the practice of taking the baby immediately at birth was governmentally sanctioned it could not have been based on any theory of bonding, because that theory was in its infancy, and knowledge of the bonding process was minimal. Further a married woman I interviewed for my research, who gave birth at Crown St in 1969, and who was insistent on adoption all the way through her pregnancy, informed me that she was given her baby after the birth. She was not given any drugs and because she was distressed about the prospect of losing her baby the social worker did not take her consent but allowed her to go home until she was firm in her decision. Her treatment was as per the welfare workers text book. If the sheet or pillow was used for the mothers’ benefit why wasn’t it used when married women were having their babies adopted? The theory then seemed very elastic. It was more to the point that it was well known by doctors and social workers that if a mother saw her baby, even if she had contemplated or more likely talked into adoption, prior to the birth, “she changed [her] mind completely when the baby was

\(^{226}\) Staff Reporter  The unmarried mother’s problem should she Surrender her Baby? *The Australian Women’s Weekly* September 8, 1954, p. 28

\(^{227}\) *Sunday Truth*, Ward I Crowded: Unwed mothers: A special ward, set aside at the Brisbane Women’s Hospital for unmarried mothers October 24, 1965
One argument that is often raised against the mothers seeing her baby is that the sight of the infant may awaken conflicts about giving up her child… The sense of completeness that the presence of the infant may provide can help some women to … make realistic plans … The frequently observed scene of a distraught mother, a few hours post partum, who is being pressured into signing a release by a physician or lawyer has no place in current understanding of patient care”.  

Wessel states in 1963:  

The lying-in experience presents another area where professional workers fail to integrate their knowledge towards the best interests of the patient … To many women, the opportunity to see and handle the infant represent a logical culmination of a process that started long before the birth of the baby. To deny a woman, even a teen-ager, this right if she so desires is unnecessarily cruel. Many women need to see that the infant they have born is normal and healthy. Without this experience it may be impossible for them to work out realistic plans for themselves or for their infant … An argument often raised against a mother’s seeing her infant is that the sight of her baby may awaken conflicts about giving up the child for adoption placement, which may delay or interrupt placement proceedings. This indicates that the mother, who actually has the right to her own baby, has not worked out her feelings about releasing the baby the infant for adoptive placement and needs more time to consider her plans… The sense of completeness that the infant provides may be necessary in order that a woman may realize the meaning of the experience in her life situation. Even in the postponement of the placement infant while the mother thinks through her decision, it is better than to have the arrangements made in haste. …The legal papers may be presented to a mother before she has recovered from the physical and emotional impact of the delivery…Physicians often fail to understand why a woman who is considering adoptive placement wishes to hold her infant. They may feel that permitting the mother to do this will interfere with placement ….

Wessel goes on to explain that Physicians assume a paternalistic and directive role and they do not understand the connection the mother has with the baby and is often expressing his

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uncomfortable …subjective reactions to the woman who is pregnant out of wedlock …

According to Dr. Wessel it was the social worker who should have advised the physician on the psychological needs of the mother. It therefore was not bonding theory but a practice, of disabling mothers so that it was easier to gain their infant for adoption. So every concern was with successively achieving that one aim. As medical staff and social workers acted in unison with governmental policy there was no accountability and adoption industry agents acted with impunity.

It was medical practitioners who were involved in the business of adoptions that refused to allow mothers to see their babies. As reported in Cunningham’s Report:

The [Child Welfare] Department also had its battles with authorities. Mr. Smith’s [Director of the Department] view concerning the rights of parents regarding a child before adoption such as the mother being able to see her child, conflicted with the opinions of influential and respected medical practitioners who prior to the passage of the 1968 Act, had every legal right to arrange privately the adoption of babies.231

The differential treatment meted out to unwed mothers in hospitals is outlined in Pamela Thorn nee Roberts sworn affidavit. The treatment, Roberts’ claimed, reflected an internal policy of the Health Department.232 Previously the policy had been to allow mothers to wean their babies before expecting them to give them up. The introduction of formula into hospitals in the 1930s, dispensed with the need for mothers to wean their babies. The practice of allowing mothers to feed their babies though did not stop in all hospitals. At St. Margaret’s Hospital, for instance, up until the early 1960s mothers fed their babies with bottles.233 Hence the reason for not allowing mothers to see their babies based on a bonding theory is bogus and I would suggest developed to cover the crimes of those forcibly taking the newborns. Forbidding mothers to see their babies was to facilitate adoption

The earliest mention of forbidding mother and baby to see each other1 was a reference to the practice in 1919 by W. H. Slingerland in his Manual for Social Workers, wherein he explains that it was only used by those involved in the business of baby farming:

Said a doctor in one hospital: “We never let a mother see her child, for when she does she is not so willing to part from it …”

1961: Donald Gough, Social Worker234

The danger of encouraging the unmarried mother to care for her child…she [may] then find it impossible to part from the baby.

The demand for babies from potential adoptive parents led to more brutal practices being implemented to ensure supply. The studies into midwifery and social work practice of the era conducted by Dr. Susan Gair, do not reveal any concern for meeting the mothers’ needs.235

Miss K. Lancaster, Senior Social Worker, Royal Women’s Hospital states: “In our hospital there is automatic referral of all single parents to the Social Work Department…Many girls early in their pregnancy are quite determined to adopt, but as confinement draws closer they become unsure and more attached to their baby, and at the time of signing a consent six days after delivery, may be very uncertain.”236

Rev Graeme Gregory, Director – Methodist Department of Children, Executive Director, The Child Care Service of the Methodist and Presbyterian Churches states (1972): “…we have noted some difficulties in certain hospitals for the single mother. Such penalties as not allowing a single room, forbidding the mother to see her child, and other difficulties have been experienced by single mothers booking into certain hospitals…”237 “…But if we talk about the availability of free choice then we must also talk about the rights of the mother to keep her child (underlined in original).”238

The two parliamentary Inquiries (1998-2000 & 1999) into the forced removal of newborns from their single mothers, mentioned previously, disclose a familiar theme amongst the accounts of many women. Mothers were rendered helpless in a system that was designed not to assist or give them choice, but rather to prey on their vulnerability. It was revealed that this phenomenon was NOT the result of rogue doctors, hospitals or social workers. It was ‘conspiratorial activity’ that included many operatives who comprised a ‘well oiled system’ whose intent was to abduct newborns.239 Two former adoption social workers/consent takers, wrote in a 2001 book, that all participants in the field were compartmentalised. In other words no one person knew what all the other key players did. The Greens however, recently gave the nomenclature to the overall system: institutionalised baby theft.240 There certainly was a guiding hand to this social experiment. The young mothers’ files were marked

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238 Ibid, p. 47
240 Email forwarded to author from David Templeman WA MP from Alison Xamon MP WA (March 3, 2010) in response to David Templeman’s private members’ statement calling on the WA parliament to apologise for its past involvement in the forced removals of unwed mothers’ infants.
with a secret code whilst they were pregnant.\textsuperscript{241} This was not an isolated occurrence, but happened in various hospitals throughout Australia. The coded files were to guide maternity staff about the kind of treatment women would receive in the maternity ward, the type of drugs given and their treatment post birth. It determined the use of a pillow or sheet to stop the mother from viewing her baby at the delivery, and the immediate withdrawal of the baby from the maternity ward. It further determined that the mother was not allowed to nurse her infant, as she was in most cases given a synthetic hormone to dry up her milk before being wheeled out of the ward. This coding establishes a relationship and indicates collusion between the social work and medical staff.

Mothers around Australia were given various psychotropic drug regimes often before and always after giving birth and certainly before signing consents. Usually mind altering barbiturates such as sodium amytal, sodium pentobarbitone, chloral hydrate etc., not the normal medication indicated for a healthy woman about to give birth.\textsuperscript{242} Consents were gained routinely before the mothers left either the hospital or the unmarried baby homes in the minimum time period possible: the fifth day.\textsuperscript{243} Five days was determined by the new legislation introduced in the 1960s, referred to before, that took into consideration the time period of the era women were expected to stay in hospital after giving birth. Parliamentarians were obviously being used to implement legislation that suited adoption workers, not mothers or their babies.

Social workers across Australia used the same mantra when ‘counselling’ unwed mothers. Women were told they were being selfish if they kept ‘the’ baby\textsuperscript{244} and they could not give it all the advantages of a two parent family.\textsuperscript{245} One social worker I interviewed for my research, who was a trainee at NSW Women’s Hospital Crown Street (Crown St), stated that she was given a set spiel and the instruction that her duty was to make mothers ashamed and feel disentitled to ‘the’ baby as it was in the infants’ best interest to be adopted. This social worker was not informed of any financial benefits or other assistances available to pass on to her clients to allow them to make an informed decision as per the criteria to be met before the Adoption Act came into force.

