Stolen Babies - Broken Hearts:
Forced Adoption in Australia, 1881-1987

Volume 2

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Statement of Authentication

The work presented in this thesis is, to the best of my knowledge and belief, original, except as acknowledged in the text. I hereby declare that I have not submitted this material, either in full or in part, for a degree at this, or any other institution.

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CHAPTER 11

Mothers’ Voices

Introduction

In this chapter, mothers who gave birth during the period 1953 – 1987, narrate their life journey, beginning with their pregnancy and proceeding towards the experience of either keeping or having their infant taken, and the effect that has had on their life afterwards. For some, it is a period of 50 years or more. As the mothers speak I identify and discuss some of the key themes. Reading their accounts may be painful: for many of the mothers I interviewed, retelling their story was no easy task. It brought to the fore extraordinarily traumatic memories, and many cried, as I cried with them. Painful though these accounts are this is a history that needs to be told, a part of our shared history as a nation that needs to be brought out of the darkness and into the light.

Pregnancy

Jane told her parents as soon as she knew she was pregnant and though initially shocked, they were accepting. Mary stated she went into denial, but then realised she had to begin preparation for the birth, so soon after told her parents who were supportive. Reanne’s mother when first told, thought adoption was the solution, but her father was supportive and drove her to all her ante-natal visits, saying, “I will stand by you, whatever you want”. Sherry’s mother was dead, but she had the support of her sister and her father. She believed her father was ‘super supportive’ because his parents had supported him and her mother when they conceived her out of wedlock. Jill, a Tasmanian mother who gave birth in 1964, was typical of the cohort that kept their infants: “When I found out I was pregnant I decided to keep her, my Mum was supportive, I went to work, I lived at my own home with Mum and I had support of my family”. Regina had polio when she was a child and her parents had been told that she would never be able to have children. As soon as she found out she was pregnant, she told her parents who were ‘very pleased and very supportive’. She states there was never any suggestion that their first grandchild would be adopted. Shirley had a similar experience: initially her parents ‘were
stunned’ but when they had got over the shock they were ‘ultimately very supportive’. Some of the mothers found that when their parents found out about their pregnancy reacted harshly, such as not allowing them to attend family functions, but once the baby was born and became a reality, their parents had a change of heart and the grandchild was welcomed into the family home.

The above pregnancy experiences of mothers who ‘kept’ contrasts markedly with those who had their infants ‘taken’. Alice stated that at first her parents wanted her to have an abortion, but she refused and demanded to keep her infant. Consequently, for her entire pregnancy Alice lived apart from her parents who refused to have any contact with her. She stated: “I was absolutely devastated I felt a dreadful cold, black despair”. Her parents met with her boyfriend’s parents and they all decided that the young couple, who wanted to marry, must never see each other again, and Alice was sent away to live in a Home.

Therese, like the majority of mothers, was going steady with her boyfriend when she fell pregnant. Her parents were furious and told her that she must relinquish her infant for adoption. Some mothers were engaged to be married, but once pregnant, their parents withdrew their support, and many like Alice’s sent them away to be hidden in an ‘Unwed Mother and Baby Home’ for the duration of their pregnancy. Delores states her mother was ‘particularly angry’ as she was the oldest of six daughters, and her mother thought if she did not send her away, she would set a bad example for her younger siblings.

The experience of powerlessness was a dominant theme in the narratives of mothers who had their infants taken: 93%, compared to 36% of mothers who ‘kept’. Moira explains:

I did not discuss the pregnancy with anybody. I told my parents when I was three months, they then sent me to a Western Suburbs Hospital and I was told there by the social worker that I was too young and I had to adopt out my baby. I was only seven months pregnant when I was forced to sign the Adoption Consent Form … I was pretty much on auto, nothing was real … I was divorced from everything and the pregnancy was pretty traumatic - it was a very frightening time.
Elizabeth said she went into shock when she found out she was four months pregnant. She was in a steady relationship and was not a teenager, but 21 years old. She admits that she was “scared and terrified”. She went from Melbourne to Sydney to stay in an ‘Unwed Mother and Baby Home’. She felt “totally alone and powerless” to the point that she contemplated suicide.

None of these mothers were informed by either the Matron of the Home, or the hospital social worker, of any benefits available to them. A social worker I interviewed, Rose, who did her training at Crown St., informed me that although her position was to ‘counsel’ pregnant mothers, she was not told about any available benefits that women might be eligible for, and therefore did not have the information to pass on.

Not all mothers who had their infants taken had unsupportive parents. A few mothers had moved away from their homes years before, were in de facto relationships or self supporting. Other mothers were orphans, and had no social network or were newly arrived migrants; what they all had in common was that they were alone. In some cases, even with parental support, pressure was placed on the mother’s parents to withdraw their support. Jessica explains:

I was unaware of the pressure that was being placed on my parents to force me to adopt out my child. The records show that my mother said to the welfare officer that she would insist that I bring the baby home and she would help me look after it.

Unbeknownst to Jessica the Child Welfare Officer threatened her mother with making her a Ward of the State and taking her grandchild and making it a state ward if she persisted on supporting her daughter to keep her baby. The officer also told the mother to send Jessica’s partner1 away and not to allow them any further contact. Jessica stated that she and her partner had planned to marry. He had employment and a home to which he could have taken Jessica and their new baby. Jessica states that the officer intimidated her, made her feel ashamed and terrified:

1 The term ‘partner’ is used if the mother was in a committed relationship with the father, even if not living together.
He was dictatorial … I was a nobody. It felt like I was dealing with the Gestapo.

Intimidation, fear, isolation and shame were common themes in the pregnancy experience of unwed mothers who had their infants taken.

Pamela’s account is numbingly brutal. She was in a de facto relationship and already had an 18 month old son. She had given birth to him in the country with the father present, and had no problem with keeping her child. Whilst her partner was in the country looking for work she moved to Parramatta and was waiting for him to send for her. She was pregnant with their second child. She went to the local hospital and was told that she could not deliver her baby there, even though she lived in the district, but must go to Crown St. Hospital. When she applied for welfare assistance a Departmental Officer visited her and told her that she must take her son to Parramatta Hospital to be looked after until she gave birth. She never considered adoption, or ever mentioned it, or had any interest in it. She expected to give birth and return with her children to her partner in the country. Three days prior to her handing over her son to staff at Parramatta, she went into labour. Pamela states:

If the landlord had not intervened no doubt I would have lost my son. I was told to ‘get a train’ and go to Crown St. My landlord insisted that a doctor look at me first. I was ‘too far gone’ to take the train … I was placed on a stretcher in the utility room, which was off the labour ward. When the labour was at its worse I was experiencing a lot of burning pain …. I think the baby may have been breech. Through the open door a doctor yelled out from the labour room, ‘shut her up’, the nurses said, ‘You had no right getting yourself in this predicament’, suddenly the baby arrived. I immediately sat up only to have two nurses push me back down with a pillow which was shoved in my face. I have never seen my baby who would, by now, be 38 years old. I was then wheeled back to a corridor and left there for a number of hours until an ambulance was arranged to take me to Crown St. In the ambulance I saw a nursing sister in the front seat holding something wrapped. I was trying to see through the back window even though I was strapped on a stretcher. At Crown St. I was immediately put into a mothers’ ward, they all had their babies I thought I would be given my baby too. A nurse came in, I think she gave me some medication, but my baby was not given to me. I asked, ‘Where is my baby’? I don’t remember anything after that. I don’t know if I was put into a ward. The next thing I do remember is being in some kind of ‘Home’ where there were Catholic nuns and lots of young girls who all were very pregnant. I don’t know how long I was there. I don’t remember eating or showering or sleeping there, all I know is I think I was there for a few days. I tried to talk to some of the girls, but the nuns discouraged
talking. I remember I saw a priest in a brown cassock, once only. I didn’t like him he liked to hold ones’ fingers lingeringly. He was creepy. My next memory, I was shown the front gate and directed which way to go for public transport. I don’t know if I had money or what transportation I got, or how I got back to Parramatta. I seemed to be lost and wandering. Another mystery to me is my milk did not come in.

It appears that, by Pamela applying to claim welfare assistance, the door was left wide open for the CWD to be alerted to her predicament. The above account indicates that not only were they taking newborns from mothers, but they were attempting to abduct their toddlers. The contempt with which Pamela was treated by the Welfare Officer and the medical staff is a recurring theme in nearly all of the mothers’ accounts, whether or not they kept their infant. In this case there seems to have been collusion between the Department of Child Welfare, Parramatta Hospital, Crown St. and a Catholic Home for Unwed Mothers and Babies in the theft of Pamela’s baby.

Karen states she was aware that Welfare Allowances were available because they were being paid to the St. Joseph’s Home at Broadmeadows where she was kept during her pregnancy. She states: “Sickness Benefits were paid to the home for our upkeep”. Like many of the mothers who were confined to the Homes she describes her experience as:

Traumatic, frightening, and embarrassing ... I had no where to go ... I was told not to tell anyone. I felt powerless and the Mother Superior only wanted adoption ... she was cold and calculating ... I toed the line so I didn’t encounter problems, others did. The Mother Superior told me I was a bad girl for getting pregnant.

The expectation of staff was that any mother entering the premises was expected to adopt out their baby. They had to sacrifice their infant to a ‘good married couple’ as part of their punishment. Many mothers claimed they had to pray before each meal, while being constantly condemned as sinners. They were expected to undertake hard menial labour for long hours in laundries, as well as cleaning floors and cooking or serving food to the staff. All, without pay, and with the Home in receipt of their Benefits. The similarity between their experience and that of the women forced to work in the Irish Magdalene laundries is obvious. Trish states:
A G.P. recommended adoption and a Home. The people in the Home provided a place for me to live in exchange for work, and my baby. I did what I was told … there was no information given to assist me to keep my baby … I was scared, alone and had nowhere to go. It was a cold, hard place. We were not encouraged to make friends or speak with others. What I wanted was never taken into account. I was a nobody, just an inconvenience. I felt like a ‘bad’ girl who had to be punished.

Melanie explains: “I went to St. Anthony’s Home in Croydon. I was very lonely, frightened and felt helpless because I had no money”. Melanie states they gave mothers the choice of working in the laundry or of looking after infants up to two years old. Rather ironic when these pregnant women were being consistently told they were not ‘fit’ to rear their own.

All of the mothers reported strong pressure being placed on them by social workers to relinquish. Leonie states: “I saw the social worker, she only discussed adoption, and there was no discussion about what I wanted. Adoption was assumed, the social worker thought it the best option. It was traumatic because I couldn’t talk about it with anybody”. Danielle states:

The social worker would ask: ‘Is it fair to raise a child on your own, how would you manage’? I got told all the clichés: ‘Children need a mother and a father’ and ‘We have wonderful parents waiting with lots of money’. I was told that ‘Most single mothers that kept their children end up having to give them up by the time they are 13 months old because they can’t cope, and then that’s traumatic for the child’ … I wasn’t aware that there was any kind of pension, or anything like that, that could help financially.

**The Hospital Experience**

It is within the hospital that all the mothers’ experiences tend to converge. Both groups: mothers who ‘kept’ and mothers who had their infants taken, reported frequent intense feelings of powerlessness, and were exposed to constant denigration by social and medical staff. There was only one mother, in the cohort of mothers who ‘kept’, who described her experience in the hospital as empowering.

Jane was a 30 year old and she gave birth in 1972. She states that everyone was most pleasant until the Matron found out she was single. “Before she found out I didn’t have a husband the treatment was supportive and caring then it all changed.
The Matron and a number of the staff became dominating, cruel, and their treatment of me was totally unacceptable. I was an adult, but treated like a child. The change in the way I was treated was truly shocking, and something I will never get over”. The themes in Jane’s account reflect that of Athena’s which was discussed in Chapter Ten. As a married woman, even though she was insistent she wanted to relinquish her infant; her treatment was markedly different to the unmarried maternity patients in the same hospital in the same year, 1969. Like Jane, Athena said, “If the staff thought you were married they could not have been more helpful or pleasant”.

Louise, who ‘kept’, stated that her treatment in 1974 “was atrocious”, until her private doctor arrived and the “staff changed accordingly”. She had her partner with her, but medical staff denied him access to his child until their doctor arrived. Louise explained:

The matron was not a fan of unwed mums as she was quick to remind me that if I had been more sensible I would not be going through the pain of childbirth. Even though I had my parents’ and partner’s support I was offered adoption throughout the entire pregnancy and after … The offers were mostly by people in the system, churches, persons connected to unmarried mums’ Homes, also at every antenatal visit, from Department of Social Security and doctors. I never considered adoption or abortion.

Louise goes on to state that she was very lucky to have had the support of both her mother, and her soon to be mother-in law, who helped to make up for the traumatic experience she encountered from the pro-adoption lobby.

Two other mothers who were able to keep their infants, stated this was the result of being supported by their mothers. For instance Ellen compliments her mother and fiancé: “They were my rocks, if not for their support I may have crumbled – you can not believe how awful I was treated in the hospital, it was truly horrible, it’s something you never get over”. Jill, who gave birth in 1964 states:

My mum helped me out - she said about my daughter, ‘She is my flesh and blood’. My friends, all visited me in hospital, and they brought presents for the baby. I was not aware of any stigma; if people talked behind my back then I was unaware of it.

7
Supportive parents generally meant a supportive community. Leonie at 14 years old, the only respondent this young, had been a victim of a sexual assault. It was 1975 and she explains feeling supported as Jill did:

Everyone in my church knew I was pregnant and they were supportive … I felt no stigma from them; I went to church every Sunday … people were obviously trying to support Mum. She used to do child minding, and that’s what we did, we looked after kids, we were in a very supportive church, people were bringing bassinets and clothes … you know I think whether one experienced stigma depended on your family, because Mum and Dad always accepted me, every one else accepted who I was and life went on as normal.

In some hospitals, such as the one Jill was in, having supportive parents did make a difference to the attitude of the staff. For instance when 19 year old, Regina gave birth at Bankstown Hospital in 1968 she had the support of both her parents and had no problems accessing her daughter in the hospital. She said she was not aware of any stigma and stated: “The attitudes of hospital staff were very good, I was not aware of any discrimination whatsoever. I just felt like every other Mum”. Similarly, Shirley gave birth at the Adventist Hospital in the northern suburbs of Sydney. She had the complete support of her parents and stated, “Amazingly these people who are fairly strictly religious were wonderful, they were just so supportive and non-judgmental it was a real treat”.

Reanne, a 19 year old with a 24 year old partner, and the support of her parents, had every intention of keeping her infant. Even so, she stated that her experience in hospital was traumatising. When she was in the throes of labour she hung onto the back of the bed to help her push, but the Matron came in and slapped her hands off. She was in labour for two days and she states that for the majority of that time she was left in a room by herself. The labour was long and arduous, being a breech birth. She was informed later that her baby had gone into distress and she should have been given a caesarean. She said:

The Matron never checked on me … my baby was having difficulty being born … so at the end it was to get her out any way they could, so they used forceps, she was a bit damaged … after the birth I was offered adoption, but it sort of took me aback … I had been saying that I was keeping my baby - there was never any question about me not keeping her, and yet they put that to me in the labour room when I was
in a very weakened, drugged state. And, I really think that was shocking … There was this doctor and an older woman … I remember that lady asking me about adoption … I was in such a traumatised state … after the questioning, eventually my baby was put in my arms. I was lucky I found out later Dad had been outside the whole time. He wasn’t allowed in the maternity room, but kept going to the desk and asking how I was. By the time I was giving birth, Mum and Dad were both outside.

With the support of her parents Reanne was able to take her daughter home.

The treatment of mothers became more punitive and degrading over the decades. During the 1930s, most mothers were allowed to breast feed, but with the introduction of good quality formulae, mother’s milk was no longer essential for the infant’s survival. So gradually around the country, more hospitals began removing the infant at the birth. Not being able to finish the birthing process caused serious long term psychological problems for mothers and their taken infants. This is not to say mothers and babies who were weaned did not suffer distress. Both groups suffered serious life long mental and emotional health problems complicated by pathological grief. The grief of mothers’ who weaned, though, was more overt whereas mothers who had their infants ‘taken’ went into shock which silenced them (Rickarby: 1998; Condon: 1986).

Marjorie, 17 years old was put into the ‘Alexandra Home for Unmarried Mothers’ in Perth, West Australia in 1953:

I couldn’t stand watching the distress of the mothers. They would breast feed their infants for a couple of months, and would become very close and then the adoptive parents would come to the Home and pick the baby they wanted, and the mother would scream and howl and become so distressed. I decided that I was not going through that hell, so I rang my partner and demanded that if he didn’t marry me and get me out of the Home I would contact the police and have him charged for having sex with a minor. I was desperate. If you only witnessed the pain and the torment those mothers were put through, I just couldn’t go through with it, I didn’t care what my parents thought. I still have nightmares and hear the screams of those mothers … I have a friend who went to the same Home only five years later and they had stopped letting the mothers’ nurse or even see their babies. I guess they couldn’t stand their screams either.
Many mothers stated they were castigated and denigrated by staff in the hospital. Moira was not allowed to see or touch her son. She said, “I was made to feel like an inferior person, totally alone. I was quiet, but I was screaming on the inside. I was given drugs which made me wet the bed. I was then abused by staff for doing that. It was truly terrible”. She was forced to sign a Consent to Adopt Form when only seven months pregnant. The day she left the hospital she rang to say she was revoking her consent, and with her mother’s support, she was able to get her baby back. Signing the consent prior to the birth was illegal, and her mother was a witness to the date the consent was signed. I suspect the hospital acquiesced and forego stating the usual; ‘Sorry your baby is already adopted’ so avoiding a legal challenge and public scrutiny.

Tina, a mother who ‘kept’ with her mother’s help, gave birth at Crown St. Hospital in 1965. She told me that she was forbidden to see her infant, was given drugs so she could not feed, even though she made it clear she was taking her baby home. Only with her mother demanding the baby be brought to her, and refusing to leave the hospital until he was brought, was Tina able to access her infant’.

They kept asking, even though I was unwell with toxaemia … they kept at me, did I want to adopt? The head social worker asked was I sure I was going to take my baby? Because, if I made that decision, it was on my head.

Elizabeth, a 21 year old, who gave birth at Crown St. Hospital, explains how she was put in a separate part of the hospital and told not to speak or mix with the married mothers. Alienation and isolation are reoccurring themes, part of a regime of punishment that served to convey to mothers that they had done something shocking, akin to committing a crime. Elizabeth explains:

We were treated as lepers in the hospital both by the nurses and the doctors. We were lower than low, no caring bedside manner … and the birth experience was terrifying. No permission was obtained from me for anything during this time. I remember when the contractions started I was in a cubicle on my own – scared stiff and yelling with each stronger pain – when a nurse came in and told me to ‘shut up making all that noise you’re disturbing the married woman with her husband in the next cubicle’.
Karen gave birth in 1970 at the Royal Women’s Hospital, Melbourne, and says she was treated inhumanely and was also told not to cry out, because she would annoy the married women. She was denied the opportunity to see her baby at the birth or any time after, and was given drugs so she could not nurse. Most mothers never got the opportunity to say goodbye to their infant, it is unimaginable that such brutality occurred in public hospitals across Australia. Because of the level of cruelty experienced, many mothers made comparisons with Nazism and concentration camps. Many expressed feeling as if they were merely ‘breeders’ providing a service for couples held out to be their superiors.

Jessica gave birth in King Edward Hospital, Perth, in 1969; she describes her distress:

I was terrified and felt very isolated in the hospital. The medical staff treated me with contempt. It was extremely punitive. I felt like an animal. My baby was taken and I was in a room on my own, no-one came to see me. I never saw my baby, nor did I feed, nor was able to cuddle her. I remember I was given lots of medication for which no permission was ever given. The staff were CRUEL. I did not matter, I was nothing, they just wanted my baby. On entering the hospital I had thought I would be given my baby and I would leave the hospital with her, just as my married sister had left the hospital with her baby. The presumption was that because I was unwed, adoption was the only option.

Some mothers experienced unnecessary procedures such as birth inductions. Marcia gave birth at Crown St. Hospital in 1968. She had five days to go, but she claims a senior doctor wanted to show his interns how to perform an induction. So her labour was induced, pillows were placed on her chest and when she pushed them off, they were put back. She was told by the social worker, that unless her mother helped her she was not allowed to keep her baby. Marcia felt traumatized by not being able to see her infant. She was not allowed to be discharged until a Child Welfare Officer came to Lady Wakehurst, where she had been taken without her permission, and took her ‘Consent to Adoption’. She stated, “I was given so much medication I was comatose”.

Other mothers did not receive the medical care they needed. Sylvia gave birth in 1963 whilst tethered to the bed with a leather strap. She was engaged to be
married and had every intention of keeping her baby. She believes that was the reason she was handcuffed to the bed, “In case I did a runner”, she explained. Sylvia was placed on morphine and barbiturates, prior to the birth. The baby was premature and looked like being born in a breech position, so she had already given permission for a caesarean. She described a chaotic scene:

I was in labour for 24 hours … I was left all by myself … After 24 hours and much drugging I said to them somebody better pay attention because my baby is coming, they scoffed ‘Don’t you be ridiculous the head is not engaged’, and they just walked away and I said ‘My baby is coming’ and I screamed: ‘LOOK BETWEEN MY LEGS PLEASE’. The woman checked and ran through the hospital screaming ‘breech’ at the top of her voice. I was beside myself they didn’t seem to have a clue as to what to do, all I could say was: ‘Oh my god what is wrong’? Then she was back, and a sheet was drawn up so I could not see what was going on.

Sylvia said: “I passed out thinking I was going to be a medical mistake, or worse they were trying to kill her and I was on my death bed”.

Alison was 19 years old, and gave birth at the Royal Brisbane Hospital in 1968:

My experience in hospital was absolutely horrendous. I heard one of the nurses say it is nearly time for them to go and have supper. I felt like I needed to go to the toilet so I got up to go to the bathroom and my water broke. Well this nurse came back and called me the most fucking useless so and so bitch that walked the earth and now she wouldn’t be able to go for her tea break! … I was shaved with a totally blunt razor, so I was nicked and cut … then I was taken up to the labour ward and left alone in the dark. They turned off all the lights … I asked a nurse if she could put the light on and she said ‘No’ and that I had to be in darkness. The next morning two old doctors were discussing something, the younger doctor was down the other end by me and he said, ‘You haven’t got a hope in hell of delivering this baby, we need to do a caesarean’. One of the old doctors and the young doctor got into a blazing argument, the younger doctor insisting I would be badly torn, the older doctor said, ‘This is the price she has to pay for doing this, let her have the labour’. I was in so much pain I was waving my arms around, so they tied my hands with bits of sheet on to the side of the bed. I had two nurses, one either side of me. They went to put the gas mask on me, I freaked. I was absolutely hysterical and the young doctor grabbed it out of the nurse’s hands and said, ‘Don’t do that’, and he took the gas away … When my son was born they whisked him straight out, and I said to the doctor: ‘I want to see him … I want to hold him”. I was getting really upset. The young doctor went outside and told the sister to bring my baby back; he and the sister were arguing, he said to her, ‘She has the right to see her own child, bring the baby back’. The nurse refused. In the end he came in and
said you have a boy and gave me his statistics. The nurse came in and said, ‘You’re under 21, you are unmarried, unemployed and therefore you are unfit to see, touch or hold your child.’ The young doctor turned around and continued arguing with her, she told him that he was not a full doctor and to stop overriding her. The young doctor was very distressed. He had to stitch me up and he said, ‘I’m sorry they have told me not to use any anaesthetic’.

Wilma was a 26 year old midwife. She had trained at the Royal Hospital in Brisbane in the late 1960s. She had been horrified by what she saw in the maternity ward. She said: “I will never forget it as long as I live, it used to make me sick to my stomach”. Trainee midwives were forbidden to speak to single mothers. Wilma thought it was so they wouldn’t feel sorry or try and intervene and help them. They had to be kept isolated. Wilma said it was a very judgmental culture and the medical staff believed that single mothers had no right to keep their babies. She said the general feeling was that they were ‘low class’ and did not have the same feelings as other mothers. Therefore no-one considered what they were doing was wrong or cruel.

Wilma said that unnecessary procedures were conducted, so that the medical students could get their allotted hours of training. If mothers objected they were ridiculed, even laughed at, called sluts and nasty comments were made, such as: “You had no problem opening up your legs before, so don’t complain now”. She felt that the way they were treated was “truly disgraceful, and to think these were lovely young girls having their first baby”! She said that the older midwives were as cruel, if not crueler that the doctors. So later when she became pregnant to a man who refused to marry she tried to protect herself: “I was terrified, really terrified, so I booked myself into a NSW hospital at Fairfield as a private patient, no way did I want to go through what I had seen them go through”. Unbeknownst to Wilma, Fairfield Hospital was linked to Crown St. She had every intention of keeping her baby, she had saved enough money for herself and her infant to live comfortably until she returned to work. She had bought clothes, nappies, a bassinet and other things she might need and she had made arrangements to have someone care for her infant when she went back to work. Unfortunately she made the mistake of telling her doctor that she was single and had no family. She describes her birth experience which was so shocking that for a long time she tried to repress the memory:
I know my arms were held tightly by someone tying them, and I was unable to move them, my legs were put up into stirrups and tied to the stirrups. I asked what they were doing. And they said doctor’s come to take your baby, and I said I’m not ready, I hadn’t pushed, I hadn’t even felt like pushing. Then I remember them tugging and pulling, cutting and tearing, this excruciating pain and then I heard the baby cry and this hard thing pushed on my face, I didn’t know what it was at first, I couldn’t see, I was in so much pain. The thing was black, I think it was the mask being shoved onto my face. I couldn’t breathe, and I was trying to twist and turn and they were just holding me so tight and I heard the baby cry, and they said something like you’ve got a son, and then next thing there was this most excruciating pain when he shoved his hand right up inside me and did a manual removal. I thought I am being tortured, it was rape, because they then held me down even harder while he pulled around and tugged and pulled inside of me and it was just the pain, and that’s all I can remember, over the years: the excruciating pain! No-one talked to me. I was in a room by myself. They did a vacuum extraction - they drew him down so the time space is unbelievably short between the 2nd and the 3rd stage, and then the 3rd stage should have been an absolutely normal delivery because I had a normal blood loss and then they continued to interfere with the birthing process by the manual removal of my placenta … I remember getting an injection of stilboestrol immediately after the birth … My blood pressure was perfectly normal, all my tests were normal there was absolutely no reason for them to interfere with my birth … and they left me in so much pain. All I can remember is the pain. I believe they made it purposely painful so I would not bond.

Desiree gave birth in WA in 1957 she states:

I was left all alone in a dark passage on a trolley … nurses would go past and I would say I am scared … they said just wait your turn … I began pushing, a nurse yelled ‘WHAT ARE YOU DOING’? She called another nurse, they both lifted up my nightie; no dignity, we were just animals. I was taken and shoved onto the bed, very hard, no pillow and they said, ‘Don’t push’. I said ‘I can’t help it’. One said ‘Why didn’t she come in earlier, the head is crowning’. Then they pushed my son back in because he was coming too soon. That was the most dreadful thing I have ever experienced, I have had two babies since, and was nothing like this, I was in shocking pain.

Desiree wanted to keep her son and continued to cry for him to be brought to her, but no-one ever did.

Another dominant theme for mothers in the hospital was their ‘invisibility’. Therese gave birth in 1974 she describes her experience:

I was shocked that I wasn’t treated like a mother, because that is what I expected. I was the mother of this child and I had to make a decision
at some point, but that’s not what happened. The decision had been made and someone else had made it on my behalf. I was insignificant. The medical staff acted upon nothing I had said, done or signed. I hadn’t spoken to anybody about what should happen to the child. It had been systematic … I sat up to see him and I was told they weren’t to let me see him … in only seconds they had taken him to a corner of the room … I asked a nurse what is the other nurse doing to him, she said, ‘She is naming him because it’s her turn’, and that’s when I knew that I was really invisible: finished with, they got what they wanted, and that was the baby, and that my role had been to deliver that baby for someone else … I was very much alone. I was shut in a single room on my own. I felt isolated, invisible and terrified. I was given something to dry up my milk. I had no control and I felt completely useless.

Many mothers tried to revoke their consent soon after getting out of the grip of the hospital. Unfortunately, unless they were well supported and knew their rights, they were unsuccessful. Again, this reinforced their sense of powerlessness and unworthiness as a mother. Karen describes what happened when she gave birth at the Royal Women’s Hospital in Melbourne in 1970 and how she unsuccessfully tried to reclaim her infant:

I never chose adoption; adoption was suggested to me at the initial interview with Catholic Welfare Staff at the Babies Home. I rang the Babies’ Home two weeks after I left saying I did NOT want to go through with adoption. I was told my son had already gone to a good home, which I found out later was a lie. They did not tell me of the correct form in which to rescind my consent and purposely misled me. I had signed the consent form one day after his birth. The consent I signed was never discussed with me. I am aware of being medicated prior to signing the consent: that is noted on my hospital records. I was suffering from confusion and was very emotional when I signed the consent. I was not told I could revoke. I believe if I had support from my mother, and if the Mother Superior of the Home wasn’t so intent on taking my child, I would have been able to keep him. I believe I was treated illegally. They wanted me to know as little as possible and catch me in an emotional and drugged state.

**Life Afterwards**

The dominant theme of mothers who kept their babies was one of feeling empowered, and of making the right choice. They had more positive relationships overall and certainly had more comfortable relationships with their subsequent children. There was very little discussion about mental health problems. Mothers who had their infants taken, felt a sense of overwhelming powerlessness, not only in the whole process of having their infant taken, but in their lives generally. The
dominant themes of mothers’ who had their infants taken were: ongoing feelings of isolation, disconnectedness, betrayal and suffering life-long mental health problems. Certainly the overall consensus was that they deeply regretted having their infant taken, with most feeling that they had made no decision, had no choice, so there was a strong sense of victimhood. Many stated they had trust issues so found difficulty in maintaining long term relationships, many were not in relationships, and all said the experience had impacted on their ability to bond with their subsequent children.

Marjorie who gave birth in 1953 and kept her daughter is now a happy grandmother: “All my kids have turned out marvellous and everything. I am very grateful that I could keep her and we are all happy now”. Shirley sums up succinctly the majority view of the mothers who kept: “I never regretted keeping my baby, and I have had a happy fulfilling life”.

Emma who had her baby taken in 1964 still grieves:

The adoption process was traumatising and left me numb and devastated. After the loss of my infant I tolerated all kinds of bad behaviour, but couldn’t sever the relationships due to feeling ‘a failure’ and fearful of being left alone and unable to cope by myself. I have had no successful relationships, my one marriage lasted seven years, and I have no relationship now. I have a son from my marriage, we are very close and I love him dearly … my marriage broke up when he was five years old, and from then on it was just the two of us.

Alison who had her infant taken in 1968 also ended up in a very destructive relationship, this tended to be a reoccurring theme amongst the mothers who had their infants taken: “I ended up in an abusive relationship which I stayed in for years, I don’t know why I stayed, maybe because I felt deep inside that I wasn’t worth much and nobody else would want me, you know, what kind of a mother can’t keep her baby”?

Therese had her baby taken in 1964 and is representative of many mothers who suffer low self esteem and have issues around trust:

I didn’t seem to be able to form friendships after that. I felt like I was being a fraud, that I was really dishonest because I had that imposed on me that no-one was to know, and so I had to shut myself down in my
armour. So relationships became very, very difficult. I had to keep relationships at a distance.

Desiree who had her infant taken in 1957 remained in an abusive relationship for years:

The marriage was violent, it was horrible, it was dreadful, I took all sorts of shit from him because you know, he would shout: ‘You and your bastard! You’re just nothing, just nothing’. I felt like I was just a rubbish sort of a person and I accepted it.

Sylvia who had her infant taken in 1963 describes the abusive relationship she lived through:

I was beaten by my husband when I refused to stop looking for my son. Probably he couldn’t address his own ineffectual role in his loss. His excuse for beating me and walking out was: ‘What sort of woman gives away her first born son anyway’? After my divorce I had two long term relationships, but found I could not sustain them.