Therefore the practice of not allowing mothers to see their babies at the birth was routine practice around Australia, even though it was illegal\textsuperscript{246} and known to cause psychological harm to the mother and physical damage to the infant.\textsuperscript{247}

\textsuperscript{242} Rickarby, ibid p. 69
\textsuperscript{243} Ibid p. 66
\textsuperscript{245} K MacDermott, Human Rights Commission discussion paper no. 5, 1984, pp. 3, 41; R Rawady, Open letter to Mary Hood, President/Director Australian Association of Social Workers SA calling for a public apology, 10 April 1997; Mothers’ testimonies at the Inquiry 1998–2000 see Report 21.
\textsuperscript{246} Being an illegal and unethical act was established in the Final Report of the Inquiry into Past Adoption practices, (2000), p. 104
Hansard, similarly reveals lack of concern by parliamentarians for mothers’ rights. Rather the Adoption Acts introduced around the country were some of the most draconian in the world. Mothers only had 30 days to revoke their consent and were expected to make a decision after only 5 days after the birth. The intention of the Acts was to make more babies available for adoption. The Director of the Catholic Family Welfare Bureau in Melbourne states exactly that, he was quoted in The Australian: “… the number of children available for adoption will greatly increase when the new Adoption of Children Act comes into force …”. 248

It is interesting to note that in the early 20th century 66% of mothers kept their infants and more than 50% of adoptions were by the mother and stepfather to legitimise the child. By 1968 64% of all ex-nuptial infants born in the Crown St. were taken for adoption by strangers

Dr. Geoff Rickarby when asked at the Inquiry about collusion between the Health Department and the Social Work Department noted that: “Doctors must write up drugs”. The drugs were given prior to the taking of the consent by the social worker. 249 Even though the practice was illegal, punitive and damaging it was continued in some hospitals until 1982, when a Health Commission Circular was sent around to all hospitals warning staff they were breaking the law by not allowing the mother to have access to her baby. 250 The Circular reveals the true intention of the practice as it also goes on to reassure staff that just because the mother sees her baby does not mean she is going to keep it. According to Dr Susan Gair’s research with midwives who worked with single mothers during the same period of time, the practice was done to facilitate adoption. 251 This was probably due to the fact that so traumatised by not being able to finish the birthing process the mother was less likely to put up a fight. 252 Gair’s interviewees state those involved in the practice were acting punitively with little regard for the feelings of the mother. 253 The mother in fact was invisible, the midwives primary concern was with providing babies for adoptive parents. The Human Rights Commission (1984) 254 and Joss Shawyer (1979) 255 both concluded that the coercive counselling methods used on unwed mothers and the use of practices such as not allowing mothers to see their babies at the birth contributed to the high number of adoptions that took place during the period.

248 The Australian 500 Good Homes a Year Wanted for Waifs – Family Bureau 30 January, 1965
McHutchison states that in 1976 “there was a review into adoption practices … there is no understanding of the pitiful state some mothers would have been … the committee were concerned about mothers revoking consent ‘frivolously’ … [and] that any persons persuading mothers to revoke their consent to adoption should be punished … that it should be made illegal for all mothers under 16 to keep their children …” McHutchison infers that while the rest of society had long ago moved on those working in the adoption industry were still working out ways to deprive mothers of their infants. The report of the Royal Commission into Human Relationships (1977) acknowledged that mothers suffered great trauma after losing their children.

Dr. Harold Rosen:

No-one in the technical literature has stressed the heartlessness, the cruelty, and the sadism that the pregnant woman senses when it is suggested to her that she carry the child to term and then hand it over never to see it again, to someone else to rear…During the past 19 years, I have only seen three patients for whom ‘farming’ out a child for adoption would not have been emotionally traumatic and psychiatrically contra-indicated.256

**WARNINGS GIVEN ABOUT NOT ALLOWING MOTHER ACCESS IS ILLEGAL**

An unmarried mother’s right to make a free and informed decision (free of duress and coercion) about the future of her child was (always) a fundamental principle of adoption law and practice: *Report 22*, Dec 2000, p. 122

Dr. Morris Wessel, a paediatrician, wrote two articles, 1960; 1963, and in both stated the following warning: “Not allowing mothers to see their infants was cruel punitive and served no medical purpose.”

The above opinion was reiterated by Marian Russell of the Department of Social Service of the Children’s Memorial Hospital (1938), who also added that:

… too often the hospital administrator is unduly concerned with plans for adoption of the infant unborn or only a few hours old. The unmarried mother in a hospital maternity ward is in no fit condition, physically or emotionally, to decide the future of herself and her child … We must guard against the social worker assuming too much control … It is important to realize that the mother is undergoing a major emotional experience with trauma …

**Lewis, M.** *(1965). Unmarried Mothers* *Australian Association Welfare Workers*

*National Conference* *Social Worker Catholic Family Welfare Bureau, Sydney*

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256 McHutchison, J. (1984), Adoption in NSW – An Historical Perspective
The unmarried mother must make a free choice – to keep her child; to surrender it for adoption… There must be no moral pressure brought to bear, no condition laid down when agency help is offered. She must be free to see, nurse and/or nurture her baby, whether on not her final plan is adoption… Many Agencies in this country have punitive, illegal and harmful rules regarding the unmarried mother’s inalienable right to physical contact with her child, when she has decided on adoption. Some Agencies refuse to allow the unmarried mother to see her child, nor do they tell her the child’s sex. While this may be done from the best motives, these misguided people should look more carefully into the situation (p. 112).

At the 1st Conference on Adoption — Decisions About Adoption - Uses and Abuses of the System in 1976 — Father J. Davaren, Catholic Social Welfare, stated: ‘She is powerless and particularly vulnerable to abuse, and that abuse is not an uncommon feature. She has for example the [same] rights as any other patient in the hospital. She has the right to be told what has been prepared for her by way of physical and medical treatment; she has the same right as any other patient to refuse such treatment. She has the right to name her child and the right to see her child with no more restrictions than any other patient in the hospital, and even those restrictions are subject to her final decision.

Many of these rights are not being recognised, apparently on the grounds that restrictions are in the interest of the mother and/or her child. Not only is there no evidence to support such restrictions on such grounds, but there is an abundance of evidence that this type of repression is damaging to mother and child and can seriously jeopardise the realism of the decision that the mother is endeavouring to make about whether or not she should surrender her child for adoption’.

In 1967 Sister Mary Borromeo stated:

Under the new legislation: Adoption of Children Acts for the states based on the model Act developed by the Commonwealth in conjunction with the States:

It is envisaged that under the NSW legislation there will be need for much closer liaison between the agencies offering care to the natural parents and those concerned with the plan for the child, i.e. the adoption agencies. Indeed, in some cases, these will be virtually one.”

Bearing this in mind Borromeo warned:

“… social workers operating within the framework of the NSW legislation would seem to have responsibility to natural parents in the following areas:

259 Proceedings of First Australian Conference on Adoption, 15th-20th February 1976, University of New South Wales, Sydney, Sydney, NSW: the Committee of the First Australian Conference on Adoption.
1. The natural mother must be given all information and assistance about her sole right to keep or surrender her baby as she decides its best. If she decides on adoption then she must have the right to choose the adoption agency with which she will negotiate for adoption. ...

2. The natural mother’s right to see, handle and nurture her child, if she so desires, often requires protection. No agency should refuse to disclose details of the child which she may request—e.g. weight, sex, colouring, etc.—even if her ultimate decision about the child is for adoption.

Pamela Roberts states in her sworn affidavit that she knew in the 1960s that not allowing the mother to see her baby was not done in Britain because it was considered too traumatic.\(^\text{261}\)

The Australian Social Workers Association\(^\text{262}\) stated in their adoption manual:

> that denying a mother freedom to access her child was morally and ethically indefensible.\(^\text{263}\)

Mrs Caroline Pearl, Family Welfare Division, State Social Welfare Department: “A single mother has a right to a full explanation of her consenting to her child’s adoption, to decide whether or not her child is to be adopted, to decide whether she sees her child before placement, to be informed of the medical situation and to know for herself the outcome of plans for the child.”\(^\text{264}\)

> “Legally it was only after the birth that a final decision could be made by the mother concerning the future of the child.”\(^\text{265}\)

**FORCING MOTHERS TO SIGN CONSENTS BEFORE THEY LEAVE HOSPITAL**

Evidence was presented at the NSW Inquiry from hospitals that they had a policy of not allowing mothers to leave hospital until they signed a consent. In Crown St, socially cleared was written on the medical records once the consent of the mother was gained, she was not allowed to leave the hospital until she was socially cleared. Evidence was given at the Inquiry that mothers were

> “… forbidden access to her street clothes until that consent was signed”.\(^\text{266}\)

The Inquiry received evidence that: Signing the consent was a prerequisite to be allowed to leave the hospitals.\(^\text{267}\)

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\(^{261}\) P Roberts, ‘Statement of Pamela Thorne, nee Roberts, 30 September, 1994’ in the matter of *Judith Marie McHutchison v State of New South Wales* no. 13428 of 1993

\(^{262}\) Australian Association of Social Workers, NSW Branch, *Manual of Adoption Practice in New South Wales*, 1971, p. 4

\(^{263}\) Australian Association of Social Workers, NSW Branch, *Manual of Adoption Practice in New South Wales*, 1971, p. 4


\(^{265}\) ibid

\(^{266}\) Transcripts of Evidence September 2, 1998, Report No. 17, p. 94

\(^{267}\) Report 22, Dec 2000, Final Report at p. 131
For example at King George V Hospital in the late 1950s and early 1960s the policy was that: “The mother of a baby being placed for adoption or as a State Ward cannot leave hospital until the Ward Sister is notified that the necessary legal and medical procedures have been completed. … A similar policy was followed by the Royal Hospital for Women in 1972. The patient may not be discharged until consent is signed, except in exceptional circumstances.

Dr. Rickarby explains the conspiratorial nature of adoption after being asked by a Committee member of the Inquiry Panel: “So that the social worker could come at any time during that what you might call the drugged period?”

Well, yes. They were not allowed by law to come until the fifth day. The Act required them to. This is at a stage when the adoption Act did not come into play until they had actually signed the consent. All this was done to the guardian of the baby, before the adoption Act could start when the consent was signed.268 ….

The adoptive parents usually ‘viewed’ the baby in the maternity hospital and after two weeks collected the baby and took it home.269 Two weeks was the time specified by Matron Shaw of Crown St for married mothers to take home babies they had been given to nurse after their own had died.270 Many mothers who tried to reclaim their babies within the 30 day period were told: sorry your too late your baby has already been adopted.