Sharon was severely conflicted about having another baby as she was terrified of losing it:

I got pregnant four times in my twenties, and had four abortions like I couldn’t believe it. It started to happen in 1983 and I realised it was a desperate plea to have a baby, but that I couldn’t, but I kept doing it anyway – trying to replace my earlier loss and then having an abortion, it was just an awful period, it really was a pathological state, and I finally worked it out after the fourth time … adopting out my baby fucked up my mothering, completely fucked up my relationship between me, and giving birth and having babies.

Sylvia said: “I found it difficult to bond with my first girl even though I loved her dearly. Wouldn’t let anyone near my second girl. I was caring and very protective, but by the time my youngest came along I was really over-protective, terrified really that someone would come along and take them”.

Mental health problems have been ongoing in all the women who had their infant taken: anxiety, depression, intrusive thoughts, insomnia, nightmares, drug and alcohol abuse problems and suicide attempts. Some stated they had been diagnosed with Post Traumatic Stress Disorder (PTSD). Marcia: “The loss of my son caused
me serious mental health problems, which have been ongoing throughout my life”. Cheryl elaborates on how painful the subsequent years have been for her:

I have suffered major mental health problems, mainly depression. For a few years after they took my son I would have lots of nightmares, I would drink to stop them, I did crazy things like, I would drive my car without really looking, cross roads and wish I would get hit and maybe the pain would stop. If I got killed that would be a blessing. Stupid things really, but just wanting the pain to stop … I can still spiral into depression, I have to protect myself because I can get triggered, I can’t be around adoptive parents, that’s a major trigger, I think of all the things they gained at my expense, at my son’s expense, so yeah that’s a major trigger.

Emma:

As a mother I was over-protective, whist at the same time unable to bond properly. I remained emotionally shut down for many years and as a result my subsequent children suffered because of my lack of parenting skills. I always felt a barrier existed as I was unable to share ‘my secret’ with anyone.

Karen:

I feel the experience of losing my child impacted on my relationships with subsequent partners and affected my parenting style. I was over-protective and frightened of losing him … The loss of the child and the subsequent choices I made destroyed the small amount of confidence I had as a young woman.

Alison: “I find it very hard to trust others, why should I? … I have never stopped grieving … I had a very good re-union with my son, but we had a lot of pain and heartbreak as well”.

Therese: “I wasn’t at any point a carefree teenager. I thought I won’t live until I am 18, wanted to end it all, self harmed, all these strange things that a 17 year old shouldn’t be doing or thinking … suicidal really, suicide would have been a way out”.

Desiree:

I was always looking at babies, looking for my baby, searching … I was convinced, well I really thought that I was just a low class, second class citizen, because if I had been a nice respectable person, the nurses
in the hospital would have spoken to me nicely, the doctors would have treated me the same as they did the other women, so obviously I must be bad … I didn’t think of ending it, but when I look back I engaged in lots of risk-taking behaviour.

Wilma suffered from serious Post Traumatic Stress Disorder:

I grieved for my baby … I felt like I was drowning in sorrow … so many emotions, fear and emptiness, fear and shame. Alienation and loneliness, total worthlessness, traumatised … I have psychotherapy twice a week. I totally dissociated from it all. I have a memory gap, amnesia for about 12 months after my first son’s birth. I know I got a job, I know I worked, but I had no idea of how, when, where. I don’t even know where I started to work. I think what happened to me was they wanted to traumatised me so I didn’t fight, to totally destroy my sense of self because I felt totally destroyed, totally destroyed as a person and a mother, as a human being when they did what they did to me. I have an absolute contempt of medical doctors and won’t seek their help … the same as medications, because of the medications that were given to sedate me, I cannot take medications now, any type, because I had no control and I feel doctors giving me medication takes away my control, so I don’t take anything. I have to have total control of my life now. Pethidine, sedations, pre-med sedations anything that sedates me I go into an absolute panic. I just cry and cry … For years I couldn’t sleep at night it was only after my son came into my life and my PTSD became full-blown that I knew what happened to me and I associated all those symptoms … I didn’t remember anything about my son. I knew that I had a son back then, but I didn’t remember the birth. I didn’t remember anything I had totally disassociated completely, but I had all this inside pressure that wouldn’t let me sleep that caused the arthritis that caused fibrosis of the muscles … Went through two periods of quite big depression … Since November last year (2006) I have claimed back on Medicare nearly $8,000 and will continue for this year which will take up to about $16,000 to the next year. My son (who was stolen) is also having psychotherapy and he has probably claimed about $4,000 so far this year. He is 35. He is totally agoraphobic. He can’t even get a job outside his suburb … The G.P. has referred me for five years of psychotherapy and that is about $16,000 to $20,000 each year, just for me alone … so if they thought they were saving money by not paying single mothers benefits then it certainly backfired.

Conclusion

What is striking about the mothers’ narratives is the convergence of themes in each respective group and the divergence between the two groups. These themes are also identifiable in the lives of unwed mothers from previous centuries. For example mothers who ‘kept’ were supported by their parents and their community. To some impending grandparents the pregnancy may have come as a
surprise, but for most it was a celebration, a new member of the family to be welcomed.

In the narratives of the mothers who had their infants taken there is a theme of invisibility, they are mothers - they gave birth - but their motherhood has to be hidden and remain invisible. This leaves the social space for a stranger to become the ‘real mother’. The father is also rendered invisible, according to the social workers ‘there was no father around’. Yet in many of the mother’s narratives they talk about being in their first committed relationship, even engaged to the father. Yet the young father is unseen and powerless. This invisibility is further evidenced by the fact his name is not inserted on his infant’s birth certificate, the place where his name should be simply states, ‘Unknown’. Yet in most cases the father was indeed known. The social worker collected all the information about the father, as it was a matter of course, that the mother’s and father’s social and medical history, and that of their family, including siblings, aunts, uncles and grandparents was collected by the social worker to ‘match’ the unborn infant with the prospective adopters. It was also used to detect if the infant may inherit any ‘defects’, so it was imperative that the information be obtained.

20th Century mothers who had their infants taken were strategically stigmatised by social workers and CWD Officers as ‘unfit’ to rear their infants. The CWD’s were originally set up to oversee child removal, initially by boarding-out then later foster care and adoptions. Adoption agents maintained their employment and serviced the needs of the welfare state by reducing its public debt, just as the ‘Poor Law Overseers’ did hundreds of years ago. The key theme of preying on those in the most vulnerable of positions has continued for centuries.

Additionally the same discourses that I discussed developing and evolving in chapters four, five and six have been utilised to justify inhumane treatment and forced removals; not only notions of unfitness, but the need to remove the infant from his ‘contaminating’ family. Mothers’ internalised the imposed shame and guilt experienced in the institutions, even some who had supportive parents. It made them feel ‘dirty’, ‘slut-like’ and ‘totally inferior’, as if they had committed a crime. They were made to feel ‘second class’ and ‘worthless’; only fit to provide
the service of carrying a child for someone ‘superior’. Hence reduced to little more than state sanctioned ‘breeders’. As Athena stated in Chapter Ten, “I felt like I was just a womb”. Themes in mothers’ accounts exposed how they were declassed and had imposed on them a ‘racially inferior’ status as Desiree expressed:

I was convinced, that I was just a low class, second class citizen, because if I had been a nice respectable person, the nurses in the hospital would have spoken to me nicely, the doctors would have treated me the same as they did the other women, so obviously I must be bad.

Social workers and medical staff strategically positioned themselves as ‘morally superior’ and unwed mothers as ‘inferior’, hence they had no qualms in treating them with utter contempt. In much the same way as the Civic Fathers from the 17th Century onwards believed they were ‘racially superior’ and morally justified in taking a mother’s infant and placing it with who ever they chose.

The social engineering experiment, described by the participants and that they were forced participate in, was a dismal failure. Many said it had not only ruined their lives, but had negatively impacted on subsequent partners, children and grandchildren. Many had to seek assistance for ongoing mental health problems. Most, at some time, had resorted to medication and/or alcohol to cope with their pain and to deal with severe anxiety and/or depression. Others said they had not been able live up to their potential. The ramifications, of the policy of forced removal, have had devastating effects on their lives and those who are close to them. This must have legislative and policy consequences. The Australian government is on notice that separating a mother from her child has grave consequences.
CHAPTER 12
Thematic Analysis Findings

Mothers who ‘Kept’

The analysis of the data includes insights gained from an earlier research study done on unwed mothers conducted between January 1953 and March 1955 with the findings published in 1960 (Anderson, Kenna & Hamilton: 1960). The Report offers support for the findings of this research project and provides additional data. It was conducted by the Manchester University Department of Psychiatry in association with the Department of Gynaecology and Obstetrics on a group of 50 adolescent primigravida who were unmarried, and under the age of eighteen years at the time of conception. The subjects had been referred to the research project by general practitioners and were attending the weekly ante-natal clinic at St Maria’s Maternity Hospital, Manchester. The research project was in response to the growing number of studies coming out of the US that conflated unwed pregnancy with neuroticism, and ‘pathologised’ unwed pregnancy generally. It was stated that this particular field: ‘seemed one in which opinion at present outweighed established fact’ (Anderson et al: 1960, Sect 1, p. 313).

Support Vs No Support

A small number of Anderson et al’s participants who had considered adoption did not proceed. This was an unexpected outcome of Anderson’s research project. He stated that originally five out of the 50 mothers in his study were considering adoption, two under extreme pressure from their own parents. Anderson counselled the parents and his conclusion was that if the parents were counselled to work through ‘the tangle of ritualistic, emotionally charged protest’ over their daughter’s sudden venture into motherhood, parents overcame their initial shock. They developed a constructive and supportive relationship with their daughter and no longer saw the pregnancy as something shameful. The change in parental attitudes was ‘one of the most marked events (1960, p. 331) … by the time of the infant’s birth, the child was spoken of as ‘one of ours’ or ‘one of us’, ‘our Mary’s child’” (p. 333). Of the five cases that originally were wavering in the direction of adoption,
four changed their minds before the end of the hospital contact, and the one adoption that went through was to the mother’s sister (1960, p. 333). The above is an indication that Anderson, who clearly subscribed to the lay discourse, affected the mothers’ outcomes, in spite of the fact the parents had internalised the themes inherent in the institutional discourse prior to the counselling.

Unfortunately for Australian unwed mothers, social workers did not counsel families to ‘constructively’ support their daughters and keep their grandchildren within their family unit, but rather coerced them into adoption. The use of coercion by Australian adoption workers has been acknowledged by other researchers (Gair: 2009; O’Shaughnessy: 1994, p. 22; MacDermott: 1984; Condon: 1986; Rickarby: 1997, 1998; Moor: 2005; Sherry: 1991).

In this study 100% of mothers who had their infants taken were never warned, as they were legally supposed to be, of psychological problems that could occur from having their child taken, neither were their parents. 100% were not given any information about alternatives to adoption, or the availability of any financial benefits, and neither were the grandparents. From the 1920s there was a burgeoning psychiatric literature on the psychological damage caused to infants when separated from their mothers, but still no warning was given to the mother to allow her to make an informed decision. Instead they were told the opposite: ‘That keeping the baby would cause it harm’, and the mother’s parents were often told, ‘it will ruin your daughter’s life’ (Parker: 1927; Russell: 1938; Clothier: 1943b; Bowlby: 1940, 1944, 1951; Moor: 2005; Report 17: 1998; Participant: 2007, Rose).

**Lay and Institutional Discourses**

The majority of Australians have only been aware of the institutional discourse, and that has become the history of unwed motherhood in this country. Mothers exposed to a lay discourse speak of supportive parents and communities. In a phone interview I conducted with one unwed mother who gave birth in Tasmania in 1963, when I asked whether she was aware of any stigma she responded: “What do you mean by stigma”? I asked, “Were people cruel or did they say nasty things to you, or not accept you into social groups”? She replied, “No, not at all, I found
everyone very helpful, I lived with my mother and she helped me, I went out with friends, they all knew I had a baby and some of them bought clothes, if anyone said anything behind my back, then I didn’t know about it” (Jill: 2007). It is as if the two groups were living in different countries. The lay and institutional discourses predicted differing outcomes, and constructed different external realities, depending in which one the mother was immersed. A single mother presenting at a Seminar in 1972 stated:

The so-called ‘stigma’ is a real burden to a mother: if she believes it exists … Talking to the President of the ‘Council for the Single Mother and Her Child’, I made the statement that all children of single mothers are born socially disadvantaged. The President immediately replied, ‘I haven’t felt anything of the kind, and I know my daughter hasn’t either … many other single mothers could truthfully say the same, because they have faced their situation, accepted it and gone on living their lives with the minimum of fuss’ (Murray: 1973, p. 89).

Anderson (et al: 1960) cites Emile Durkheim (1858-1917), father of sociology, who pointed out long ago that: ‘The morality of institutionalised society is not necessarily the same thing as the ‘mores’ of its living members’. Anderson goes on to state: “And our study confirms this, as does the history of the Social Services in the Second World War” (Anderson: 1960, p. 346). Anderson discussed the fact that the lay discourse that framed ex-nuptial pregnancy, differed markedly from the institutional discourse that framed and justified the discriminatory treatment meted out to unmarried mothers by governmental services. He stated that:

In Great Britain we hear officially of the ‘problem of the unmarried mother’ or of the ‘problem of illegitimacy’, but private attitudes will be found to vary from the secular one of regarding such conceptions with tolerance, as naturally desirable events or at worst a carelessness, to the religious one of seeing in them the commission of a cardinal sin or a gross social offence. Even in our small study, professional and lay attitudes to non legitimised sexuality and procreation were extremely varied (Anderson et al: 1960, p. 346).

The majority of mothers kept their babies with the support of their parents. Family support, or support from a partner or friends, who knew their rights and were not easily intimidated, was the variable that made the difference between keeping and having one’s infant taken. Adoption agents were very aware of this fact and purposely utilised methods to undermine parental support of their pregnant
daughters, as Rose explained in the previous chapter (Research Participant: 2007, Rose). For instance, one of this study’s informants, Julie stated that in 1969: “I worked at Centrelink at Lilydale, and a girl came up to me and she said, ‘My sister had a baby, and my mother let her keep it because it was her grandchild, if you only knew what the social workers did to us. They told my mother off, they told my sister off, they said, ‘You shouldn’t be doing this, you are going to ruin this child’s life’, but my mother insisted that this was our baby”.

The experiences of both cohorts with social and medical workers are very similar. Mothers who kept also speak of being encouraged to adopt out their child and of being compelled by adoption agents to feel inadequate as a mother, but the element that separates the two groups was having a witness. Simply put, having a person or persons, who could protect the mother’s rights within the institution. Such as person had to be ‘of the right sort’, that is someone who not only knew the mother’s rights, but was employed and usually older. As previously explained, young fathers were generally as powerless as their partners and were not permitted to see their infant, and had no influence over the outcome of their child. The power of having a strong advocate meant for instance, if the mother asked to have her newborn brought to her, her baby was brought, if she did not then no matter how many times she asked, medical staff would refuse to bring her baby.

KEY THEMES: Mothers Who ‘Kept’

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<tr>
<th>THEMES</th>
<th>PROTO THEME</th>
<th>MICRO THEME</th>
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<tbody>
<tr>
<td>Theme 1</td>
<td>I am supported.</td>
<td>I have a healthy relationship with my parent. My child is part of the family. I am not alone.</td>
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<tr>
<td>Theme 2</td>
<td>I am a mother.</td>
<td>This is my child, we belong together, no stranger will raise her. I deserve and am capable of rearing my infant.</td>
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<tr>
<td>Theme 3</td>
<td>I made my own decision.</td>
<td>I am in control of my life.</td>
</tr>
<tr>
<td>Theme 4</td>
<td>I am happy with my decision.</td>
<td>I have no regrets, I am glad I kept my infant.</td>
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<td>Theme 5</td>
<td>My decision has had a positive impact on my life.</td>
<td>I have suffered no regret. I do not suffer ongoing mental or physical problems because of my decision.</td>
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<tr>
<td>Theme 6</td>
<td>I have a healthy relationship with my subsequent children.</td>
<td>My decision has not affected my ability to form healthy</td>
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relations with my subsequent children.

Theme 7  I felt stigmatised in the hospital.  I was shamed and denigrated. I was made to feel like a naughty child but this was buffered by the support of important others.

Theme 8  I received community support.  Because I was supported by my family and/or partner, friends my external world reflected my internal. I did not feel shamed, rejected or isolated. Parents/ neighbours/ general community were supportive.