**KNOWN DAMAGE of not allowing mothers to see their infants**

1919: Slingerland who wrote the first Manual for social workers, explains:

Their stated purpose is to aid these unfortunate girls; their reason for existence is the heartless exploiting of the misery of these girls for personal gain, a reckless and remorseless dealing in helpless human lives ... the midwives, physicians and other individuals who go into the secret maternity work and take charge of illegitimate children, even organising institutions to prosecute such business, simply for the money ... These harpies do a thriving business with bruised motherhood submitting under protest to robbery in both finance and child life … 271

1927: Ida Parker,272 Associate Director Research Bureau on Social Case Work, states:

Babies removed whilst only a few days or weeks old … certain agencies are assisting in depriving the very young illegitimate baby of its mother’s care and feeding … Mothers in a weakened condition, bewildered and

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272 Parker, I. (1927). *Fit and Proper A Study of Legal Adoption in Massachusetts Boston Mass.*: The Church Home Society for the Care of Children of the Protestant Episcopal Church
fearful…following illegitimate childbirth, are being allowed-sometimes forced… to make permanent decisions of momentous importance. The mortality statistics for babies early separated from the mother, and the frenzied searching of mothers in after years for the children they might have kept had they been allowed to return to normal health before coming to so important a decision makes this unfair to both mother and child … There should be a stated number of months given for a mother to change her mind (p. 44) … Some States legally enforce not allowing mothers to be separated from their babies before the baby is six months old. (p.46)

1938: Marian Russell of the Department of Social Service of the Children’s Memorial Hospital stated:

… too often the hospital administrator is unduly concerned with plans for adoption of the infant unborn or only a few hours old. The unmarried mother in a hospital maternity ward is in no fit condition, physically or emotionally, to decide the future of herself and her child … We must guard against the social worker assuming too much control … It is important to realize that the mother is undergoing a major emotional experience with trauma …

1941: FLORENCE CLOTHIER – worked as a psychiatrist at the New England Home for Little Wanderers from 1932 to 1957 stated:274

The preliminary work, of course, will include case-work treatment aimed at making it socially and psychologically possible for the mother to give up her baby … This trauma is inevitable …the social worker’s decision as to the separation of the mother and the baby … the traumatic psychological effects on the mother of separation from her baby

1953: BOWLBY 275 Psychiatrist, Director, Department for Children and Parents, Tavistock Clinic, London states:

The first few months of life are possibly not very important in this respect as far as the baby is concerned, for he had not yet learn to distinguish his mother from any other kindly woman. But it should not be forgotten that emotionally mother and baby are one unit and the mother’s protective feelings are especially strong while her baby is small. Therefore, if he is removed from her care she, at least, will suffer

1954 Report
In 1954 a Report to the British government, to which Dr Bowlby contributed,

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274 Clothier, F. Problems of Illegitimacy As They Concern the Worker in the Field of Adoption, Mental Hygiene, Volume XXV, No 4, October 1941
stated: 276

“It has been argued by a number of witnesses that the a provision introduced by the 1949 Act and now embodied in section … of the 1950 Act, to the effect that a document signifying the consent of a mother shall not be valid unless the infant is at least six weeks old when the consent is given, was intended to ensure that children below that age were not placed for adoption….we found little disagreement with the view that it is preferably for a child not be taken away from his mother before the age of six weeks. Most witnesses agree that a mother needs about six weeks to recover physically and psychologically from the effects of confinement, and that it would be wrong to alter the provisions relating to the date of consent. Many organisations, including those specially concerned with unmarried mothers, deplored the making of adoption arrangements before birth, since their experience has shown that a large number of mothers who before the birth decide on adoption change their minds completely when the child is born. On the whole, however, the consensus of opinion was that efforts should be made to settle the child into what is to be his permanent home by the time he is three months old … It is very desirable, however, both for the child’s physical health and for the mother’s psychological well-being that there should be greater facilities for unmarried mothers to keep their children with them for up to three months after birth … We were glad to hear of local health authorities which provided homes for unmarried mothers with the objects of giving mothers more time for decision, of saving mothers who really want to keep their babies from being forced to part with them, and of ensuring that those who decide on adoptions shall not place their babies too early…”.

1954: Sarah Edlin, the director of a large maternity home stated:

In a professional agency such as ours. . . We experimented with permitting the girl to make her own choice in the matter of seeing or not seeing her baby. We observed - and so did the adoption agency with whom we work very closely and with whom we share our thinking - that in the main, the girl who did not see her baby was much more disturbed after her return home, than the girl who had seen her child and had returned to Lakeview with it for a week or two.277

1958

The 1958 Special Committee on the Native Mothers warned "that the removal of a child from his mother at an early age caused serious psychological and mental disturbances" This was ignored by the W.A. Government and the number of indigenous children taken doubled between 1958 and 1961.278

1960: Dr. Morris Wessel states:

Important she makes plans for herself no coercion, her decision (Wessel: 1960, p. 447)

It is of vital importance to establish before the child is placed that the mother … understands what it means to part with her child and has really made up her mind that she wants the child to be adopted

1961: Donald Gough, Social Worker

They will have great emotional difficulties about parting from their babies When they do part from their babies they need help in morning their loss (p. 16) … many mothers are forced by financial circumstances to offer their babies for adoption…(p. 17) The mother having had some time with her baby is of great advantage … a mother is able to make a much more valid decision about her baby’s future if she has known him as a real person and has a chance to experience her true feelings towards him …it will be easier for her to mourn his loss. We all know that it is easier to mourn the loss of a person that we have really loved and ‘cared for’ than someone about whom we are guilty because we feel we did not do enough for them while they were with us…. After a girl has placed her baby for adoption she will need to mourn him, just as though she had lost him by death…The danger of encouraging the unmarried mother to care for her child…she [may] then find it impossible to part from the baby

1963: Ellison "to part a woman from her child in a violent manner is a most dangerous step to take. It will so unstabilize her that she may emerge from the shattering experience as an entirely different personality."280

1960s Ann Cunningham states: The adoption workers with whom I spoke and who had worked for the Department in the late 1960s ad early 1970s all acknowledged that … adoption involved pain and suffering for the natural mother and that little was done to assist her in the process of grieving for the child…Many put this down to lack of time and resources for workers at the time and the extensive case load that each worker had to carry …There was no ongoing support services for the mother and little if any antenatal care.281

TRAINING MANUEL FOR CARRAMAR282

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281 Cunningham, A. (1996). Background Paper for the Minister for Community and Health Services On Issues relating to Historical Adoption 4 December, pp. 21-22

In 1966 Carramar a Church of England Home for unmarried mothers set up a After-Care Counselling Service to deal with the mother returning to the Home with mental health problems

“I have been unable to find any literature on After-Care … May be it is because those of us engaged in adoption practice consider that after the Natural Parent has surrendered his child, our responsibility over…the Carramar after care service …came into existence 22 months ago as a result of a very real need…[social workers at Carramar] became acutely aware that so many girls required help after they were discharged ..It was felt that some girls required help almost immediately …. Later it was found that a number of girls … after a period of weeks or many months …would phone stating they have a problem, or they felt they had never recovered..[the service] is to deal with … problems and stresses arising from the unwed mother’s pregnancy and the surrender of her child …the girls who returned for help are in the slightly older age group … 19-22 years of age .I had two girls who were 27 years of age …only eight girls under the age of 17 have been referred …so far as I can gather, I have failed to help these girls …[grandmothers suffer] feelings of guilt, that she feels some where along the line she has failed her daughter…”

The author goes on to list the myriad of problems that young women are returning to Carramar, an institution that was intimately involved with the taking of their children

- Regret at having surrendered her baby for adopt
- Pre-occupation with the lost baby – incomplete mourning process
- Depression and anxiety
- Loss of self confidence and self-esteem, strong feelings of rejection
- Unsettled in their employment
- Guilt
- Vague fears and doubts about many things
- General conflict between the girl and her parents

The author stated that she works with two psychiatrists. Nicolas states: “So far I have referred three girls to psychiatrists … all three were diagnosed as reactive depressives and were placed on anti-depressant drugs… Most of the girls I see in the After-Care suffer a certain amount of anxiety or depression, but it has not always reached the pathological stage…”

Criteria Nicholas used to assist social worker to identify mothers with psychiatric symptoms severe enough to need either diagnosis and/ or treatment

1. Where marked depression or anxiety is evident
2. Undue weeping
3. Vague complaints of fatigue which impedes normal functioning
4. Insomnia
5. Excessive sleeping (to escape from her intolerable situation)
6. Loss of appetite or excessive appetite
7. Social withdrawal
Where suicide has been attempted and mother is threatening a further attempt
8. Marked degree of hostility and aggression
9. Nightmares (e.g. tortured babies)

1960s PAMELA ROBERTS, head social worker of The Women’s Hospital Crown Street (NSW)

“It was felt in England that it was potentially traumatic for the mothers if the babies were adopted without the mother ever seeing them… Over the time I reached the view that it would be healthier in the long run for the mothers to see the baby … otherwise they would always be asking themselves questions about the child…I thought they should have the satisfaction of seeing they had given birth to a healthy baby …”

According to Robert’s archival papers she was never successful at changing the policy and it persisted until she resigned in 1976. The above though indicates she was aware of the damage, and had the power to change the practice. So it could hardly have been a policy implemented to stop bonding for the mother’s benefit.

Roberts also states in her affidavit that the final decision was only made when a hospital social worker came to the Annex of Crown St: Lady Wakehurst, but by this time the mother had already been traumatised by not being allowed to see her baby at the birth hence finish the birth process and already injected with the carcinogenic drug stilboestrol so she could not feed the baby. I am unaware of any mother seeing a social worker to discuss whether or not she had made up her mind about adoption. The only time social workers went to see mothers were if they refused to sign the consent. Then it would be to harass them into signing. They had already matched the child with adoptive parents who generally took the baby directly from the hospital about two weeks after the birth.

Roberts states she “… recognised potential for harm to mothers in their later life if there were hasty decision or feelings of coercion…”

Yet in 1975 Roberts states that there was “strong but subtle pressure to have baby adopted. Very difficult for girl who hadn’t fully resolved the issue before admittance to hostel (for unwed mothers).”

1967: Sister Borromeo stated:

Separation from a child through the process of adoption is to a great many intents and purposes comparable to separation from a child through death. The loss is irrevocable in terms of relationship. Bearing in mind that we may suppose many unmarried

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284 P Roberts, ‘Statement of Pamela Thorne, née Roberts, 30 September, 1994’ in the matter of Judith Marie McHutchison v State of New South Wales no. 13428 of 1993 at p. 6
285 Ibid p. 8
286 P Roberts, ‘Statement of Pamela Thorne, née Roberts, 30 September, 1994’ in the matter of Judith Marie McHutchison v State of New South Wales no. 13428 of 1993 at p. 4
mothers become pregnant in an effort to work out some inner problem, connected with unsatisfactory parental relationships, such a loss can be viewed as a traumatic event indeed. If such a solution is the chosen one, it seems that a time of readjustment and grieving must be bargained for. In some sections of our society, adoption is seen as the only possible and acceptable outcome to an illegitimate pregnancy. An unmarried mother who has imbibed this belief herself.... Even theoretically, tends to blame herself mercilessly that she cannot put it all behind herself and cease to think of the child she has surrendered. Often, she knows that acceptance back into her family circle is dependent on her ability to do just this, and so she is under double pressure to suppress her grief. In cases where this is not done it is not unusual to find a severe breakdown in controls somewhere about the time of the child’s first birthday.

Connected with questions of grief, and its acceptance in these circumstances, are such considerations as whether or not it is wise for the mother who intends to have her baby adopted to see the child and/or to handle it. It appears to me that we have for many years gone along with the idea that not seeing the baby somehow makes the adoption easier for the mother. In the light of experience over the last few years, this seems to be a very short term solution. It would appear to encourage the re-enforcement of the strong elements of denial of her pregnancy, which is a characteristic of the younger unmarried mother, and so, in the long-term view, prevent her from coming to terms with the whole experience.

Maternal feelings, in so far as it can be isolated and observed, is surely such a complex reality that we cannot believe that its arousal is dependent on a single sensory stimulation. Parents often express the fear that if a mother sees the child she intends to surrender, she will be "haunted" by the mental picture of the child. On the other hand, girls who have not looked at their babies report that they carry a mental image of what the child is like. Given a free choice, most surrendering mothers elect to see their child.289

1968: Pamela Roberts:

“For those girls who surrender their babies for adoption there is evidence that they need to go through a period of ‘mourning’ for their child and may need help to readjust to life in the community again. They may need to have someone to talk to who knows about the pregnancy and their feelings at having to give up the child…it is known that if appropriate help is not given then the girl may be back again with a repeat of the problem.”290

1972: Pamela Roberts: “After the baby has been adopted, the mother has some very unpleasant associations with the social worker, and usually does not want to meet her again. There is another section of the agency in the city, where the mother is encouraged to come once a month, have a meal and meet and talk to other social workers. This works for some people and can be of great help to the mother during the mourning period, particularly to the younger mothers. We also try to work with the parents of the girl to make them realize that the girl needs a lot of love and sympathy during that time. The parents of some girls try to act as if the pregnancy had not occurred, but this is wrong. The mother must be allowed to talk about the baby

290 Roberts, P. (1968). The hospital’s responsibility to the unmarried and her child Hospital Administration, 16(2) December p. 12

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and to weep if she wants to. We help the family of the girl to show understanding, and to give support when it is needed.291

1972: A Senior Social Worker stated: “Adoption should be a free choice and not a forced decision because there is no practical alternative… Every mother who places her child for adoption will grieve. To tell her to “forget all about it” is fallacy in the extreme. She will never forget she had this baby… grieving over something lost is a normal and healthy reaction …. Mothers need help and support through this period.292 No provision is made in the community to assist the mother who is grieving after placing her babe for adoption and this is a serious gap in services”293

The Manual of Adoption used by social workers in the 1960s and 1970s states: Whether or not the mother should see her baby, or bring the child to the adoption agency herself, should be determined in each case by the wishes of the mother and …It should not be assumed that conflicts are minimised and relinquishment made easier when the mother does not see her child. Guilt and later emotional disturbances may be intensified under such circumstances. 294

Rickarby goes to state that he cannot understand anyone being so blind to the suffering of the mothers:

…for them to be that abysmally blind to what the general public knew about—that a person losing her baby is in a stressful situation—and to be that blind to the degree of grief that that person would suffer, I find totally implausible. I cannot think that anybody of that intelligence to get themselves a social work degree or another comparable degree could be that blind.295

CONCERN OVER MOTHERS SIGNING CONSENTS TOO EARLY IGNORED

Many parliamentarians were concerned about the ability of the mother to make a decision so soon after the pregnancy. The debates show that their concerns were minimised and the ‘expert’ opinion of adoption workers was given priority

Mr. Kearns 296 thought 7 days would be a more reasonable period.

Because a number of provisions in this bill affect the fundamental rights of human beings we are not in a position to dismiss it lightly.

The Hon Eileen Furley stated:

[The mother] is usually emotionally disturbed and after only three days not in a fit mental state to make such an important decision. Even with the

295 Ibid, p. 72
296 NSW Legislative Assembly 1965, p 3018
saving thirty days in which to revoke her decision, she may feel too timid or overawed to say that she wishes to change her mind.297

Hon Asher Joel298 expressed his concern over the shortage of time, and obviously expecting the mother would be able to access her child stated with respect to the immediate period after the birth, that the mother whilst in hospital should use the time to get to know her child …[and] … she will be better able to determine whether she wants to keep the child.

Hon Cahill agreed:

I agree that a young mother would not be in a fit state for some days after the birth of her child, by reason of her age and the trauma of the occurrence, to exercise properly her rights in giving approval.299

The Minister in charge of the Child Welfare Department, reflecting the Departments traditional bias in favour of adoption and reduction of the natural parents’ rights appeases the other parliamentarian’s concerns without acknowledging the trauma of taking such an early consent:

It is a requirement of the Act that consents must be properly taken it is an offence to exercise undue influence on a parent to sign an instrument of consent. It is required also, of course, that the person taking the consent from the natural parent shall swear on oath that the parent has understood the significance of the document that she has signed.300

The push for mothers not to be able to choose the adoptive parents of their child came from social workers:

In the opinion of all social workers a private arrangement made between the natural mother and the adopting parents is not in the best interests of a child.301

Banning private adoptions meant that unwed mothers were funnelled through social work departments, so their professional role was further assured as was their version of the ‘best interests of the child’. It further decreased the rights of natural mothers who may have continued access to their infants if adopted by a friend or relative. This measure was not supported by all politicians.

Mr. Bowen stated:

In my view it is not a good thing to do away with private adoptions. I have seen most successful adoptions of youngster in which the unmarried mother has known the adoptive parents.302

298 Joel, The Hon Asher, NSW Legislative Assembly, 1965, p 3057
299 Cahill, The Hon, NSW Legislative Council, (1965), p. 3061
300 Bridges, The Hon D. A. NSW Legislative Council (1965), p. 3036
301 Cahill, NSW Legislative Assembly (1965), p. 3019
302 Bowen, NSW Legislative Assembly (1965) Hansard, p. 3020
Mr. Bowen was also in favour of mothers’ keeping their infants, but this was not to be. The more restrictive measures dovetailed with the state’s population policy of encouraging positive eugenics: providing children for married couples whilst at the same time cutting of all ties with “vicious” parents.

**FINANCIAL AVAILABLE BUT WITHHELD FROM MOTHERS**

1923 Sect 14, same assistance available to unmarried mothers as widows and deserted wives.

1939 Applications assistance under Section 27 of the child Welfare Act, and for Widows’ Children Allowances: Financial assistance may be granted to parents for the support of their own children in certain circumstances, to enable them to preserve the family unit. Applications for such assistance are completed by Field Officers, who are also required to report fully on the circumstances of the applicant, to enable the Children’s Allowances Branch to determine eligibility….

Financial assistance was available as set out in a WA Minister for Youth and Community Services letter to The Association of Relinquishing Mothers (WA Branch) Dated 18 August, 1983

“… monetary assistance was available to unmarried mothers in Western Australia through the Child Welfare Department for decades prior to the 1970s and many mothers accepted this assistance. Temporary fostering has also been an option over a long period I am advised that many women could not exercise this because they found that they were not able to keep up the payments to the foster parents. Keith Wilson Minister for Youth and Community Services

Mrs Margaret Wilson, Social Worker, Central Methodist Mission states:

“Today a member of what is now known as the Council for the Single Mother and her child will be one of our speakers … community attitudes towards the Single Mother and her Child have changed during the past few years in Melbourne. Now, not only is there wider acceptance of her as a person, but due to the granting of the pension to single mothers in 1968, under the State Grants (Deserted Wives) Acts she is officially although somewhat begrudgingly recognised.

So in 1968 the Deserted Wives Act meant that single mothers could receive that Benefit and according to a Community Social Worker the attitude of the community to single mothers had become much more tolerant than earlier decades. This is a striking contrast to the perspective of those working in the adoption industry.

Mrs Wilson goes on to describe the ways in which she as a community social worker assists the single mother and her infant.

• Advice about suitable employment or direction to a live-in job
• Encouragement to attend a Baby Health Centre
• Direction to suitable Day Care for her child if she works full time
• If not working: Arranging additional financial resources when maintenance payments are withdrawn or when a Pension has not yet been granted
• Advice about cheaper accommodation
• Direction to groups where she can share her problems and participate with other Single Mothers and their Children
• Pre-marriage counselling with the father
• Advice for difficult child behaviour
• Direction to employment and/or training when child goes to school

Mrs Wilson discusses changing attitudes since 1968:

… there are many who cope with courage and determination to raise their children despite the difficulties. A marriage certificate does not necessarily endow a woman with attributes for mother, nor does the lack of a husband prevent her from loving and adequately caring for her child…The United Nations Study of Discrimination against Persons Born out of Wedlock states: “Motherhood and Childhood are entitled to special care and assistance. All children whether born in or out of wedlock shall enjoy the same social protection….” Wilson goes on to state: “… findings quoted in “Illegitimacy, Changing Services for Changing Needs suggest that social stigma and the discriminatory legal, social and economic penalties which our society imposes on the Unwed Mother and her child, have perhaps more to do with what happens to her than the fact that she gave birth to an out-of-wedlock child. Trends in England, the United States and Australia indicate that more single mothers now keep their children from both wider economic and social levels. Perhaps then like New Zealand it is time that the community acknowledged this fact and recognised that the Single Mother who keeps her Child is simply another solo-parent family, as she is termed in New Zealand. Liker her “fellow sisters”, widowed, divorced or de facto. Single Mothers in Australia are in fact entitled to contribute as well as participate in more productive and satisfying life both for themselves, their families, their friends and the wider community”.