Table 1

Key Themes: Mothers Who Had Their Infant Taken

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<thead>
<tr>
<th>THEMES</th>
<th>PROTOTHEME</th>
<th>MICROTHEME</th>
</tr>
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<tbody>
<tr>
<td>Theme 1</td>
<td>I am a birthmother.</td>
<td>I am a non-mother. I did not deserve to rear my child. I am less than other women. My identity is one of low self esteem and shame.</td>
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<td>Theme 2</td>
<td>I brought shame to my parents.</td>
<td>Made to feel it was a mistake getting pregnant. My parents were concerned with what the neighbours thought. I found it very difficult to tell them about my pregnancy. When I told them they were ashamed and I felt rejected</td>
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<tr>
<td>Theme 3</td>
<td>I cannot give my child everything a two parent family can.</td>
<td>Felt a failure as a woman and a mother because not capable to rear own child.</td>
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<tr>
<td>Theme 4</td>
<td>I was abandoned.</td>
<td>Not given any emotional support by those in positions to help: parents, social workers, and medical staff. Made to believe I committed a crime for which I was being punished. I experienced feelings of isolation, alienation and no longer part of my community.</td>
</tr>
<tr>
<td>Theme 5</td>
<td>There was no financial support.</td>
<td>No information given about the available financial assistance. Did not want to place my child at risk by lack of food or accommodation.</td>
</tr>
<tr>
<td>Theme 6</td>
<td>I did not feel like I had a choice.</td>
<td>Everyone expected that I adopt out my infant because of my unwed status. I felt pressured and trapped. My parents threatened that I would be cast out. I felt betrayed and</td>
</tr>
</tbody>
</table>
humiliated. I had no means of supporting my child, I felt a failure. No understanding of rights, not able to make an informed decision, I felt powerless. I still lived at home under parental control, felt I had no control. The GP arranged everything. I was an orphan/migrant/ex-State Ward with no family or social network, I felt alone and alienated. I was drugged and traumatised by medical staff in maternity hospital who were only focused on taking my baby, I was not in control of my own body. I wanted to keep my baby, but was not allowed – I must be bad and a failure as a human being. I am a second class citizen.

**Theme 7**

<table>
<thead>
<tr>
<th>I suffer regret.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I forever regret not being strong enough to stand up to the system. Always thinking ‘if only I did this or hadn’t done that’. Lifelong angst.</td>
</tr>
</tbody>
</table>

**Theme 8**

<table>
<thead>
<tr>
<th>I suffered mental and health problems due to the loss of my child.</th>
</tr>
</thead>
<tbody>
<tr>
<td>No support for mourning the loss of my infant. Difficulty speaking to others about the loss. Attended multiple health professionals never really getting any help. History of anxiety and/or depression; phobias, break downs, suicide ideations and/or suicide attempts. PTSD complicated by pathological grief.</td>
</tr>
</tbody>
</table>

**Theme 9**

<table>
<thead>
<tr>
<th>I have difficulty maintaining relationships.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Either ‘over’ or ‘under’ attached to subsequent children. Never had children. No partner, abusive partner or several broken relationships.</td>
</tr>
</tbody>
</table>

**Table 2**

**PROTOTHEMES: Mothers who ‘Kept’**

During their pregnancy they felt supported by their family, partner and/or friends hence they had a sense of control in the lives, of feeling empowered and connected to their community. During their confinement in the maternity hospital there were some convergent themes in that a number did feel unsupported and inhumanely treated by medical and social work staff, but this was buffered by having supportive parents, partner and/or friends. A minority felt the stigma from adoption
agents impacted on their subsequent lives. In their life afterwards the Prototheme was one of empowerment and satisfaction with keeping their infant.

MICROTHEMES

They generally had good relationships with their parents and told them of their pregnancy soon after becoming aware of it. Though the pregnancy was unplanned the pregnant girl/woman did not consider abortion or adoption. An unplanned pregnancy did not equate with an unwanted baby. The existence of a supportive person or network meant an easier and less stressful pregnancy. Interestingly, if the mothers were supported by family they found those in their community more supportive. Others stated that they felt stigmatised by those who worked in the adoption industry such as the medical and social work staff in hospitals. This though was buffered by the support they received from their family and friends as one mother stated: “During my pregnancy I felt supported and treated compassionately by my mother and my future mother-in-law”. Their life afterwards was more likely to be described as being one where they felt in control of their lives and had healthy relationships with partners and subsequent children. They felt more connected to their society, had higher levels of self esteem and made no comment on mental health problems.

PROTOTHEMES: Mothers who Had Their Infant Taken

The primary theme is one of powerlessness and lack of control over themselves and their environment. Mental health problems were a consistent theme amongst these mothers. Inability to trust, a sense of alienation, disconnectedness and isolation. Invisibility of motherhood, and because a woman’s ‘sense of self’ is so interconnected with her motherhood there is a general sense of being invisible and of little worth. These themes were consistent through the pregnancy, more intense in the hospital with the loss of the infant, and in the life afterwards, the sense of powerlessness, alienation and invisibility remained. Mothers wanted to keep their infants, but without support were unable to do so. This loss set them up for long-term grief and terror made worse by not knowing where the infant was taken. The sense of ‘not knowing’ was equated with having one’s child kidnapped. The level of emotional and psychological distress so overwhelming that a number of mothers said
they disassociated and could not remember the birth or repressed many details around it. Suicide was an unexpected theme that became apparent. The pregnancy, as with the mothers who kept, in the main was unplanned, but the infant was very much wanted when born.

MICOROTHemes

Sharon described how grief stricken and lonely she became, and for a long time she would wake up thinking the baby was there, and then she would realise it was gone and she ‘just wanted to die, so the pain would stop’. She elaborated, “The grief affected everything else in my life. I chose never to marry, I felt like I had killed my own child and I didn’t deserve to have a life”. Emma said that the pain never goes away even after years of psychotherapy. She said: “My psyche or soul remains mortally wounded”. Elizabeth said she felt this ‘black empty hole in her heart and soul that couldn’t be filled, even after so many years’. Sally was treated with ECT for the deep depression she felt after she had her son taken. Danielle, overwhelmed with grief, tried to drown herself. Unable to sleep she went down to the ocean, walked out into the water and began to swim. She kept swimming until the thought of her taken daughter, sometime in the future wanting to find her, caused her to turn round and swim back to shore.

Ongoing issues around trust made it difficult to sustain healthy relationships, and because of terror of losing another child; some mothers either suffer from secondary infertility (Andrews: 2007); feel guilty about having another child; over attach, or remain aloof from their subsequent child. Tina described the terror she felt if she lost sight of one of her subsequent children, “I was this obsessive mother, but my children had the feeling I didn’t love them when they became adults, that I was always holding back”. Marcia said. “I was too deeply in shock to bond with the baby. As she grew she became my little friend. I did not savour her babyhood. I was fixated on not letting her be taken”.

Many mothers stated they suffered from low self esteem and find it difficult to be assertive and easily slip into victimhood. Many find similar patterns of trauma
repeating in their lives, such as forming abusive relationships or allowing themselves to be abused by family members.

Mothers’ Narratives, Thematic Analysis Findings – Part 1: Pregnancy

Anderson (et al: 1960, p. 353) stated that the stigmatisation of adolescent pregnancy was arbitrary and confined to certain eras and locations, and was a social construct. He asserted that from an obstetrical perspective, sixteen years old was an optimal time for the birth of the first infant. He noted that young mothers were quite able to adequately nurture their own infant, as young mothers in many cultures did, particularly with the support of the family. Hence taking an infant from a young mother for adoption, was more to do with a moral judgment about marital status, rather than a lack of competency (MacDermott: 1984).

In this research study, the average age of women who had an ex-nuptial birth and kept their infant was 19.6 years with the youngest being 16 and the oldest 30 years, and the most frequent age being 19 years, which made up 26.6% of the total. There were 6.6% at 16 years, 13.3% at 17 years and 20% at 18 years old. The majority: 73% - were aged between 18 and 23 years old. There were 20% aged over 21 years and 13.3%, 23 years and older. Australian social workers were well aware that the majority of girls/women were not very young teenagers, even though this was what was generally portrayed to the public. One exception I found was the revelation by Mary McLelland: ‘Today’s unwed mother is aged between 20 and 25 years old’ (1967 cited in Daily Mirror, Oct 17)

The average age of mothers who had their infants taken was 19.4 years. The oldest mother was 26 years old, the youngest was 14 years old. The most frequent age being 18 years old at 24%. 10% were aged 16 years , 13.8% at 17 years and approx 7% at 19 years . There was only one mother aged 14 years, she had been the victim of a sexual assault, and the majority, 58.62% of the mothers were aged between 18 years and 23 years . There was 34% over 21 years old. 17% were 23 years of age and over. In 1953 when Anderson conducted his study, 50% of
‘illegitimate births’ were from women 20 years old; 27% among 30 year olds and 15% among the 15-19 year cohort (Anderson et al: 1960, p. 355).

As discussed above the average age for the group who had their infants ‘taken’ and for those ‘who kept’ was approximately 19 years old. Yet these women were treated like ‘naughty children’. One 19 year old mother stated that a social worker called her and her 25 year old partner: “‘babes in the woods’ and not yet ready to become parents”.

**Denial**

Anderson noted that it was not the ex-nuptial pregnancy per se that was most frightening to the women, it was telling their parents. This was true of both cohorts in this research project. One way that mothers coped with this fear was to go into denial about their pregnancy (Anderson et al: 1960, p. 326). In this study 39% of mothers who had their infants taken expressed they dealt with their pregnancy initially by disassociation, whilst only 18.75% of the mothers who kept expressed denial. The quality of the relationship the mother had with her own parents determined the length of time she delayed in the telling.

**Powerlessness**

The theme of powerlessness, was dominant in the narratives of mothers who had their infants taken: 93% compared to 36% of mothers who kept. Powerlessness of itself can lead to psychiatric sequela such as ‘learned helplessness’ (Monte: 1999, pp. 582-583).

**Isolation**

Strong themes emerged from the data of the pregnant mothers who ultimately had their infants taken. Isolation and lack of family support or a social network, from which to obtain psychological, emotional or financial assistance permeates all their narratives. They had no-one to ensure their legal rights were upheld. This stands in stark contrast to the mothers who ‘kept’. During their pregnancy mothers who had their infants taken, 100% had no family support; 86% had no support from a partner - that was not always because the partner did not want to assist - in many cases the father had been threatened by angry parents or by social and medical work
staff with police action if he tried to help. 14% of the mothers who had their infants taken were engaged. Many of their partners were not allowed to visit or contact the mother. Therefore the women were effectively cut off from any support they might have received.

Pregnancy Findings

Key Themes Pregnancy: General

<table>
<thead>
<tr>
<th>THEMES</th>
<th>INFANTS TAKEN</th>
<th>INFANTS KEPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother expected to take baby home</td>
<td>34.5%</td>
<td>93%</td>
</tr>
<tr>
<td>Shock at finding one is pregnant</td>
<td>58.6%</td>
<td>13%</td>
</tr>
<tr>
<td>No Support of parents</td>
<td>100%</td>
<td>26.6%</td>
</tr>
<tr>
<td>No Support of partner</td>
<td>86%</td>
<td>66.6%</td>
</tr>
<tr>
<td>No Support of friends</td>
<td>100%</td>
<td>86.6%</td>
</tr>
<tr>
<td>Total lack of support</td>
<td>100%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Support of parents</td>
<td>Nil</td>
<td>66.6%</td>
</tr>
<tr>
<td>Support of partner</td>
<td>14%</td>
<td>33.3% (and partners supported by parents except in one case where couple resided in the country)</td>
</tr>
<tr>
<td>Support of friends</td>
<td>Nil</td>
<td>13.3%</td>
</tr>
<tr>
<td>Total support given</td>
<td>14% (ineffectual, partner too young)</td>
<td>93.4%</td>
</tr>
<tr>
<td>Adoption promoted by SW and/or institution, and or doctor</td>
<td>100%</td>
<td>73.3%</td>
</tr>
<tr>
<td>Did not see SW or came in contact with anyone promoting adoption</td>
<td>Nil</td>
<td>26.6%</td>
</tr>
<tr>
<td>Traumatised</td>
<td>69%</td>
<td>Nil</td>
</tr>
<tr>
<td>Isolated</td>
<td>79%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Powerlessness</td>
<td>93%</td>
<td>13.3%</td>
</tr>
<tr>
<td>Parents colluded with organisation</td>
<td>41%</td>
<td>Nil</td>
</tr>
<tr>
<td>Engaged</td>
<td>14%</td>
<td>13%</td>
</tr>
<tr>
<td>Planned to get married</td>
<td>24% (separate from those engaged)</td>
<td>13% (those that were engaged)</td>
</tr>
<tr>
<td>Steady boyfriend</td>
<td>17%</td>
<td>20%</td>
</tr>
<tr>
<td>De facto relationship</td>
<td>10%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Total in committed relationships</td>
<td>65%</td>
<td>39.6%</td>
</tr>
<tr>
<td>No info about benefits from inside institution</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>No money</td>
<td>17%</td>
<td>Nil</td>
</tr>
<tr>
<td>Verbal abuse</td>
<td>17%</td>
<td>Nil</td>
</tr>
<tr>
<td>Put in a Home</td>
<td>24%</td>
<td>Nil</td>
</tr>
</tbody>
</table>

32
<table>
<thead>
<tr>
<th>THEMES</th>
<th>INFANT TAKEN</th>
<th>INFANT KEPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mothers wanted to keep baby</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Threats made to mothers: police, ward of the state, put in a Home, partner threatened</td>
<td>17%</td>
<td>Nil</td>
</tr>
<tr>
<td>Threats made to parents if did not agree to adoption</td>
<td>3.5%</td>
<td>0%</td>
</tr>
<tr>
<td>Fear</td>
<td>55%</td>
<td>33%</td>
</tr>
<tr>
<td>Isolated</td>
<td>79%</td>
<td>13%</td>
</tr>
<tr>
<td>Parents felt shamed</td>
<td>41%</td>
<td>13%</td>
</tr>
<tr>
<td>Felt abandoned</td>
<td>31%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Serious Stigma: strangers</td>
<td>Nil</td>
<td>Nil</td>
</tr>
<tr>
<td>Stigma from parents</td>
<td>79%</td>
<td>13.3%</td>
</tr>
<tr>
<td>Institutional stigma: treatment in hospitals, attitude of doctors &amp; clergy</td>
<td>100%</td>
<td>43.75%</td>
</tr>
<tr>
<td>Humiliation</td>
<td>31%</td>
<td>13%</td>
</tr>
<tr>
<td>Shamed imposed: mother was happy with pregnancy but told she was ‘bad’</td>
<td>27.5%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Guilt</td>
<td>7%</td>
<td>Nil</td>
</tr>
<tr>
<td>Felt they had embarrassed their family</td>
<td>17%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Major Damage to self esteem: Worthless, invisible, breeder</td>
<td>100%</td>
<td>Nil</td>
</tr>
<tr>
<td>Sad</td>
<td>20%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Depression: depressed, despair, devastated, horrified, victimised, felt raped</td>
<td>55%</td>
<td>Nil</td>
</tr>
<tr>
<td>Total suffering strong grief reaction</td>
<td>75%</td>
<td>6.6%</td>
</tr>
<tr>
<td>No Warnings given about grief reactions</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Table 4**

**Key Themes Pregnancy: Psychological**

<table>
<thead>
<tr>
<th>THEMES</th>
<th>INFANT TAKEN</th>
<th>INFANT KEPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confusion</td>
<td>27.5%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Denial</td>
<td>31%</td>
<td>18.75%</td>
</tr>
<tr>
<td>SW when saw promoted only adoption</td>
<td>100%</td>
<td>100% who visited with social worker (SW)</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>------</td>
<td>-----------------------------------------</td>
</tr>
<tr>
<td>Promoted by Dr.</td>
<td>6.9%</td>
<td>Nil</td>
</tr>
<tr>
<td>Promoted by matron</td>
<td>6.9%</td>
<td>Nil</td>
</tr>
<tr>
<td>Promoter by Mother Superior</td>
<td>3.5%</td>
<td>Nil</td>
</tr>
<tr>
<td>Total of mothers to whom adoption was promoted</td>
<td>100%</td>
<td>50% (the other 50% did not see a SW or attended a hospital where adoption was promoted)</td>
</tr>
<tr>
<td>No warnings re Psychological Damage</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Never considered adoption</td>
<td>55% (the majority only considered adoption after it was proposed)</td>
<td>93.75%</td>
</tr>
<tr>
<td>Adoption only option promoted</td>
<td>100%</td>
<td>100% (by the 50% who dealt with SW)</td>
</tr>
<tr>
<td>No decision/choice</td>
<td>79%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Assumed adoption because unwed</td>
<td>100%</td>
<td>100% by SW who dealt with supported mothers</td>
</tr>
</tbody>
</table>

Table 5

Mothers’ Narratives Thematic Analysis Part 2: The Hospital Experience

Introduction

The time in the hospital is where the treatment of the mothers in the present study differs markedly from those in Anderson’s study: only one of his participants remarked, “I didn’t know they could be so rude in hospital”. For the rest it was a joyful occasion shared by other family members. In this project all the mothers in both cohorts with only two exceptions experienced anything, but a nurturing, dignified experience around the birth and in the days after. Some mothers who had the support of their families, were still being pressured to adopt out their infants by social workers and medical staff, who were described as punitive, cruel and generally unsympathetic. There was an overall theme that because the mother was unwed her baby was automatically up for adoption, and adoption was assumed from the moment of birth. Unwed mothers were dehumanised by medical staff and nursing staff followed suit. Hence being unwed seemed to give them carte blanche to treat mothers in the most degrading ways. As one participant noted: “It was like some bizarre experiment: where what they did, no matter how physically, psychologically
and emotionally debilitating, was done and condoned with impunity” (Research Participant: 2007, Rita).