Applications for maintenance orders against the fathers of illegitimate children:

When a deserted wife, or the mother of an illegitimate child, receives an allowance under Section 27 of the 1939 Child Welfare Act (NSW), she is required to give control of any maintenance order against the father of the child to the Department. If such

orders are complied with, application is made to the Court for enforcement. At the Metropolitan Children’s Court an officer attends daily to present evidence in support of such applications. At Courts other than the Metropolitan children’s Court this work is undertaken by a Field Officer.  

The Interstate Destitute Persons Relief Act provides facilities for the enforcement in NSW of maintenance orders made in other States and for the enforcement of orders made in New South Wales in other States, where the defendant, has removed form the State in which the order was made. An officer is assigned specially to the work of administering this Act. He is required to prepare the necessary documents for transmission to other States when NSW orders are to be enforced outside the States, and to present cases to the Court, with the necessary evidence, when it is desired to enforce interstate orders in NSW.  

A representative of the National Mother and her child puts the position of a single mother in perspective:  

..a survey at the Queen Victoria Hospital has indicated that 70% of married women had practised pre-marital intercourse, and only 6% of these has used effective contraception, we [single mothers] can hardly be expected to feel out of the ordinary, simply because we are pregnant and single.  

The day nursery gives preference to full time working mothers and unmarried mothers.  

Another example of changing social attitudes late 1960s early 1970s:  

Payments [for single mothers] come from the destitute persons fund ... “I know there is a stigma about being an unmarried mother, but I’ve never met it…”  

DEAD BABIES?  
“More reports of adoption trickery (staff reporters) The national scandal of new mothers being tricked into giving up babies in the false belief that they were dead widened yesterday as fresh evidence of the deception emerged. Government officials in WA and Victoria confirmed cases in which women had been contacted years later by children supposed to have been stillborn but who were actually adopted out under false pretences” There was a call for an Inquiry by a spokesman for the Minister of Health rejected it. But the national convenor of the Defence for Children International, Ms Helen Bayes, said “an inquiry was necessary as it was clear that adoption laws had been contravened…Because it’s clearly an offence, there may be situations where prosecution should be pursued,” she said… “Agencies who stated  

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312 Hickman, L. (1972). Mothers Who Do It Alone The Australian Women’s Weekly April 5, 1972, p. 3  
313 Hickman, L. (1972). Mothers Who Do It Alone The Australian Women’s Weekly April 5, 1972, p. 6
that they had been contacted by mothers who were told their baby died at birth: Adoption Triangle (ACT); Jigsaw (SA); Jigsaw (Qld) and State Welfare Dept’s: Victorian’s Minister for Youth and Community Services; Department of Family and Children Services (WA); Adoption Information Services (Tasmania) (50 “dead” children had subsequently made contact with their mothers).  

Cheater states with respect to the forced removal of Indigenous babies:

“Under the states’ welfare regulations no child could be adopted without the mother’s consent. When confronted with this restriction, authorities resorted to the same tactics they used when pressuring single white mothers to relinquish their children. Some children were adopted without the mother’s consent after nursing or welfare staff had forged their signature. Some women were told their babies were stillborn and some women signed papers without realising they were authorising the adoption of their child”.  

Critchley in the Herald Sun wrote:

When Dimitra Karabatsos give birth as a single mother in Sydney in 1964 she was told her baby girl had died. Years later Dimitra…discovered her baby had been adopted out and she had been sterilised by the doctor.” Mrs Karabatsos was a recently arrived migrant whose husband had been killed whilst she was pregnant.

Ron Elphnic & Glennis Dees, members of Adoption Jigsaw WA also attest to the practice:

Mrs B presented a detailed report on Jigsaw’s activities in 1980 … There .. interesting references in the report which are worthy of notice … Our surprise were two mothers who had been told that their babies had died, whilst in fact they were alive and proud grandparents

Indicating the practice of telling mothers their baby had died had been going on for decades.

Wendy Hermeston, a representative of the Indigenous group gave evidence at the NSW Inquiry into past Adoption Practices,

“I know of two mothers specifically who went to get their child back prior to the 30 days being up and they were told that their child was deceased, … round, 21 years later, knocking on their door and saying their child is still alive… a lot of clients who ring up… Crown Street Women’s

314 The Australian June 12, pp. 5, 12.
Hospital is where a number of women had children and those children were subsequently adopted….”

Lisa Clausen, a journalist writes:

Years after being told their babies had died some Australian mothers have learnt the truth “… extraordinary treatment of at least 50 Tasmanian women who gave birth between the 1930s and early ‘70s. Gael Moffat of the state government’s Adoption Information Service told the *Sunday Tasmanian* the women had all been informed their children had died at birth. Decades later, all had been contacted by those same children grown to adulthood. There had been no deaths: the babies had instead been adopted out.”

In the above article rapid adoption is also described. Graeme Gregory, principal adoption officer at Victoria’s Methodist Adoption Agency from 1966-1978 states:

that he was told by a doctor in the 1960s that he had taken a baby, which had been put up for adoption, from the third floor of a hospital where the young unmarried mother lay-to the fifth floor. There the child was put at the breast of a married woman whose baby had just died. Gregory remembers the doctor telling: “And that was adoption and we didn’t need any social workers to do it.”


Again in respect to ‘rapid’ adoption the concern was not for the unmarried mother but for the mental state of the married woman. Death being part of life can be grieved and eventually moved on from, but the removal of a healthy newborn from its mother, and for her not to know where her child is or whether it is dead or alive is an altogether unnatural state of events. Dr. Blow states:

“There has been some discussion of the value of immediate allotment of a child to a mother just confined of a still-born baby. Some individual favourable reports of this procedure have been given, but I feel that it is a procedure which needs to be approached with great caution and no generalisations seem possible without much further study. Such a process involves a very rapid decision by the mother and father of the still-born child at a time of considerable distress. One wonders how rationally a decision at this time can be made. …Even though the stillborn baby has never existed as an independent person and has therefore not been an object of the mother’s love in the ordinary way, yet the pregnancy is presumable some eight or nine months old and the loss of the baby must involve some aspects of the mourning process. I cannot help wondering what the effect upon the normal process of mourning would be of the introduction of an ‘alien’ child…..”

319 Clausen, L. Adoptions Arranged by Deceit Times June 24, 1996

I will conclude by mentioning a particular example of the difficulties which can arise when considering applicants whose adjustment is already somewhat doubtful. In my experience it is not uncommon for rather neurotic, childless women to come to believe that the major part of their disturbance and distress arises from being denied a child. Consequently, they may come to believe that the allotment of an adopted child will overcome all their problems. I personally doubt if this is ever completely true, and in many cases there is no doubt that it is untrue. The denial of motherhood through natural means may certainly be an aggravating factor, but I very much doubt if it is ever the whole cause of a psychological disorder. One can readily understand, however, that a somewhat disturbed, childless woman should seek to project the responsibility of her whole disturbance upon the fact that she has no children. One can only understand … but I feel that it is professionally disastrous if one comes to uncritically share her view and to be persuaded that the allotment of a child will effect a cure”.

**THE PUBLIC OR EXTERNAL POLICY OF ADOPTION**

The *Australian Women’s Weekly* 1954 stated:

Unmarred mothers throughout Australia can receive financial assistance before and after their confinement from the Commonwealth Social Service Department. The usual sickness benefits payments are available to these mothers for six weeks before and six weeks after their confinement. The rates are: 1 pound 10 shillings weekly for girls aged 16 to 18 years; 2 pound for the 18-21 and over group. In addition, if the mother decides to keep her child she can also receive a 5 shilling weekly payment for it for six weeks after its birth. As well as these benefits unmarried mothers can also claim child endowment of 5 shillings a week for the first child and the maternity allowance of 15 pound for the first child. In NSW under section 27 of the Child Welfare Act, an unmarried mother who wants to keep her child but cannot afford to support it may apply to the Child Welfare Department for regular payments.

It is worth noting that the article also stated:

In most cases after the initial shock and distress their mothers stand by them”.

A 1962 edition of *Progress* (Public Service Board Quarterly) details the financial aid unmarried mothers are entitled to as well as assistance with clothing, milk, special food, medicine and blankets:

“The babies for adoption come mainly from large public hospitals. Before accepting the mothers surrender of the child, the Department’s officer explains to her the various forms of aid available should she decide to keep it.”

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322 Staff Reporter The unmarried mothers’ problem … should she surrender her baby? *The Australian Women’s Weekly*, September 8, 1954, p. 28

323 Staff Reporter The unmarried mothers’ problem … should she surrender her baby? *The Australian Women’s Weekly*, September 8, 1954, p. 28
her baby. If she is still determined on adoption, the officer obtains from her all available information.”

A 1964 edition of Progress also referred to the conditions under which the consent should be taken:

Before accepting adoption consent, the Department’s officer must be satisfied that the mother is fully aware of the import of her action. Alternatives to adoption are explained – financial assistance, the placement of the child in a licensed home, or its admission to State control. Only if the mother still insists that she wishes to surrender the child for adoption does the officer proceed with consent.