The staff at the hospital took control of the baby as if they were the legal guardians and the nurses took it upon themselves to name them. No stronger message could be given to the mother that her baby was not hers, but belonged to the adopting parents, than taking the baby immediately at the birth and injecting her with a carcinogenic hormone, stilboestrol, to dry up her milk. Both Justice Richard Chisholm and Dr. Geoff Rickarby (Report 22: 2000) agreed that these acts were illegal and unethical. Rickarby (Report 17: 1998) explained that the general consent a patient gives when being admitted to hospital would not have covered the procedure of injecting stilboestrol. This was an experimental practice and as such violated both the Nuremberg code and the Helenski Agreement (Final Report 22: 2000).

Overall there were themes of isolation; being physically restrained during birth (held captive); treated as ‘breeders’; inferiority; worthlessness; being coerced to consent to adopt; physical assault; psychological assault; no freedom of movement (held captive); no autonomy; drugged; false imprisonment (held captive); disentitlement; powerlessness; treated as non-mothers; being given no information whatsoever about what procedures they were to be subjected to; not being told they would not see their baby at the birth; and overall, experiencing bewilderment and confusion about what was going to happen next. Since this was for most their first pregnancy, their understanding of the birth process itself was negligible. Many of the mothers who kept their infants, also experienced dehumanising treatment, but not to the extent of those who had no support. Mothers who ‘kept’ had family who could ensure their rights were protected. They felt entitled to keep their infants, to see and to nurse them, and these rights were supported by their family, partners and friends. The level of control a mother had over her right to leave the institution with her infant, corresponded to the level of support she had - if she was totally enmeshed in the institutional discourse - she had her child taken. The more she fought the more the pressure on her increased.
According to Shaleve & Ursao (in press) the factors that intensify trauma include isolation whilst held captive and captivity can be either psychological or physical. They state that mental isolation can occur even in the presence of others. Feelings of disconnection are common amongst traumatized survivors. Being dehumanised and degraded leave life-long psychological scars. When a person is forced to be obedient and to surrender to a situation, and there is uncertainty about what is going to happen next, the traumatic event is intensified. If the event is one that is totally incongruent with any past experiences or perceived understanding, the individual ends up living each day feeling they have to fight for survival. The event completely alters the person’s identity, they are often confused and bewildered. They feel alienated from themselves and others. They find after the event that they experience prolonged trauma, intrusive thoughts, have difficulty in telling their story and feel that if they do, no one will understand, not even themselves. The trauma impacts on every aspect of life. Negative perceptions of self and others, generalize and extend to other events and people. ‘A sense of radical unwelcome transformations prevail; the traumatic event, becomes a destructive life experience’ (Shalev & Ursano: in press, p. 5).

### Key Themes Hospital: Medical and Procedural

<table>
<thead>
<tr>
<th>THEMES</th>
<th>INFANTS TAKEN</th>
<th>INFANTS KEPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barbiturates given in hospital</td>
<td>83.3%</td>
<td>nil</td>
</tr>
<tr>
<td>Breast fed baby in hospital</td>
<td>Nil</td>
<td>Nil</td>
</tr>
<tr>
<td>Administered stilboestrol</td>
<td>87.5%</td>
<td>13.3%</td>
</tr>
<tr>
<td>Breast bound</td>
<td>12.5%</td>
<td>0%</td>
</tr>
<tr>
<td>Bottle fed in hospital</td>
<td>8% in diff hospitals in 1960 and 1961</td>
<td>6.6%</td>
</tr>
<tr>
<td>Did not see baby at birth (use of pillow, sheet, or stood in front of mother, whisked away immediately)</td>
<td>79%</td>
<td>13.3%</td>
</tr>
<tr>
<td>Did see baby at birth</td>
<td>21%</td>
<td>86.7%</td>
</tr>
<tr>
<td>Did see baby after birth</td>
<td>16.6% - 4% after refusing to sign unless saw baby - 8% because bottle fed (1961) - 4% policy in hospital beginning to change - 1969</td>
<td>93.3%</td>
</tr>
<tr>
<td>Staff named baby</td>
<td>17%</td>
<td>Nil</td>
</tr>
<tr>
<td>Description</td>
<td>Percentage</td>
<td>Note</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
<td>------------</td>
<td>------</td>
</tr>
<tr>
<td>Mother named baby but staff changed name</td>
<td>8%</td>
<td>Nil</td>
</tr>
<tr>
<td>SW used threats to obtain consent</td>
<td>21%</td>
<td>Nil</td>
</tr>
<tr>
<td>Purposely inflicted pain (allowed to tear, unnecessary interference with birth, unnecessary inductions, breech births when caesarean needed, no anaesthetic when sewn)</td>
<td>55%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Specifically asked for baby but ignored</td>
<td>55%</td>
<td>13.3% until grandmother arrived then dropped to - 6.6%</td>
</tr>
<tr>
<td>Poor care because of unwed status</td>
<td>100%</td>
<td>82%</td>
</tr>
<tr>
<td>Invisibility (just a womb, ignored, not allowed to name baby, discussed about as if not there)</td>
<td>100%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Physically assaulted (Slapped, thrown on to a bed, pushed, shoved)</td>
<td>29%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Verbally abused, Dr, SW, staff</td>
<td>58%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Physically transported to another location</td>
<td>21%</td>
<td>Nil</td>
</tr>
<tr>
<td>Removed baby to another part of hospital without permission</td>
<td>100%</td>
<td>Nil</td>
</tr>
<tr>
<td>Physically restrained (tied down, handcuffed, held down by nurses)</td>
<td>38%</td>
<td>Nil</td>
</tr>
<tr>
<td>Consent Form brought to mother without her asking</td>
<td>100%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Signed consents in Homes</td>
<td>37.5%</td>
<td>Nil</td>
</tr>
<tr>
<td>Signed before allowed to be discharged from hospital</td>
<td>100% of those not in Homes</td>
<td>6.6%</td>
</tr>
<tr>
<td>Did not sign consent</td>
<td>12.5%</td>
<td>93.4%</td>
</tr>
<tr>
<td>Revoked in time but told ‘too late’ ( lied to)</td>
<td>16%</td>
<td>Nil</td>
</tr>
<tr>
<td>Successfully revoked</td>
<td>Nil</td>
<td>6.6%</td>
</tr>
<tr>
<td>Sense of powerlessness because of poor treatment</td>
<td>100%</td>
<td>36%</td>
</tr>
<tr>
<td>Supported by parents</td>
<td>8.3%</td>
<td>100%</td>
</tr>
<tr>
<td>4% withdrew because of Threats by CWD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supported by partners</td>
<td>8.3% - young and were unable to assert any authority</td>
<td>27%</td>
</tr>
<tr>
<td>Supported by friends to take infant home</td>
<td>Nil</td>
<td>13.3%</td>
</tr>
<tr>
<td>Unsupported by parents</td>
<td>96%</td>
<td>13.3%</td>
</tr>
<tr>
<td>Unsupported by partner</td>
<td>95.8%</td>
<td>66.6%</td>
</tr>
<tr>
<td>Unsupported by friends</td>
<td>100%</td>
<td>13.3%</td>
</tr>
<tr>
<td>Total Unsupported</td>
<td>96%</td>
<td>Nil</td>
</tr>
</tbody>
</table>

Table 6
## Key Themes Hospital: Emotion

<table>
<thead>
<tr>
<th>THEMES</th>
<th>INFANTS TAKEN</th>
<th>INFANTS KEPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother thought she was keeping baby</td>
<td>37.5%</td>
<td>100%</td>
</tr>
<tr>
<td>Mother wanted to keep baby</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Staff perceived as punitive and stigmatising</td>
<td>58%</td>
<td>36%</td>
</tr>
<tr>
<td>Felt disentitled to keep baby</td>
<td>92%</td>
<td>Nil</td>
</tr>
<tr>
<td>Treated with contempt (curtains left open, joked about, laughed at, made fun of unmarried status whilst conducting internals)</td>
<td>62.5%</td>
<td>Nil</td>
</tr>
<tr>
<td>Confusion – not knowing what to expect next</td>
<td>100%</td>
<td>13.3%</td>
</tr>
<tr>
<td>Traumatised</td>
<td>100%</td>
<td>20%</td>
</tr>
<tr>
<td>Not told of right to revoke</td>
<td>25%</td>
<td>Nil</td>
</tr>
<tr>
<td>Not explained legal process on how to revoke i.e. being told one must go to the Supreme Court</td>
<td>100%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Felt powerless to revoke</td>
<td>20%</td>
<td>Nil</td>
</tr>
<tr>
<td>Felt had no choice</td>
<td>70%</td>
<td>Nil</td>
</tr>
<tr>
<td>Felt only choice could make (no alternatives, no money, no support from family or partner – must do the right thing by baby)</td>
<td>30%</td>
<td>Nil</td>
</tr>
<tr>
<td>Humiliated</td>
<td>62%</td>
<td>13%</td>
</tr>
</tbody>
</table>

**Table 7**

## Hospital Findings: Psychological

<table>
<thead>
<tr>
<th>THEMES</th>
<th>INFANTS TAKEN</th>
<th>INFANTS KEPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>SW promoted adoption in hospital</td>
<td>79%</td>
<td>45.5%</td>
</tr>
<tr>
<td>Matron promoted adoption</td>
<td>8.3%</td>
<td>Nil</td>
</tr>
<tr>
<td>Staff pro-adoption</td>
<td>100%</td>
<td>26.6%</td>
</tr>
<tr>
<td>Not warned of mental health damage or grief if separated from infant</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Not informed of financial benefits</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Suffered periods of amnesia</td>
<td>21%</td>
<td>Nil</td>
</tr>
<tr>
<td>Thought made right decision</td>
<td>4% (for infant)</td>
<td>100%</td>
</tr>
<tr>
<td>Felt they made a free and informed choice</td>
<td>Nil</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Table 8**
Authoritative Account Rejected

The authoritative view of history (Marshall & McDonald: 2001; Brown: 2012) is that because of intense stigma (social mores) and lack of finances women ‘chose’ to give up their babies. This is not supported by this research project. Neither is it supported by the findings of Anderson et al. (1960), or other studies (Mech: 1992; Najman: 1990). Anderson made the observation that: ‘Economic factors were not a serious worry for the majority’ (et al: 1960, p. 331) and with respect to stigma: ‘With our group of girls public discrimination was minimal (et al: 1960, p. 348) … Some individuals may have been discriminatory, but on the whole [the unwed mothers] were met with much goodwill’. In this study only 17% of the participants were placed in a position where they had no money and that was a deciding factor. If they had been informed of the available benefits their outcome may have been different, particularly if it meant garnering support from grandparents who may have been in a difficult financial situation themselves. In Anderson’s study, all the mothers were informed of available benefits.

Anderson concluded that the oppositional themes, apparent when contrasting the lay and the institutional discourses, were summarised in a conversation between an Irishwoman and a priest. The priest accused her pregnant daughter of behaving like an animal, her mother replied: “It is only human to have babies” (et al: 1960, p. 330).

In this study only one of the mothers mentioned stigma as being a reason to consider adoption. It was a primary concern though, of the grandparents of the ‘taken’ infants, but as Anderson explained, the parents in his study changed after receiving counselling to deal with their fear of public sanction. They no longer rejected their daughter and were happy about their impending grandchild. Anderson stated that the adolescent mothers accepted their situation, many looked forward to the birth, even if the pregnancy was unplanned: “Their premarital intercourse and maternity were not a problem to them; though they were aware that some considered this a problem … they themselves felt they ought, but could not in fact assent”.

What is supported by this study is that adoption agents represented an extreme minority in society. They were cruel and prejudicial and forcibly removed infants to satisfy a demand for babies. To facilitate that process unwed mothers were exposed to a regime of abuse that included: drugs; isolation, brain washing, ridicule and most shockingly having their newborn brutally taken at birth. Rose explained (Research participant: 2007) this was done to silence mothers and make it easier for medical staff to procure their infants. Not finishing the birth process, by seeing and touching their infant, rendered mothers too traumatised to fight. In short it was the barbaric treatment they endured in the institutions, that was the cause of the high number of babies available for adoption.

**Key Themes: Life Afterwards**

<table>
<thead>
<tr>
<th>THEMES</th>
<th>INFANTS TAKEN</th>
<th>INFANTS KEPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor effect on self esteem</td>
<td>Nil</td>
<td>26.6%</td>
</tr>
<tr>
<td>(need to prove oneself, work hard, regret not standing up against abusive hospital practices, feeling less than)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major effect on self esteem</td>
<td>100%</td>
<td>Nil</td>
</tr>
<tr>
<td>(feeling worthless, alien, unloved, betrayed, dirt)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serious Stigma</td>
<td>100%</td>
<td>Nil</td>
</tr>
<tr>
<td>Internalised guilt, should have tried harder to keep, it was my mistake, I am a bad person, I would have been treated better if I was a good person</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minor stigma</td>
<td>Nil</td>
<td>13.3%</td>
</tr>
<tr>
<td>From others ‘Are you married? You look to young to be a mother?’</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others supportive of mother’s status</td>
<td>Nil - no support with grief or mental health problems</td>
<td>100%</td>
</tr>
<tr>
<td>Regrets</td>
<td>100%</td>
<td>Nil</td>
</tr>
<tr>
<td>Powerlessness afterwards</td>
<td>90%</td>
<td>Nil</td>
</tr>
<tr>
<td>Made the ‘right’ decision</td>
<td>Nil</td>
<td>100%</td>
</tr>
<tr>
<td>Felt ‘brainwashed’ that adoption was the best for infant’</td>
<td>30%</td>
<td>Nil</td>
</tr>
<tr>
<td>Depression</td>
<td>63.3%</td>
<td>Nil reported</td>
</tr>
<tr>
<td>Pathological grief</td>
<td>66.6%</td>
<td>Nil reported</td>
</tr>
<tr>
<td>Anxiety</td>
<td>33.3%</td>
<td>Nil reported</td>
</tr>
<tr>
<td>Post Traumatic Stress Disorder (triggered by birthdays, mother’s day, missing children, adoptive parents)</td>
<td>90%</td>
<td>Nil</td>
</tr>
<tr>
<td>Effect on child rearing</td>
<td>100% on all those who had further children – underlying sadness and often pregnancy would trigger trauma</td>
<td>Nil</td>
</tr>
<tr>
<td>Loving but over protective (fearful would be taken)</td>
<td>34%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Difficulty bonding: distant (fearful would be taken)</td>
<td>13.3</td>
<td>Nil</td>
</tr>
<tr>
<td>Loving but unspecified difficulty because of underlying trauma</td>
<td>52.7%</td>
<td>Nil</td>
</tr>
<tr>
<td>Healthy relationship with subsequent children</td>
<td>100% felt impacted in a negative and major way – over attached or distant, fear of losing subsequent child</td>
<td>93.3% felt relationship affected in a minor way – felt not ‘quite good enough mother’ blamed guilt imposed by SW and hospital treatment</td>
</tr>
<tr>
<td>Relationships: stayed in abusive relationships</td>
<td>37%</td>
<td>26.6%</td>
</tr>
<tr>
<td>No further children because of experience</td>
<td>16%</td>
<td>Nil</td>
</tr>
<tr>
<td>Not in any relationship because infant taken</td>
<td>33%</td>
<td>Nil</td>
</tr>
<tr>
<td>Self medicated with alcohol</td>
<td>33%</td>
<td>Nil</td>
</tr>
<tr>
<td>Prescription drugs</td>
<td>13%</td>
<td>Nil</td>
</tr>
<tr>
<td>Searching behaviour</td>
<td>37%</td>
<td>Nil</td>
</tr>
<tr>
<td>Suicide ideation</td>
<td>30%</td>
<td>Nil</td>
</tr>
<tr>
<td>Suicide attempts</td>
<td>16.6%</td>
<td>Nil</td>
</tr>
<tr>
<td>Gained strength from my decision</td>
<td>Nil</td>
<td>100%</td>
</tr>
<tr>
<td>Amnesia periods</td>
<td>26%</td>
<td>Nil</td>
</tr>
<tr>
<td>Seriously effected by shame and guilt (imposed by SW and institution)</td>
<td>100%</td>
<td>26.6%</td>
</tr>
</tbody>
</table>