Mr. Hall inquired of the Minister of Child Welfare what income does an unmarried mother received in Western Australia from child welfare and social services, when maintenance is not paid. He submitted the following after receiving the relevant information:

Benefits available as of November 1964: An unmarried mother and one child: Social Services, 4 pound 17s 6d; Child welfare, 2 pound 5 s; total per week 7 pounds 17s 6d.

“… the Minister when introducing the Bill, made reference to the fact that the bill was to ensure that the mother of the child was in a fit condition to know the import of her consent; that the mother had an opportunity to revoke her consent …”

Mr McCaw, 1965, stated:

The natural parents must not be placed in a position where they can be unduly or improperly influenced. They must have time and supporting services to enable them to come to a considered decision about the child which is to be taken away and whose relationship is to be terminated.

The Minister for Child Welfare states:

Extremely careful consideration should be given to all possible alternatives before a child is removed from his own parents for adoption. Parents regardless of their social or legal status, should have the opportunity for full consideration of all the factors involved including the legal and psychological consequences of their decision to surrender or to retain their child, before a decision is made finally that adoption is the best plan for the child.

The Hon Asher Joel stated:

324 Progress 1962, 2(1), p. 24
325 Progress, (1964), 3(2) p. 15
328 McCaw, NSW Legislative Assembly, (1965) Hansard, p. 3007
329 Bridges, The Hon NSW Legislative Assembly, (1965), p. 3041
Before accepting an adopting consent, the Department’s officer must be satisfied that the mother is fully aware of the import of her action. Alternatives to adoption are described – financial assistance, the placement of the child in a licensed home, or its admission to state control. Only if the mother still insists that she still wishes to surrender the child for adoption does the officer proceed with consent.\footnote{330}

Minister for Child and Social Welfare assured Hon Asher Joel: that the guidelines as read from Progress were “rigidly adhered to”.\footnote{331}

**International law**

Two fundamental principles in international adoptions (1960) were that:

> careful consideration should be given to all possible alternatives before a child is removed from his own relatives for adoption,

and

> parents should be warned of the legal and psychological consequences\footnote{332} that might result from adoption. These principles were re-stated in Australia by the Minister for Child Welfare (1961):

> ... the child must be protected from unnecessary separation from his own family and that there should be no attempt to persuade the natural parents to place the child.\footnote{333}

**Australian law**

In 1957, the Annual NSW Child Welfare Report (p.25) stated that:

> mothers desiring to keep their babies are afforded every reasonable facility: financial assistance under Section 27 of the Child Welfare Act 1939 if required., admission of the baby to wardship until the mother is able to resume guardianship and skilled and sympathetic guidance by specially trained female officers of the Department who all ensure that indigent mothers receive social service benefits to which they are entitled.

Hence professionals working within adoption were supposed to provide mothers with information about financial benefits (which had existed from the 1920s)\footnote{334} and their legal right to obtain support from the baby’s father. They were supposed to offer them support to find accommodation if needed, either prior to and/or after the birth. If

\footnote{330}{Asher, Joel, NSW Legislative Assembly, (1965). Hansard, p. 3056}
\footnote{331}{Bridges, The Hon, D. A. NSW Legislative Assembly, (1965). Hansard, p. 3056}
\footnote{333}{Child Welfare (Further Amendment) Bill, second reading, Legislative Assembly, Mr Hawkins (Newcastle) Minister for Child Welfare and Minister for Social Welfare, 19 September 1961, p. 927.}
mothers had to work after their babies were born, they should have also been given information about the availability of child care. There was never supposed to be any coercion; indeed, adoption professionals were expected to protect vulnerable mothers from coercion by others, including their parents. It was also considered of utmost importance that mothers be warned of the ‘dire psychological regret’ that they may experience because of being separated from their child by adoption. Mothers testified at an Inquiry into past practices in adoption, that this warning was never given.

Donald McLean, in the 1956 manual for adoption workers, Children in Need, commissioned by the NSW Deputy Premier, the Hon. R. J. Heffron, outlines Child Welfare Dept policy as it related to consent taking:

> A mother … must be emotionally and mentally able to appreciate all the implications of [her] consent. A consent should not be taken if there is any suggestion of indecisiveness or that she has not given sufficient consideration to the matter. To avoid any misunderstanding or any suggestion that the mother was misled or uninformed, District Officers are instructed to explain fully to the mother, before taking the consent, the facilities which are available to help her keep the child … When all of these aids have been rejected, the officer is expected to explain to the mother the full implications of the act of surrendering her child … Only when a mother has considered these, and still wishes to proceed with the surrender for adoption, should the consent be accepted. However, having taken all the steps referred to previously to ensure that she is aware of the alternatives to surrender for adoption, the officer advises the mother that the decision must be her own …. If there is any sign of uncertainty or vacillation the officer will insist that the mother consider the question further before signing the surrender for adoption.

A Departmental bulletin (1964) reported that:

> before accepting an adoption consent, the Department’s officer must be satisfied that the mother is fully aware of the import of her action. Alternatives to adoption are explained — financial assistance, the placement of the child in a licensed home, or its admission to State control until the mother is able to take care of her child. And only if the mother still insists that she wishes to surrender the child for adoption does the officer proceed with consent.

A New South Wales Child Welfare Manual (1958) stressed that:

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337 J McHutchison NSW Adoption: an historical perspective 1985 Unpublished paper

due account is taken of the mother’s state of mind immediately following the birth,
and the question of her consent to adopt is deferred until it is apparent that she is
mentally and emotionally capable of making a realistic decision.339

However, the above policy and legislative requirements that reflected the social mores
of the time were simply not implemented.340 Women’s accounts of their interactions
with those working within the adoption industry are remarkable in their similarity.
They all tend to report that no information was given about any financial support or
other assistance that was available,341 just an insistence that they were in no position
to appropriately care for their children.342

Adoption was meant to be a measure of last resort: a process whereby a child without
a family was given the opportunity of family life. It was never supposed to be a
process of social engineering, one in which newborn babies were routinely removed
from their natural families to be given to ‘respectable’ married couples.

OTHER ILLEGAL PRACTICES
Mr. Mitchell (Victorian Attorney-General) “It has been the custom to get natural
mothers to sign a blank form so they would not see the name of the adoptive parents”

The Committee in the Final Report stated that it was : Illegal to obscure the document

Justice Chisholm who is head of the NSW Law Reform Commission’s committee that
is reviewing the State’s adoption laws, said he had heard harrowing stories from many
of the hundreds of women who had made submissions to the committee …mothers
being drugged and tricked into signing away their children. These stories have been
backed up by experienced adoption workers…forms were given to sign with the bulk
of the writing covered over. They had no idea what was happening and then their
baby just disappeared.

Clarissa bye The Sun-Herald – Tempo April 1, 2001 Kidnapped at birth (p. 9)
“Sheets of paper covered the form she eventually signed…” Clarissa bye The Sun-
Herald – Tempo April 1, 2001 Kidnapped at birth (p. 9)
“Sheets of paper covered the form she eventually signed…”

339 NSW Child Welfare Department, Adoption, Sydney, NSW Government Printers, 1957, p.25. Also
see Child Welfare in New South Wales, A child welfare training manual of NSW adoption practice,
340 Dr GA Rickarby, Final address to NSW Parliament Standing Committee on Social Issues, 18
October 1999.
341 R Rawady, Open letter to Mary Hood, President/Director Australian Association of Social Workers
SA calling for a public apology, 10 April 1997.
University of New South Wales, 1986; K MacDermott, Human Rights Commission discussion paper
no. 5: Rights of relinquishing mothers to access to information concerning their adopted children,
Human Rights Commission, Canberra, 1984; NSW Adoption Inquiry, Women’s testimonies: Report 21
The director general of Community Services Victoria Mr. John Paterson said he had no doubt illegal adoption happened on a “significant scale” until the 1970s in Victoria.

The involvement of the Health Department was also evident in deciding policy as it pertained to the treatment of unwed mothers in the maternity ward. A Tasmanian Child Welfare Supervisor wanted to stop the abhorrent practice of “whisking” the baby out of the room immediately after the birth. The incumbent Minister for Health disagreed and sent a letter to the Chief Secretary (Health) stating that he disagreed with the sentiments of the Child Welfare Department and adoption should be continued to be promoted.

Dr. Mr. L. J. Harvey, states:

“One practical matter which comes to mind is that the familiar Section 42 of the Child Welfare Act which prevents the removal of an infant child from a hospital or lying-in home, unless in the charge of the mother, without the usual written authority of the Director of Child Welfare still applies, that the approved applicants for an adoption will first need to obtain such authority when they attend at the hospital to take charge of the child for adoption."

The Attorney General stipulates that the process of adoption occurs only in extraordinary circumstances and in normal circumstances natural parents have both the right and responsibility for the care custody control and upbringing of their children. Obviously unwed motherhood is not considered a ‘normal’ circumstance. He goes to state he will emphasise over and over again the “interests of the welfare of the child must be paramount,” but if the mothers’ rights are in reality non-existent and neither is the term defined or any research done in Australia to determine what are the child’s best interests then Hawkins words are nothing more than puff. “Nevertheless the natural parents must not be placed in the position where they can be unduly or improperly influenced. They, must have time and supporting services to enable them to come to a considered decision about the child which is to be taken away and whose relationship with them is to be terminated. The adoptive parents, since they have opened their lives, their hearts and their homes to the child … must have an assurance that assistance will be available to them through appropriate legal procedures to ensure that what is happening will … be permanent … the State … [has the power] to bring to an end the existing relationship where the natural parents, by their own deliberate conduct, have forfeited the right to bring up the child …” Knowing that the mother never sees the child and it is already considered by the government that the best interests lie in the transfer of the infant to a childless couple then the underlined makes sense. The parents are to be helped to accept the inevitable. The case work of the social workers as their own literature stipulates is to help natural parents, usually mothers, come to a ‘mature and reasonable decision’. According to their literature

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and what is part of their propaganda campaign, only disturbed immature mothers want to keep their infants.