Table 9

Life Afterward Thematic Analysis Findings

The above narratives expose the level of trauma and powerlessness mothers who had their infants taken experienced and are still experiencing compared with those who kept. The mental health damage is overwhelmingly obvious in the cohort of mothers of those ‘taken’. In Dr. Daryl Higgins’s initial Report, on behalf of the AIFS, it stated that mothers’ experiences should be viewed through a ‘lens of trauma’ (Higgins: 2010, p. 3).
The above women’s accounts, including some of the mothers who kept their infants, reveal lifelong psychological damage that occurred because of the isolation and degrading treatment they received whilst in hospital. The main differential between the two groups is the complex Post Traumatic Stress Disorder (PTSD) that developed in the mothers who had their infants taken. Many felt fear, intimidation and powerlessness in their relationship with the social worker or Matron in the Home. The ‘isolation whilst detained’ was a key theme in the hospitals and the Homes. All the mothers, except two, one from each cohort, reported feelings of powerlessness in the hospital, bewilderment and confusion, as to what was going to happen next. Deception was certainly a key theme in obtaining babies. Betrayal was another key theme that was experienced by the mothers who were unsupported. The practices in the Homes and hospitals were designed to ensure the mother felt shamed, humiliated and disentitled to her infant. Excessive hostility towards the mother by the medical and social work staff, their refusal to respond to the mothers’ requests and their failure to acknowledge their acute distress, further increased the trauma and ensured the mothers felt totally without control over their situation, their bodies, or their infants.

A key factor in the development of complex PTSD, pathological grieving and deep depression (Rickarby: 1998, pp. 68-69) experienced by mothers of the ‘taken’, was the shock of not being allowed to see their babies at the birth (Rickarby cited in Report 17: 1998, p. 69). Not being able to see the baby, had further psychological ramifications in that it rendered the mother unable to make the baby ‘real’ and therefore she could not adequately mourn (Gough: 1971). As Dr. Condon (1986) explained, this is not dissimilar to the situation of some families who continue to grieve ‘lost ones missing in action’. And finally, interference via the stilboestrol injection in the biological process of ‘the milk coming in’ reconfirmed to the mothers their total powerlessness and lack of control over their own bodies.

Amongst the mothers that ‘kept’, the primary themes identified included a greater feeling of control over their bodies, an ability to make their own decisions, that they chose to keep their infants and that they were supported in that. Some mothers who ‘kept’ experienced isolation in the hospital, but this was countered by either family support or the support of friends. This is in direct opposition to the key
themes of abandonment and lack of control and decision making that mothers who had their infants taken, experienced. On the Likert Scale used in the questionnaire, all of the mothers who kept their babies strongly agreed with the statement: ‘I have suffered no regrets in the years after relinquishment’. This is in contrast with the mothers who had their infant taken, as they all strongly disagreed with the statement. Every mother, except one, strongly disagreed with the statement: ‘I felt signing the consent to adopt, was the outcome of my own decision’. Interestingly 100% of the mothers who had their infants taken, strongly agreed with the statement: ‘I was expected to relinquish because I was unwed’.

An unexpected theme that the data exposed was the ‘suicidal ideation’ and the numbers of unsuccessful suicide attempts by some of the mothers who had their infants taken. Nearly 50% of the participants who had their infants taken, either attempted suicide or thought about it. The percentage would have been higher if I had included ‘high risk taking behaviour’, as a number of mothers mentioned that they did not directly think of suicide, but took risks that endangered their lives. Mothers attributed these events to their inability to alleviate their grief and distress, which became more severe as time went on. This supports previous research that concluded that mothers’ grief intensified in time, and in some cases became pathological (Condon: 1986; McHutchison: 1986; Winkler & van Keppel: 1984; Gair: 2008; Rickarby: 1998, cited in Report 17: 1998). They reported reoccurring nightmares; the continuing intrusion of fearful and angry thoughts and re-experiencing having their child taken. Triggers such as birthdays of the taken child and Mother’s Day would also bring up unresolved grief. The anguish and terror of having another child stolen or lost, often interfered with the mothers’ parenting of their subsequent children.

For mothers the lack of ongoing knowledge about their child was the hardest thing to bear. The ‘not knowing’ was a daily torment. Their child was growing up without them and they had no legal right to any information; every day was another day lost. They could not be there to see their baby grow into a toddler, take his or her first steps, learn to ride a bike, or be there for birthdays. This was somatically experienced as if their child was kidnapped. The instinctual mind does not understand the socially constructed concept of adoption. One cannot tell themself
their baby is safe when there is no tangible evidence to attest to that fact. All they experienced is their baby being gone. They did not know where it was, or who had it. They did not know whether their infant was alive or dead; healthy or not or even if it was being well-treated. The ‘not knowing’ caused such terror and trauma that some participants stated they repressed the memory of their taken infant completely, or partly remembered, but disassociated from their feelings around their loss; or felt as though the occurrence had happened to someone else.

Mothers found various ways to mentally survive what was perceived by them on a primal level as the ‘abduction of their child’ (Rickarby: 1997; cited in Report 17: 1998). This closing down of the mind in order to survive, not only silenced many mothers for decades, but interfered with their ability to engage with their taken child when allowed to reunite with them decades later.

**Quantitative Method**

Two simple Likert scales were used to measure levels of powerlessness. One Likert Scale consisted of ten statements for mothers who ‘kept’ and thirteen statements for mothers who had their infants ‘taken’. The participant marked the box with which statement she agreed. The scale had five measures: Strongly disagree; somewhat disagree; undecided; somewhat agree; strongly agree. The extra statements devised for the mothers who had their infants taken, was to do with the ‘consent’ process and whether or not stigma and lack of finances were key determinates of their outcome. The other scale requested the informant pick a number from one to ten, of the level of powerlessness they felt during their pregnancy; in the hospital; and during their life afterwards (see Graph 8).
Graph 1: Pregnancy, Sense of Control in Decision Making

Fifteen surveys of Mothers who had their infants taken and ten surveys of Mothers who kept were analysed, and compared. Each measure was operationalised by adding together the number of respondents who recorded their agreement or disagreement with a particular statement, and then a percentage was determined for the result. In this way the percentages for each group could be compared, irrespective of the differing number of respondents in each group. There was only one statement analysed for the above graph: “I made my own decisions during my pregnancy”. The graph shows that mothers who kept their infants, had far greater levels of control in their decision making during the pregnancy. Mothers who felt powerless describe that the decision to adopt their infant was made by grandparents who were supported by those working in the adoption industry. According to Rickarby (1998) the social workers and matrons in maternity homes were ‘grooming’ (Rickarby: 1998) the young women to ultimately accept adoption as the only alternative.
The pregnancy experience was determined by the level of support of ‘significant others’ mothers had. Two statements were analysed to determine if mothers were emotionally supported during their pregnancy. Mothers who had their infants taken were asked to measure their level of agreement or disagreement with the following statement: “I was expected to relinquish because I was unwed”. Agreeing with this statement determined there was no person supportive of the mothers’ right to keep her baby. Every survey was marked ‘Strongly Agree’ with the statement. Even though with other statements, there was a variation in the levels of agreement and disagreement, this statement was answered by the respondents 100% in the affirmative. Mothers who ‘kept’ were asked to agree or disagree with the statement: “I was supported by a family member/s or partner in my decision to parent my child”. Agreement with this statement would have been higher if I had included the word ‘friends’ in the statement, as two of the older respondents reported in the negative, because they had not been supported by family, but rather by a strong network of friends.
Graph 3: Level of Power in the Hospital to Make One’s Own Decision

The above graph was determined by analysing the level of agreement or disagreement, to three statements for both cohorts: “I felt the decision to parent my child was my own decision”; “I felt no coercion in my decision to parent my child” and “I never chose to relinquish my child”.

These questions were asked in order to determine the level of autonomy mothers felt they had in relation to keeping, or having their child taken. It also attempted to measure how empowered, or powerless, they felt in the psychological process of coming to a decision. It is worth noting that a representative of the ‘Council for the Single Mother and her Child’ stated in 1973: “The mother who faces the decision to adopt - and I may add here that I believe the decision is essentially to do with adoption - or to keep, which is the natural course and therefore does not require a decision’ (Murray: 1972, p. 82).

The outcome percentages of these statements were contrasted. Though, 100% of mothers who had their infants taken said they: “Were expected to go through the adoption process because of their unwed status”. Approximately 6.6% agreed that they had made a decision, and 8.8% ‘somewhat’ agreed. Hence there is an internal contradiction, and one that needs further research and explanation. Over the years I have spoken to many mothers, who though, offered no other alternative, not informed of any assistance to keep their infant and under constant duress to ‘relinquish’ believe that because they signed a consent form that they had been given a choice (Cole: 1997; 2008). Nothing in the research, whether it is in the historical
analysis, or the analysis discussed in the next section supports that assumption. As more than one respondent stated: “They sure did a good job on us”. An explanation for the belief that one had a choice in a situation where they had none, is that no one wants to feel powerless. It is excruciatingly painful as it goes to the heart of our survival needs. So we blame ourselves. At least then we feel we can make changes so the incident never reoccurs.

**Graph 4: Level of Control/Power Within the Hospital**

The above results were determined by analysing two statements for both groups: ‘The processes I was subjected to within the hospital were out of my control’ and ‘Others responded to my requests during my confinement in the maternity hospital’.

86.6% of the Mothers of infants taken ‘strongly agreed’ with the first statement whilst 6.6% ‘agreed’ and one respondent, or 6.6%, was undecided. 73.3% ‘strongly disagreed with the second statement yet 20% somewhat agreed and 6.6% were undecided. It is hard to reconcile 93.6% feeling powerless in the hospital yet 20% believing that the staff were responsive to their needs, unless other variables are considered, such as having very low expectations of support from the staff. Overall the level of powerlessness felt by mothers who had their infants taken was extraordinarily high, and at odds with the percentage of mothers who agreed with the statement they had a ‘choice’. For example, to the statement: ‘I felt signing the consent was the outcome of my decision’, 66% ‘strongly disagreed’, while 13.3%: ‘somewhat disagreed’; 13.3% ‘somewhat agreed’ and 6.6%: ‘strongly agreed’. Hence 66% agreed that they had no control over their situation in the hospital and
only one respondent was undecided. When asked if they had made a decision to relinquish their infant, 79.3% ‘disagreed’, but just over 20% agreed they had made a ‘choice’. In the statement: ‘I felt no coercion in my decision to relinquish’, 93.3% ‘strongly disagreed’, only one respondent ‘somewhat agreed’. This disparity in the findings I would argue indicates that emotionally and psychologically mothers were being led down a particular path and signing the consent was a strategy to give the illusion they had made a decision (Rickarby: 1998).

To the statement: ‘Others responded to my requests’, approximately 40% of mothers who kept ‘strongly disagreed’, while approx. 30% ‘strongly agreed’, and approx 30% ‘somewhat agreed’. This indicates that many unwed mothers, even with support still felt a level of powerlessness and discrimination because of their unwed status. Even more revealing is that approximately 80% of Mothers who ‘kept’ ‘agreed’ with the statement: ‘Processes in the hospital were out of my control’.

Part of the institutional discourse was that mothers’ fear of what others thought, or their concern about societal negative attitudes (stigma) towards unwed pregnancy, was a major determinant in mothers’ ‘choosing’ relinquishment. The Likert scale was therefore utilised to determine if this key theme was supported or rejected by the collected data. The above graph was determined by operationalising two statements: ‘It was my concern for ‘what the neighbours thought’’ or the attitudes of others towards unwed pregnancy that caused me to ‘Choose’ relinquishment for my child; ‘It was the concern of others: parents, guardians etc for ‘what the neighbours thought’ that was the major contributing factor in the relinquishment of my baby’. The first statement measured mothers’ concern with the
attitudes of others, and the findings were that nearly 60% ‘disagreed’ that their concern with societal attitudes influenced the outcome of their child being taken for adoption, while a further 13.3% were ‘undecided’. Therefore only 26.6% agreed with the statement. So stigma for mothers was not an overriding concern. The concern of the respondents’ parents to ‘what the neighbours thought’ was higher: 73.3% ‘agreed’ with the statement that their parents were concerned, while 6.6% were ‘undecided’. Only 20% of the participants did ‘not agree’ with the statement. Hence the fear of social sanction was far greater for parents than mothers. I would suggest from a review of the overall data, adoption was not a ‘choice’ mothers made; it was one that some of their parents, and all of those working as adoption agents selected for them.

Professor of Social Work, Edward Mech (1984, p. 565) stated that “adoption is not something a mother would normally contemplate, therefore it must be introduced to her and promoted as being in her ‘child’s best interests’. In this way her maternal instinct is used to the adoption worker’s advantage, in that the mother wants only what is ‘best for her infant’. She is particularly vulnerable around the period of the birth when her maternal instinct is at its strongest”. Young mothers, as explained by Anderson et al (1960), are perfectly capable of rearing their infants, but their brain is not fully developed for long-term decision making: that does not occur in humans until sometime in their early twenties. Mech acknowledged that for this reason there was a difficulty with implementing adoption plans with young mothers, as adolescent cognitive development allowed them a very ‘limited ability to plan ahead and to anticipate the consequences of decisions’. Further, he stated, that it was this inability to plan ahead that explained why mothers would ‘Never think of such an unnatural solution to unwed pregnancy as adoption by themselves’. What Mech’s research concluded supports what mothers have indicated in this research project; they did not think up and never ‘chose’ an ‘adoption plan’. Rather they were focused in on the present and their overriding concern was the welfare of their infant. As Dr. Michael Carr-Greg (2007, cited in Herald Sun, June 14, p. 32) has explained, “It is most unnatural for a mother, whatever her age, to want to give away her newborn infant to complete strangers, and to never know of its whereabouts or wellbeing”. Hence Mech’s manipulation of young mothers’ maternal instinct in order to provide babies for adoption, is disingenuous to say the least.
Lack of Money was the primary reason I ‘chose’ adoption for my infant

Another theme in the institutional discourse is that mothers’ financial concerns were a key motivation in her choosing an adoption plan for her infant. Research has indicated that mothers’ with little money, have still chosen to rear their child rather than part with it. Young mothers, as Mech explained, would be thinking more in the ‘now’ not in what they ‘could afford some time in the future’. To determine if fear of lack of finances was a key motivating force, the above graph was generated by the operationalisation of the statement: ‘Money was my primary concern and because it was financially difficult for me I relinquished’. 53.2% disagreed whilst a further 6.6% were undecided. Hence 40% agreed. These findings support two claims. The first is that mothers were not informed of the benefits and the other resources that were available. The second is that despite statements such as a mother: ‘Should never be placed in the position of having her child taken because she is indigent’ (NSW CWD: 1956, p. 25), adoption workers withheld information about available benefits effectively placing them in that position (Rawady: 1997). Additionally mothers were purposely intimidated by welfare and social workers with nonsense predictions, like the one given to Danielle: “80-90% of single mothers end up having to give up their infants for adoption after 12 months and that is was very traumatic for the child”. Danielle goes on to state how that statement affected her: “I remember feeling like I wanted to be dead and I wished the ground would just open up and swallow me”. She no longer felt she could fight to keep her child if ultimately to do so would damage it. This surely had the effect Mech discussed, of turning the mother’s maternal instinct against her. This was in NSW in 1969, and Danielle would have been entitled to $1 less than what women were receiving on the widow’s pension or $22 (Roberts: 1969).
Graph 7: Life Afterwards, ‘No Regret’ as Opposed to ‘Lifelong Regrets’.