Mr. McCaw: I shall put it this way: approved persons will be given priority in relation to a specific child. That now can happen

Mr. Bowen: I agree that persons should be approved before eve the child is born…I think it is important that approval be given before the birth of the child

Adoption, in general, involves the deepest human emotions. The longing of couples for children and the need for all children to find a home and family of their own…Yet …we must also be aware that the desire to adopt, to obtain a child, may spring from complex motives which sometimes may be such as to disqualify couples as suitable adoptive parents … despite this note of warning … I am convinced that adoption is the best substitute for care … Adoption is a process which depends upon a happy partnership between the professions of law and social work….It is for this reason that he discussions which have taken place over the last several years on a Commonwealth-wide basis have involved both the Attorneys-General and their officers and the Ministers for Child Welfare and their officers, since both groups have had important roles to play in the drafting of this bill as indeed, have those many voluntary organizations which have been involved in the field of adoption had have made representations to me and to y predecessor on this question … Next are the natural parents who need assistance in coming to a reasoned decision as to the course they should follow that will safeguard the rights and promote the welfare of the child. Finally there are adoptive parents who are opening their hearts and their homes to a child and will need the protection that the permanency an order of adoption can bring to all possible alternatives before the child is removed from his own parents … parents … should have the opportunity for full consideration of all the factors involved including the legal and psychological consequences of their decision to surrender to retain their child, before a decision is made finally that adoption is the best for the child

Problems already apparent in adoptions

Mr Bowen: It is a question of a judgment which cannot always be given in the initial stages. Another point to consider is the review of adopting parents over a period of years. I could tell the House of cases in my own knowledge in which I am now convinced that the adopting parents did not have the constitutional stability to be able to control adequately a family home. That must affect the adopted child. This is a very serious matter because this weakness may not have been obvious at the time of adoption. The Minister has spoken about the health of the adopting parents, but one must go a lot deeper and look at the whole background of the adopting parents. Has there been any anxiety neurosis or any nervous breakdown? What has been their medical history. …Many an unmarried mother would be better able to maintain her child than adopting parents, if she had some measure of security. Of course, it cannot happen and we recognize it… The unfortunate child may not be getting the

346 Mr. Bowen, (1965). Adoption of Children Bill, Legislative Assembly, Hansard NSW, Dec 7, p. 3021
advantages that he should have. It could happen five, or six or seven years later. Perhaps another child has come along, and in many adopting parents a natural reaction builds up against the child who has been adopted. I hate to think that it would happen, but it does happen. There is the problems that arises when an adopting mother dies …the adopting father might remarry. Many problems arise and must be dealt with…”

Hon C.A.F. Cahill: “I would not like to see the bill affect in any way genuine church organizations. These organizations have done much in the past…Hon. A. D. Bridges “They undoubted will continue to do so and will be encouraged…I think it will be found that church organizations will form the agencies envisaged by this bill .. I have already informed the church organisations I hope they will seek registration…They are very happy. I have conferred with them regularly”

Hon Asher Joel: With a young mother of 16 to 18 years of age, if practicable the views of her parents should be ascertained and the young mother should have the opportunity of discussing the problem with her parents

Hon J. M Carter: What if that is the last thing she wants to do? Is she not probably under an assumed name and has not she gone away for the very purpose of concealing her condition fro her parents

Hon A. D. Bridges: She has either been abandoned, has run away, or her parents are no longer interested in her…”

Interview with a Social Worker who Trained at Crown St Women’s Hospital (2007)

THE SHAMING OF THE SINGLE MOTHER

Interview with a social worker (April 2007)
The SW speaks candidly about her placement at the Women’s Hospital Crown Street in 1971:

MC: “One of the worst experiences of my professional life was when I interviewed a fair skinned Aboriginal women in her mid twenties. She became very angry at the questions I asked. We had a formula of questions that we had to ask all mothers. But this mother was a little older than the white mothers I had interviewed and there was not the same power imbalance between myself and this mother as there was with the white mothers. I could not be as directive. I felt extraordinarily uncomfortable”.

CC: How did she respond to these questions?

348 Mr. Bowen, (1965). Adoption of children Bill, Legislative Assembly, Hansard NSW, Dec 7, pp. 3020-3021
MC: “She got very angry. She felt insulted by the questions. She was aware that I was trying to make her feel inadequate and she got angry”.

CC: Do you remember anything she said?

MC: “What I remember about her is how do you deal with a 24 year old who knew what she wanted to do. Not like the younger white mothers that you had power over – she couldn’t be persuaded– like with that whole power dynamic. The type of questions we were meant to ask were meant to make the mothers feel inadequate and ashamed - we had a list of questions that was a formula - I was meant to ask the mothers a set of questions to make them aware of how hard it was to keep their child to make them feel they were inadequate as a mother, not a fit mother and not able to parent her child”.

CC: Were these questions written down – how did you know what questions you were meant to ask?

MC: “No, they were not written down. FB [SW trainer] gave us these questions orally, I wrote them down during our group meetings”.

CC: Can you tell me more about these questions?

MC: “Like I said, they were meant to make the mothers feel unfit to parent their children. The emphasis was very much that the children would be better off with a two parent family. That was seen as the ideal. The unwed mother was considered to be promiscuous. Even if she only had one boyfriend. Even if she had very little sexual relations. What I found was most of the mothers only had one boyfriend. They, rather than be promiscuous, were very naive. They had no sex education. I did not feel right myself participating in the whole interview process. I have felt a lot of guilt over the years about it. Particularly, as I said about the Aboriginal mother. I felt very uncomfortable with what I had to do. I felt that there was a real feeling amongst the senior Social Workers that the mothers were immoral. I felt like there had been a moral judgement made on unwed mothers generally [both Aboriginal and white]. And because they were immoral they did not make fit parents. I found making the same moral judgment difficult because I did not see them as promiscuous. Like I said all the mothers I had contact with only had sex with their first boyfriend. They fell pregnant because they did not have any information about protecting themselves … It was in the best interests of the child to be given to a married couple … I remember that we were meant to make the mothers feel selfish if they kept their child. We were told that unwed mothers were being selfish if they persisted in
wanting to keep their children. That was the general consensus amongst the senior social workers. We had to get that message very strongly across to the mother. *She was being selfish if she wanted to keep her baby.* I remember that as being part of the whole question process. The questions had to be put in a way that made the mother feel that way.

CC: What do you mean?
MC: “Well that she was being selfish if she kept her baby. Because they really did believe that it was in the child’s best interests to go to a married couple. We were told clearly that the babies would be better off with a two parent family. This was impressed on us”.
CC: Was this written down anywhere?
MC: “No that was given to us orally. It was always framed in the best interests of the child”.
CC: Why was it ‘in the best interests of the child’ for the babies to be given to married couples and not stay with their mothers?
MC: “It was very class based as well. The family was definitely a very white middle class family”.
CC: Were the mothers provided with any alternatives to adoption, such as financial benefits that were available at the time?
MC: “This seemed very dependant on age. If the mother was older they seemed to be provided with some information …. there was even housing, there were a few things, that were available … but we had to do it in a way that was just terribly discouraging, that it wasn't enough, that they wouldn’t be able to support themselves or their baby … But, certainly not with the younger mothers. Anyway the only benefits I was told about at the time were sickness benefits - and the amount the mother received was very much dependant on the age of the mother. If the mother was under sixteen they did not receive any sickness benefit, unless the parents were overseas. But that was the only benefits I knew about, there may have been others available, but I was not given that information, so I could not have passed it on …”

CC: Did you have any knowledge as to why the pillows and sheets were used to block the view of the mother of the baby?
MC: “I was told by other staff about this practice and I was told it was to stop the mother from putting up a fight to keep their child and making it hard for the doctors and nurses. They felt that if the mother saw her baby it would make it very difficult for them to get the baby off her. And the whole process was about getting the babies. It certainly was not about the mother”.

CC: What do you mean by “stop the mother from putting up a fight to keep their child”?

MC: “I remember that they thought if the mother saw the baby bonding would start and the mother would become very angry and distressed if they tried to take the baby off her. So it was really about making the job of getting the babies easier for the medical staff. Certainly not letting the mother see the baby was not for her benefit at all. I was definitely told that”.

CC: So this would be the same thinking in not allowing mothers to feed their infants?

MC: “Yes”.

CC: Please explain?

MC: “Because they were not allowed to see them and that was part of the bonding process then, so there was this complete cut-off as soon as the child was born”.

CC: In whose interests do you think that was?

MC: “Well it certainly wasn't for the mother or the child but it was in the interests of making it easier for the hospital and the social work department to carry out the adoptions … Because you didn’t get any bonding that went on. But the thing is mothers bond with the baby in the womb, whether they see them or not …”.

CC: They didn't take bonding in utero into consideration when the agenda was taking children for adoption did they?

MC: “No, no. They didn't think about that, but that's what I mean about the course being full of contradictions because on the one hand, in a placement like that, they didn't deal with that but on the other hand they are teaching us things like the LeBoyer method and how involved pre-birth dreaming and pre-birth life and the relationship with the mother and the psychological development we got from pre-birth which wasn’t really consistently carried through in practice [in adoption]”.

CC: Not if it was to do with unwed mothers?

MC: “No”.

CC: So unwed mothers were treated differently?

MC: “Yes that’s right”.

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CC: Who were major influences on social work practice of the time?
MC: “We really had a lot of information about John Bowlby – we followed his theories at the time. Also Leontine Young was followed … I really felt that what happened was because of compulsion to provide babies to couples who were seen as ideal parents. This is what I remember feeling at the time … There was definitely a moralistic tone to the way the mothers were treated”.