The above graph was generated by determining the mothers’ responses to two statements. For the mothers who had their infants taken: ‘I have suffered no regrets in the years after relinquishment’; ‘I have suffered deep regret in the years after relinquishment’. For the mothers who ‘kept’: ‘I have suffered no regrets in the years after my decision to parent my child’; ‘I have suffered deep regret in the years after my decision’. Hence the long term emotional and psychological impact of keeping or having one’s child taken is attempted to be measured. As mentioned before, the level of control or coercion around the adoption decision making process was known to be crucial to psychological and emotional outcomes in the ensuing years. In the cohort mothers who ‘kept’, 93.3% strongly agreed that they had ‘Suffered no regrets, were happy with their decision’ and only one respondent was ‘undecided’. Interestingly 100% of respondents from this cohort disagreed with the statement ‘I have suffered deep regret in the years after my decision’. 100% of the mothers who had their infant taken however ‘strongly agreed’ with the statement: ‘I have suffered deep regret’. This project’s data therefore supports research that indicates that mothers who had their children taken, experienced ongoing regret; for some, to the point of pathological grief (Andrews: 2007; Askren & Bloom: 1999; Blanton & Dishner: 1990; Carr: 2000; Condon: 1986; Edwards: 1995; Kelly: 1999; Logan: 1996; Rynearson: 1982; Weinreb: 1991; Wells: 1993a, 1993b; Winkler & Van Keppel: 1984).
Graph 8: Levels of Empowerment

The above graph was generated by eliciting simple responses to questions posed to both cohorts: ‘On a scale from 1-10 with 1 being ‘totally powerless’ and 10 ‘empowered’, how would you would rate your level of powerlessness: during pregnancy; in the maternity hospital; in the decision to relinquish and in your life generally as a result of the relinquishment process’?

Summary of the Quantitative Data

Overall the cohort of mothers who had their infants taken reported a very low level of feeling of control in their pregnancy, experience in hospital, decision making and in their life afterwards. This goes far in explaining the very high levels of Post Traumatic Stress Disorder, depression, anxiety and pathological grieving the mothers experienced (Condon: 1986; Rickarby cited in Report 17: 1998; Wells: 1993a, 1993b). During their pregnancy only 14% felt a measure of control; in the maternity hospital 16%; in the decision making process 15%; and in life afterwards 19%. This is in marked contrast with how mothers who ‘kept’ felt: 70% in control of their life during their pregnancy; 67% during their confinement in hospital; 97% with respect to decision making and 94% who felt empowered in their life afterwards. The lower level of feeling in control during their confinement was because most mothers, even though they had the support of either their family, partner or friends were still treated poorly in the hospital, due to their single status.
Overall, the findings support the hypothesis that mothers who ‘kept’ experienced a higher level of control, therefore empowerment through their pregnancies and beyond, and the key variable was the support that they received from parents, partners and friends. Hence exposed to the lay discourse, their experience was markedly different from those who did not have familial support and bore the full brunt of the institutional discourse.

These findings support the thematic analysis, namely that ‘unsupported unwed mothers’ wanted to keep their infant, but could not. They did not gain access to their infant and were unable leave the hospital with him or her. They did not ‘choose’ adoption; all have suffered deep regret and many lifelong mental health problems. They were treated inhumanely and exploited for their reproductive labour. On the other hand, mothers with support did not suffer mental health problems - at least not in relation to their decision to keep their child - never regretted keeping their child and felt empowered in their decision making. It was neither stigma (social mores) nor lack of money, but the inhumane treatment that enabled so many infants to be harvested for adoption.

**Findings from the BNIM Interview and Interpretation Approach**

The BNIM (Weingraf: 2001) approach, informed by Holloway & Jefferson’s (2000) model of ‘defended subjectivity’, was a very useful tool for both collection and data analysis of an informant - Penny - who worked for many years as a senior social worker in a major maternity hospital. Penny recounted her narrative from the position of ‘defended subjectivity’. There was very little content in her narrative. The BNIM approach elicited relevant data that would not have been obtained via a standard questionnaire, or interview approach, and further it allowed analysis of that data. A lot of the material was repetitive, there was no cohesive narrative and the text was contradictory, confusing and in some places incoherent. BNIM presented the opportunity to look at the ‘author’ behind the text. To consider the ums, pauses, inconsistencies and to identify the ‘splitting’ and examine its purpose. Splitting is a psychological mechanism where one can ‘split of an undesired aspect of oneself and project it on to another’. Individuals can maintain the belief that they acted morally
by ‘splitting’ off the part of themselves they perceive as acting immorally. For instance, social workers who participated in the illegal practice of forced adoption, which is incongruent with their current sense of self, may project that ‘ugly’ or bad aspect of themselves, onto unwed mothers. They may then see unwed mothers as a group that is ‘bad’ and undeserving to rear their infants. An example of this would be the social worker, I discussed earlier, who refused to participate in this research project, but later, during lunch, stated that she hated the baby bonus because she knew ‘57 unwed mothers who were walking around town pushing prams without ‘any plan’’. In the era that she worked in the adoption industry, ‘helping’ unmarried mothers to make an ‘adoption plan’ was her area of expertise.

A thematic analysis of Penny’s narrative would have been most difficult. The process of ‘generalising the particularity of the case’, was useful in explaining why those working in the ‘adoption industry’ of the past, have a vested interest in maintaining the institutional discourse that framed unwed motherhood, for example: ‘They chose adoption because of stigma (social mores) and lack of finances; we were caring individuals who supported their rights’. To retreat from this, would be to ‘acknowledge a complicity’ that many former adoption agents may find hard to live with.

The BNIM approach brought awareness that this particular informant may have a vested interest in not ‘telling it like it is’. She maybe motivated to ‘misremember’ because her position of defended subjectivity was further complicated by the fact she no longer adhered to the institutional discourse that regulated her treatment of unwed mothers in previous years (Holloway & Jefferson 2000: pp. 10-12). This is not necessarily a conscious decision to lie. Many social workers’ previous behaviour is now totally incongruent with the way they would treat single mothers today. For example: Penny could not remember any particular incident occurring between herself and an unwed mother, even though she worked in the capacity of ‘supporting’ unwed mothers for approximately 15 years. They had become a homogenous group. When pushed for information about unwed mothers’ freedom, or lack thereof, to leave the hospital with their baby, she got angry and stated “Any mother who really wanted to leave the annex of the hospital only needed to pick up a phone and ring for an ambulance, and she would be taken back to the
main hospital where she would have been able to collect her baby”. There were no phones available to single mothers in the hospital annex, there was no one they could have rung, and certainly no one who would have taken any notice of such a request. Penny inadvertently admitted that her perception of adoption changed in the mid 1970s when adoptees began coming back to the hospital in highly distressed states trying to get information about the whereabouts of their mothers and fathers. Hence her justification for removing children, that it was ‘in their best interests’, was no longer sustainable. The institutional discourse she previously adhered to had been undermined. It is one thing to hate unwed mothers, another to no longer have the justification for acting in inhumane and degrading ways to acquire infants for adoption.

The BNIM approach was also utilised to gain an understanding of the divergent views of history depending on where the subject was situated psychologically: victim, perpetrator or accomplice. In other words the historical account of adoption agents is not going to be the same as mothers who had their infants taken. The approach takes into account the discourse within which the person is situated, and how that impacted on their memory and their reported recollections over the decades. Hence the very differing historical accounts transmitted by the respondents, who have lived through a similar history in the same era. This then had significance for my project as it provided a theoretical platform to explain the differing versions of ‘history’ that emerged from the data provided by the informants of this research project, compared to the authoritative account of those who held positions of power in the adoption industry.
CHAPTER 13

Conclusion

Introduction

The thesis offered an alternative view of historic and contemporary ‘unwed motherhood’. Over the centuries the unwed mother was structured by notions of ‘racial superiority/inferiority’ and ‘upper-middle class morality’. Morality defined according to middle class standards of propriety. This is a history written with an agenda: to shift blame for the forced removal of children from the perpetrators to the victims. Historically unwed motherhood was fashioned by patriarchal and capitalist relations. Civic fathers wished to provide a means of saving to rate payers and maintain the patriarchal state. The 20th Century brought the rise of consumerism and the market forces of supply and demand that permeated the adoption industry and created a voracious appetite for a valued commodity: ‘illegitimate’ babies.

Since the 16th century legislation and policy has been implemented to facilitate the removal of children from those deemed ‘unfit’. Contagion, motherhood and later medical, discourses merged to create an institutional discourse the ‘elite’ used to justify their forced removal practices. The discourse was constituted of themes transmitted over time with slight variations depending on prevailing economics and ideology. Key themes identified were: the mother is ‘contaminating’; a ‘breeder of social ills’; the cause of crime and delinquency; incapable of loving her child; ‘glad to rid herself of her burden’; ‘morally deficient’; ‘feebleminded’; ‘neurotic’ and a drain on the societal purse. The key determinate for subjecting an unwed mother to the institutional discourse was the family’s unwillingness and/or economical inability to provide support for her and her child. If they could or would not, or there was no family around to offer support, the infant was forcibly removed to a ‘healthier more moral environment’. Unfortunately as adoption became inextricably linked with consumerism, even family support, in some cases was not sufficient. This was exacerbated by Freudian based social casework theory that underpinned the ideology that a single mother was the result of bad parenting, hence
the entire family was deemed ‘unfit’. Eugenically orientated medical practitioners went as far as to claim they were ‘biologically inferior’ (Lawson: 1960). Hence the situation emerged where a strong advocate was needed who was savvy enough to know mothers’ rights and who could ensure that they were able to leave the hospital with their infant.

Around the time the institutional discourse arose, another co-existing, but contrasting one emerged. This was the lay discourse. It was constituted of themes such as mother and child belong together; the grandchild is part of the extended family and a welcome member; pregnancy before marriage is acceptable and it is only natural to have a baby. The lay discourse took precedence in the broader society. It was apparent by the majority of families who supported their unwed daughters and brought their grandchild home to grow up in its family of origin.

Moor (2005, p. 19) noted that in the early 20th Century most unwed mothers remained with their child within the family. This was not a new phenomenon, but one that had occurred over hundreds of years as confirmed in historical reports dating back to the 16th Century. The poor fought hard to keep their children and only those who were absolutely destitute and without family support were forced to part with them. This thesis has given voice to those families who supported their daughters, but were rendered invisible by those who thought it politically expedient to do so. It has also given voice to mothers throughout the centuries that loved their children and fought hard to keep them.

Through most of the 20th Century it has been convenient to portray the unwed mother as an ‘unfeeling harlot’, ‘promiscuous’ and ‘deeply neurotic’, who has not the sense nor the will to raise her infant. The CWD and social workers utilised media campaigns that duplicitously advertised her as the woman described above, who unfeelingly parted with her ‘unwanted baby’ without a backward glance and ‘got on with her life’ (Delaney: 1997, p. 145). On the other hand, white married couples were saviours, who would raise the status of ‘poor illegitimate infants’ so they could gratefully take their place in ‘respectable’ society. This distortion of reality, maintained by lies and deceit, has up until now, been the widely accepted

When research was first undertaken on mothers who had their infants taken, researchers cited lack of finances, and the stigma surrounding unwed motherhood as major determinates in the mothers’ decision to ‘choose’ adoption (Marshall & McDonald: 2001; Brown: 2012). When the number of adoptions peaked in 1971 other factors were suggested, such as inability to access the pill and/or abortions (Kraus: 1976). More recently, it has been attributed to the ‘social mores’ of the time; so now the whole of society is to blame (Aubrey Marshall & Margaret McDonald on Hindsight, ABC radio: Tangled Web Parts I & II: 2009, 2011; AASW: 2011, p. 7). I would argue that there were other more salient dynamics that contributed to the high number of infants taken for adoption during mid last century. Pamela Robert’s argued that the ‘pill had little effect on the rate of illegitimacy’. This was supported by Matthews (1984, p. 36) who stated that contraception was well established in Australia before the contraception revolution in the 1960s and ‘so did not change fertility patterns’. Marilyn Lake states that abortion was available to anyone who was desirous of one (Lake: 2012) and Matthews (1984, p. 136) cites legislative changes in SA (1969), Victoria (1969) and NSW (1972) that allowed women easier access to abortions (Gleeson: 2013). An important social dynamic that is not figured into the discussion is that in 1971 the number of babies born peaked at 276,400 and then in 1972 began to quickly fall away. The number of adoptions began to fall at the end of 1971, prior to the liberalisation of abortion laws in NSW and prior to oral contraceptives becoming cheaper and more available (Kraus: 1976b, p. 19; ABS, Australian Social Trends: 2004).

I have argued through the thesis, that the abusive practices within the institution played a much bigger role than stigma (social mores), lack of finances and access to abortion and contraception. Financial assistance had been available in Australia from 1924 and as previously discussed had been take advantage of by unwed mothers who had familiar assistance. The overt practices such as: drugging; tying women to beds; taking their infant at birth, hormone injections to prohibit nursing, misinforming them their baby was dead; not allowing them to leave hospital
until a consent is signed, had a far greater effect that anyone who worked in the adoption industry is willing to acknowledge.

Since there has been no investigation into mothers who ‘kept’ over the long term, there has been no contrasting account to dispel some of the myths. Hence the focus has remained on stigma and lack of finances as the driving forces behind the high numbers of adoptions. This view still permeates Australia’s history of 20th Century ‘relinquishing’ mothers (Swain & Howe: 1995, p. 197; Haralambos et al: 1999, pp. 428-429).

However, it is my contention that this version of history is not based on fact, but on lies and innuendo. Moor (2005, p. 3) acknowledges that feminist literature focuses on the social and economic constraints of a white unwed pregnancy, but she asserts the babies were stolen by the use of very coercive methods and as such parallels the Indigenous Stolen Generations. Even though 17% of their population were taken from their mothers for adoption using the same coercive methods, by the same agents as was the case with white unwed mothers, (Cheater: 2009, p. 193) it has never been suggested that these mothers ‘gave up’ their babies for adoption, they have always been considered ‘stolen’ and part of the ‘Indigenous Stolen Generations’.

**Chapter Conclusions: Hypotheseses Supported vs Rejected**

**In Chapter 1** I discussed how being immersed in a particular discourse framed the interviewee’s world view. Mothers exposed to only the institutional discourse, frame their experience of themselves and others, by the inherent themes of that particular discourse. Additionally mothers who ‘kept’ were exposed to the lay discourse that prescribed their outcome. It shaped their reality, but one perceived through a very different lens, one of support and empowerment. Including the voices of mothers who ‘kept’ gives a divergent glimpse of life for single mothers in the 20th Century, and rejects the accepted historical version.
After unwed mothers’ claims of abusive treatment were substantiated, two former adoption consent takers wrote an apologist book: *The Many Sided Triangle*, (Marshal & McDonald: 2001) in which they excuse themselves of any wrongdoing. Rather they attribute blame to society and the excuse that their practices only reflected ‘social mores’. This does not account for the reality that the majority of unwed mothers kept their infants and were supported by their families. It does not account for the fact that the majority of Australians were ignorant of the abusive practices being used to gain infants for adoption for infertile couples.

Since this thesis is the only one that I am aware of that has investigated mothers who kept their infants, and their outcomes over most of their adult life, a much larger sample is needed to support the findings in this research study.