CC: Did you feel like you were a cog in the wheel?
MC: “Well I didn’t at the time. I felt like I had autonomy, but when I look back I do not know that I did because I am sure if I had expressed the way I really felt about taking babies off mothers to give to married couples I don’t think I would have lasted long. Anyway I was very naive at the time, very inexperienced, if it had not been my second placement I don’t think I would have been able to go along with the whole process of the questions to shame the mothers and make them feel inadequate. I felt very uncomfortable about that. Like I said before the experience I had with the Aboriginal mother has stayed with me and I feel a great lot of guilt about that. She knew exactly what she wanted to do. She was very determined to keep her baby … I remember that the whole process was very much focussed on taking the babies for adoption. And this was justified by the good homes that the babies would go to. Yes I remember that very clearly. It was not considered to be in the baby’s best interest to remain with the mothers”.

CC: Do you remember what you were told about single mothers?
MC: “It was alluded to, that there would be lots of problems with them keeping their children. It was really emphasised that there were all these good families out there who wanted babies. We were in a group, I mean there was a group of us and FB would give us instruction on how we should approach the mothers and what we should say, and the type of questions we should ask them. What was made very clear that it was in the child’s best interest to go to one of these good homes. It was certainly made clear that we had to impress on the single mothers of the difficulties there were for them if they kept their babies”.

CC: How would you get across the difficulties of raising their children to the mothers?
MC: “Well it was with the questions we had to ask. There was definitely a formula we were given. And this formula had to be followed. I remember this vividly. We had to ask these questions, but there was also this intent behind these questions. On the one hand we were told that the principle of good case work was that the mother was allowed to make up her own mind. That she had autonomy but, then we were given this list of questions that was to get the mothers to respond in a certain way. The questions were meant to make the mother feel disentitled to her own child, to make her feel inadequate and even guilty if she kept her child. The focus was definitely on getting the baby for these good homes. I do not remember the exact questions we were told to ask, but it certainly involved reminding the mothers of all the difficulties that they would have. Certainly the questions would be around how the mother could not provide for her baby as well as a two parent married couple”.

CC: Why did SW’s refer to the baby as “the” baby when talking with unwed mothers? 
MC: “That was because they wanted the mother to feel that the baby was not hers, that she was carrying it for someone else. Making her feel disentitled to her baby. A mother wanting to keep her child was seen as selfish. And I think that was all about getting the babies. It was not directly said that you were being selfish, but it was meant. Asking questions like can you provide a child with all the things a two parent family could – asking a question like that was meant to make the mother feel that she could not provide for her baby as well as a couple could - so of course she would feel she was being selfish if she insisted on keeping her child and depriving it of what this middle class couple could”.

CC: Was that written anywhere?
MC: “No we were told this by FB in the group meetings that were held”.

CC: What were you told about possible reactions of the mother to relinquishment?
MC: “We were told that the mother might experience anger and grief, a lot of grief”.

CC: So they were aware that the mother might suffer from very strong and distressing emotions?
MC: “Oh yes they were well aware of that, because I was told to expect that the mother might act in that way, we were prepared for that happening”.

CC: What were you told to do if the mother demonstrated any of these emotions?
MC: “We were told basically to handle it the same way we would in the process of
dealing with any client we would be conducting case work. To acknowledge their
feelings, but that was about all”.

CC: What about discussing keeping their child because of their distress?
MC: “No this was not an issue, because it was just expected that they would adopt out
their child? No that was not an option that we were supposed to bring up”.

CC: But what if they were really distressed about the loss of the baby?
MC: “No, we had to convince them that they should continue with the adoption.
Adoption was seen as best for the child I remember that vividly … I really believe
that FB and Pamela Roberts thought they were doing the right thing for the babies
taking them off their mothers and giving them to a married couple. I remember FB
mentioning quite a lot about all these wonderful homes she had for these babies”.

CC: What about if the parents of the mother wanted to keep the baby?
MC: “They were advised against that”.

CC: Why?
MC: “It was seen as best for the baby to be totally cut off from the family.
I remember they told their parents if their daughter kept the baby it would ruin their
lives. I think it was to do with the fact that having this baby out of marriage was
considered immoral and it was seen as the best interests of the baby to be removed
from the whole family … Mothers were told that you will go on to have children of
your own one day … The more I think about it there were a lot of married couples
that needed these children and it was considered to be best”.

CC: Do you think you were a cog in the wheel?
MC: “Yes – I felt that there was a pressure to get these babies and that adoption was
the best way to go – so yes when I look back I do feel that I was part of a system. The
mothers were talked into adoption. They were persuaded, put it that way”.

CC: What mechanism was put into place if the mother changed her mind after the
birth and wanted to keep her baby?
MC: “I was not aware of any mechanism that was in place to do that. The pressure
was on to get the babies. If the mother had changed her mind we would had to
persuade her to relinquish. They just had to come to accept that the baby was going to be adopted. Anyway we had no access to the maternity ward…”.

CC: When was the decision to adopt supposed to be made?
MC: It was thought that it was best if the mother decided why she was still pregnant. That made it easier then to obtain the baby later”.

CC: Do you remember getting any instructions at all as to what you should do if the mother changed her mind?
MC: “No I do not remember any … My values were very different from the other workers. I came from a working class background and I did my studies on a scholarship. The other social workers seemed to be from the North Shore and from the Upper Middle Class I did not like promiscuity, but as I already talked about I did not think that the mothers were promiscuous. Whereas, the other workers just assumed, because they were pregnant, they were promiscuous. They seemed to come from very conservative Christian backgrounds. Therefore unlike the other workers I could not justify removing their children because I did not think they were promiscuous or immoral. That’s what seemed to come through the most to me. That it was alright to take their babies because they were promiscuous or immoral”.

CC: What do you remember most about working with unwed mothers?
MC: “I had single mother friend who actually lived with me and with whose children I was very close … Conflicting memories … Definitely the mothers were coerced. The whole interview process was about persuading the mother to adopt and it was about making the mother being made to feel guilty or selfish if she kept her baby. As I said the kind of questions that were asked were meant to make the mother feel she could not provide the baby with what two parents could”.

CC: Do you think looking back that the system that was in place in the hospital – would you classify it as systemic - I mean the whole process was designed to facilitate the removal of the babies?
MC: “Yes. The focus was definitely on getting the babies, the questions, the intention behind the questions, separating the mother from the baby psychologically so the mother did not feel that connection to her baby – all to make it easier to remove the
babies, stopping the bonding process. The belief that it was in the best interests of the child to be removed – that the unwed mother had to be convinced to accept that …”.

CC: What if the grandparents were insistent?
MC: “I remember one very young person of about 14, who was pregnant, I think she was from Tasmania and I think her mother wanted her to take her child home and I think that ended up happening ”.

CC: What I mean to say is if the mother had strong support to ensure that she could take the baby home then would that happen, but if she didn’t have any support then she got caught?
MC: “Yes. Yes … I do remember stuff around the mental competence of the mother, and it was often assumed, simply because they were unwed [they were] not competent. But I do remember, that there was a strong notion [of them] being intellectually inferior in some ways, mentally inferior in some way was very pervasive as a welfare kind of belief I think and that changed dramatically with the rights movement … I reckon the women’s movement had an impact on the change in the hospitals”.

CC: Well we had the rise of women’s activism in the forms of groups such as The National council for the Single mother and her Child and other groups such as CHUMS in the late 60’s early 70’s.
MC: “Yes they would have been great advocates for single mothers and would have challenged notions of mental incompetence amongst single mothers, and in those days that kind of challenging was very strong … Yes and it had an impact on the institution. I had a girlfriend who was staying with me in 1978, she got pregnant she was 38, had her baby at Crown St and had a really good birth, and a very good emotional/psychological assessment in the positive. They had moved from when I was there in 1971 from being incredibly judgmental to being incredibly positive about single women keeping their children”.

CC: And you put that down to the women’s movement?
MC: “Yes I really do. I think it was the women’s movement and the National Council for the Single Mother. And Crown St set up a very good birth centre”.

CC: What do you think of the government’s stance today that because of lack of financial assistance and stigma women willingly gave away their children?
MC: “No. I can’t say that. I don’t think they were willing at all. They had no choices, and they were pressured into it”.

CC: Pamela Roberts makes the comments that many grandmothers made statements such as “This is my flesh and blood, and I am not going to give my flesh and blood away to strangers” So it seems there was another discourse going on in the broader society. And it was only for a short time in history that so many babies were taken away and given to strangers. A phenomenon which seem to increase dramatically, for instance in NSW after the implementation of the Adoption of children Act in 1965. The Act seems to have intensified the punitive ‘baby taking’ culture that was already operating in the institutions, but then just as quickly, as you say because of the women’s rights movement, the number of babies for adoption dropped – society may have been judgmental but do you think society would have gone along with mothers being treated the way you have previously described to facilitate adoptions?
MC: “No, no”.
CC: It seems that the culture that existed within the hospital and possibly the church as been a very extreme and punitive position with respect to unwed pregnancy?
MC: “Yes, you’re right”.

CC: Do you think that that the demand for babies by infertile couples played a part in the practices within the institutions?
MC: “Yes, I do, at that time. I think there was an adoption industry that had to be served”.

CC: Just to recap many mothers think because they signed the consent to adopt they had a choice, but I don’t really believe they had a choice, what do you say to that?
MC: “Yes, that is my impression too. And I still have that impression now, that it was a process done by stealth”.
CC: So why do you think they even bothered to get mothers to sign the consent?
MC: “I think it was a bit of double dealing I think it was pretence at doing the right thing legally, but in fact the agenda was to get that child away from that woman and get it to some adoptive parent somewhere”.

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CC: Did the social workers meet with the adoptive parents?

MC: “Pamela Roberts and FT would have met with the adoptive parents and I think I remember they would have chosen the parents for a particular child. They would have had heaps of power and control, gosh when I think about it, playing God with people’s lives … It was almost as if they turned the single mother into some kind of alien as if they wouldn’t have similar feelings to a married woman as if a marriage certificate changes how you feel about a child, it’s really, really crazy thinking isn’t it, really when you think about it”? 