I examined and discussed the various forces that impacted on the lives of white unwed mothers. I explained my personal interest in the project, and gave an overview of the phenomenon of ‘Forced Adoption/stolen children’ in Australia. I argued that Forced Adoption is not a useful concept for what was in reality the systematic theft of newborns with adoption legislation being used later as a mechanism to ‘legitimise’ state-sanctioned abductions. A proposition previously put forward by Meryl Moor in her 2005 Thesis. I noted the parallels this had with the indigenous stolen generations, and rather than use race to distinguish between the two different stolen generations, I focused on the unwed status that both groups had in common.

In this project there was a need to use a cross disciplinary approach because of the many professions involved in the practice and theory of adoption. To fully explain how stealing white children became normalised in 20th Century Australia it was necessary to contextualise mothers’ narratives in an historical overview that exposed the forces and discourses that evolved over several centuries that impacted on unwed mothers. The chapter presented the two discourses that emerged from the historical data, and their development is followed through the body of the thesis. I have discussed the various themes that coalesced around them, and identified the same two co-existing discourses in the mothers’ narratives and how the outcome for mothers depended on which discourse framed their birth experience.
I describe where my thesis sits within the scholarly literature. It fits comfortably with McHutchison’s (1986); Kerr’s (2005); Moor’s (2005) and Parry’s (2007) theses that deal with white stolen children. But as Moor (2005, p. 3) explains, the literature on a white stolen generation is scant.

I introduced the theoretical frameworks underpinning the thesis. Because I took a broad historical perspective, radical feminist theory was very useful to explain the patriarchal base on which society sat thousands of year ago, and its impact on institutions today. Marxist feminists (Lerner; Finemore; Walby) were drawn upon to usefully examine the overarching societal structure created when capitalism and patriarchy interact, and become a mechanism to further exploit unwed mothers. I also used the post-structural theories of Foucault to explain the diffusion of power at the individual level and to more accurately position unwed mothers in relation to their ‘social regulators’. Foucault’s theory gave valuable insight into the emergence of regulatory and control mechanisms employed to survey and monitor mothers and their children both historically and contemporarily. Citizenship theory was utilised to interpret how patriarchy and capitalism positioned unwed mother as ‘non-citizens’. The historical themes: an outcome of the structures of patriarchy and capitalism, support and link with the micro-analysis of the themes inherent in the narratives. Chapters One, Ten, Eleven and Twelve provide support for Hypothesis Two: white unwed mothers wanted to keep their babies, but it was the practices within the hospitals, such as not allowing them to see, feed or touch their infant and other degrading treatment, that resulted in the high number of babies made available for adoption and Hypothesis Three: it was pressure and coercion to adopt, combined with the lack of a witness to ensure that white unwed mothers’ legal, human and civil rights were upheld, it was not stigma/social mores and lack of money that accounted for the high number of white babies available for adoption.

Chapter 2 discussed the importance of conducting reliable independent research on unwed mothers who kept and the misuse of current research on single mother-headed families to promote adoption. This is an area that needs far more ‘disinterested’ research to inform social policy and provide more humane legislation.
Chapter 3 gave an overview of the methodology employed. A multi-method approach was utilised with the primary measure of gathering data being face to face and telephone interviews supported by questionnaires. Additionally with one conflicted respondent the BNIM approach was utilised. Using both qualitative and quantitative research techniques the thesis examined the dominant themes in the historical data and the mothers’ narratives.

In Chapter 4 the rise of the welfare state was examined and the effect of shifting from an agrarian to a capitalist state and how that affected those dependent on the ‘Poor Rates’. Private property ownership and the closing of the commons meant that many families were left homeless and vagrant. The beginnings of the institutional discourse emerges with notions of single mothers being a source of contamination and their reliance on welfare a moral failing. As the state industrialised unwed mothers were accused of producing a ‘vicious’ race that would further cost rate-payers. Hence the removal of their infants was justified as stemming contamination and reducing the number of ‘vicious’ non-citizens and became part of the evolving institutional discourse. This set the framework for hundreds of years of child removal in Britain and its colonies and other industrialising nations that followed British lead. There was also the emergence of a discourse that contested the institutional in that parents fought back and tried to reclaim their children. The destitute unmarried mother who was forced to place her infant in a Foundling Hospital would try and reclaim it if she could. Mothers’ testimonies revealed that they did not feel the shame about their illicit pregnancies as was expected of them by the guardians of the hospitals. The ‘elite’ knew and commented on the distress of both the mothers and their infants being separated, but failed to intervene or assist them to stay together.

Chapter 5 discussed how the capitalist impulse was focused on cost cutting and the reduction of its number of dependents. This drove legislation that placed even more stringent social controls on unwed mothers and their children after 1834. Social controls were placed on this section of society particularly in the formalisation of laws and social policy that pertained to the removal of children. No longer would unwed mothers have any claim on their parish elders. They were to be placed in workhouses and their children contracted out to work in factories and sweat shops.
Women and children provided a cheap and expendable labour force in the developing industrial state, to keep them together was costly. The theory of Malthus provided the economic justification for the ‘Poor Law’ Commissioners to interfere with traditional marriage customs. He created the fear that ‘improvident’ marriages would cause a population explosion among the ‘vicious’ class who would then devour all the resources. ‘Bastardy’ clauses were inserted into the ‘New Poor Law’ which left many women without economic security, and forced to carry the entire burden of supporting their infant. The lay discourse is apparent as ‘Bastardy’ was the most hated section of the ‘New Poor Law’ and there were uprisings against it. All financial assistance was cut off and women were expected to go with their infant to the workhouse. Many refused.

Utilising British reports of the time I was able to give voice to unwed mothers and use their narratives to dispute historical assumptions that they were a stigmatised and a hated sub-group across the entire society. It was the upper-middle class ‘elite’ who projected their prejudices and moral values on women and families who accepted unwed motherhood. A purposeful campaign began to stigmatise unwed mothers amongst their own class, to ‘reform their morals’, and to ensure greater savings to the rate payer.

In Chapter 6 eugenics was discussed and the effect it had on the social and educated elite. It gave them ‘scientific legitimacy’ to put even harsher controls on women’s reproductive labour, and the excuse for the removal of infants shifted from containing poverty to ‘curing’ social ills. The cure lay in placing their children for adoption. The acceptance of Freudian theory and its appropriation by psychiatry, psychology and social casework theory, extended the influence of eugenics well into the 20th Century. Clothed in the lexicon of Freudianism, notions of unmarried mothers being driven by ‘inner conflicts’ and ‘deeply neurotic needs’ entitled those in positions of power to justify taking their children. It was also the modern form of cataloguing them as ‘less than’ and ‘racially inferior’.

Chapters 4, 5 & 6 make obvious that certain themes continued and progressed along a chronological trajectory. These chapters support Hypothesis
Nine: two co-existing discourses existed: the institutional and lay, and dependant on which one the unwed mother was immersed in determined her outcome.

**Chapter 7** examines the setting up of the Australian Welfare System with its focus on boarding-out and the early adoption systems. It examines the importation of the British legal system and the influence this had on child removing policies. Women had their infants taken from the time of British colonisation, but it was only after adoption clauses were inserted into various legislative instruments that the government attempted to legitimise the forced removals and regulate child bearing and rearing under the guise of these Acts (Moor: 2005, p. 1). It is apparent that child removal from those deemed unfit and assimilation with the more ‘industrious’ classes became part of the fabric of our welfare system. The influence of patriarchy and capitalism is obvious in that the ‘elite’ rewarded married women with infants at the same time punishing single mothers, by their removal (Matthews: 1984, pp. 136, 180). Saving the state’s revenue was always a priority and for this reason adoption was favoured and becomes the default welfare option. This chapter supports Hypothesis Four: white unwed mothers had their babies taken because of their marital status - they and their infant were deemed racially inferior, and through assimilation of their infants with married white employed couples they would be normalised and their mothers would go on to marry and have children of their own.

**Chapter 8** gave an overview of the development of adoption legislation and policy and the forces that shaped it. Legislators accommodated adoptive parents because of the savings to the state in having married couples bear the cost of raising the child. The focus remained on removal of the child from the contaminating influence of its biological family and cutting all ties. Adoptive parents wanted ‘surety of ownership’ and over the decades adoption legislation was crafted to accomplish this outcome. Any legislative loopholes that would allow a mother to reclaim her infant were closed. Legislation overrode common-law rights of mothers and the demand for more infants was met by introducing even more draconian policies. A key theme of the legislative intent would be: “No longer will we hear ‘I wants my baby back’”.

**Chapter 9** examines the eugenic influence on Australian educated ‘elites’ and the social policy and structures put in place to constrain the ‘racially inferior’.
The infants of white unwed mothers and aboriginal unwed mothers with white antecedents were targeted for assimilation as both black and white were considered racially inferior because of their unwed status. This chapter provides support for Hypothesis Four. The collusion between the commonwealth and state entities was examined and the reasons for the assimilation of ‘racially inferior’ infants explained. The two dynamics: pronatalism and eugenics that drove the assimilation program are discussed. Hence the chapter provides support for Hypothesis Four and Five: The forced removal of infants was a Commonwealth/state project run under the auspices of the Federal and State Health Departments. Additionally it supports Hypothesis Six: There was conspiratorial activity between health departments, hospitals, unwed mother and baby Homes, child welfare departments and social workers to abduct white babies for adoption.

Chapter 10 gave an overview of the development of the practices in a major maternity hospital during the 20th Century. It exposed the eugenic influence on both the social and medical work practitioners, and the effect this had on their treatment of unwed mothers. It also exposed many illegal practices, such as the forced removal of infants, the drug regime, the coercion to acquire newborns and informing mothers their infant had died when it had not. It also exposed the collusion between the health department, major hospitals, social work and medical staff and child welfare department officials.

Many of the abusive practices that went on in institutions across Australia are not apparent in the historical account. A more in-depth investigation is needed so a more accurate account is made public. This has practical applications for the present. For instance, it will highlight flaws in our systems of caring for vulnerable members of society. The most obvious of which is the lack of transparency and accountability of welfare and medical workers that provide services for this section of the population. The historical account, as far as I am aware, has been initiated and funded by the hospitals and Homes or by those who have wanted to portray them in a more favourable light (Crown Street Centenary Committee: 1994; Lorne-Johnson: 2001). Without transparency and accountability in a closed system, such as at Crown St, illegal practices occurred and were covered up for decades. This is an important finding this study has highlighted. The fact that those working at Crown St. could
‘help themselves’ to other women’s babies, should give us all reason to reflect and consider how corruptive power can be when it is not restrained, and kept hidden under a veil of secrecy and lies.

Chapter 11 gives voice to the mothers. The chapter provides support for Hypothesis One: white unwed mothers who kept their infants did so because they had the support of a witness, an advocate that ensured their rights of citizenship were upheld, such as the right to leave the hospital with their infant and rear it. And, gives support for Hypotheses Two through to Six and Hypothesis Seven: Irrespective of the intent behind the theft of the infant, all mothers suffered trauma at the loss of their baby; white mothers were betrayed by members of their own family and white authority figures.

Chapter 12 discusses the findings of the thematic analysis and both Chapters Eleven and Twelve support Hypothesis Eight: All unwed white mothers who suffered the trauma of having their infant taken suffer severe and ongoing mental health problems, unwed mothers who ‘kept’ did not. Many of the mothers who had their infants taken who participated in this study, either engaged in risk-taking behaviour; had thoughts of suicide; all actually attempted it. The Chapter also supports Hypothesis Nine: Analysis of the data reveals two co-existing discourses: institutional and lay, and depending to what extent a white unwed mother was immersed in it, determined her outcome; Hypothesis 10: those working within the adoption industry had internalised the institutional/medical discourse and consequently mothers in hospitals were exposed to patriarchal and punitive themes; Hypothesis 11: Mothers who ‘kept’ had higher levels of control (empowerment) than mothers who had their infant taken (powerlessness).

Since adoption has been promoted to be in everybody’s best interest, those affected have few mental health professionals that they can draw upon. Many times I have heard both mothers and adoptees complain that they cannot find anyone to help them. If they do get a sympathetic counsellor, psychologist or general practitioner, they have to educate them about their particular needs (Kenny et al: 2012, pp. xvii, 175). To make matters worse many professionals have conflicting attitudes towards women, who present for treatment, who state they had their baby forcibly taken for
adoption. Their studies usually didn’t include discussion of the damage incurred by past adoption practices and there is little about the ongoing and serous mental health problems occasioned to both mother and infant (Post: 2000). Further, the accepted historical account reflects themes inherent in the institutional discourse, such as white mothers’ ‘chose’ adoption for their ‘unwanted’ babies, whilst their infants went to ‘perfect’ homes. On the other hand they have been exposed to the lay discourse, consisting of a theme that is conceptualised in the statement: ‘What kind of woman gives away her own flesh and blood’? Hence there is little real understanding of the deep psychological scars borne by many mothers. The result being, that many mothers were permanently silenced and kept in a state of shame and guilt. As long as the finger of condemnation is pointed at them, those who perpetrated the crimes retain the moral high ground.

Therefore most health professionals are unaware of the cruel practices that were used to obtain newborns, and they have not been educated about the profound grief on which adoption rests. Consequently there are very few trauma trained specialists that deal with the Post Traumatic Stress Disorder (PTSD) and pathological grief that most mothers suffer (Kenny et al: 2012, pp. xvii, 10-12; Post: 2000; Higgins: 2010, pp. 3, 12-13, 20; CARCR: 2012, Ch. 10; Higgins: 2011, pp. 19-20; Rickarby: 1998; Condon: 1986; Wells: 1993a, 1993b). The recent Senate Inquiry concluded that there needed to be an education program to alert both the medical and lay community of the serious mental health problems of those who had experienced Forced Adoption (CARCR: 2012, Ch. 10). Recommendation Eight (CARCR: 2012, pp. 232-234) urged that the ‘Commonwealth, states and territories urgently determine a process to establish affordable and regionally available specialised professional support services’. The Senators were aware, from the various submissions from mothers, adoptees and organisations set up to assist them, that not only were there inadequate mental health services, but that mental health professionals have little knowledge of the immensity of the trauma and the depth of mental health problems that survivors have to live with (CARCR: 2012, p. 219).
Apologies from the Commonwealth, State and ACT Governments have recently been given to mothers brutally separated from their baby. To adoptees, fathers, subsequent children, partners and other family members for the harm, trauma, grief and damage Forced Adoption has caused. Western Australia apologised first on October 19, 2010, South Australia followed on July 18, 2012 and on August 14, 2012 the Australian Capital Territory apologised. Followed by NSW: September 20, 2012; Tasmania: October 18, 2012; Victoria: October 25, 2012; Queensland: November 27, 2012. The Federal Government apologised March 21, 2013. The apologies that were given in South Australia and the ACT were accompanied by promises of funding to provide better quality mental health services, particularly in trauma related areas.

The Australian Institute of Family Services (AIFS) released its National Research Study on the ‘Service Response to Past Adoption Practices’ in August, 2012 (Kenny et al: 2012). The research was commissioned by the Commonwealth Government and its key findings were that there needed to be acknowledgment, recognition and increased community awareness of, and education about, past adoption practices and their subsequent effects (Kenny et al: 2012, pp. 187-189). There should be funding for a specialised workforce and training and development for health and welfare professionals to appropriately respond to the needs of those affected (Kenny et al: 2012, pp. xviii-xiv, 187-190). The Report acknowledged ‘the ripple effect’ or the adverse affect adoption had on family members beyond the mother and child and felt they would benefit from access to ‘counselling and therapy’ (Kenny et al: 2012, pp. 10, 146-147).

My research project supports the findings of the Senate Report (CARCR: 2012) and that of the AIFS (Kenny et al: 2012) and suggests that an integrated health service be provided similar to the one the Commonwealth funds for refugees (NSW) who are survivors of torture and trauma: Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS). The AIFS Report noted that there had been little research conducted on theoretical models through

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2 As discussed in Chapter 8 the NT government refused to apologise, instead offering its regret, since the policy of Forced Adoption was discontinued once the Territory became self governing and no longer under Commonwealth control.
which to view and treat mental health problems caused by Forced Adoption. It noted that the two that were employed: Grief/loss and stressful life event did not ‘fully capture’ the experience of past adoption practices (Higgins: 2010, p. 12). Hence, a service is urgently required that provides trauma trained specialists for mothers and their now adult children and other affected family members. I have been in contact with the Chief Executive Officer of Relationships Australia, which already offers trauma based services in South Australia, and is willing to put in place, throughout Australia, expanded services and to train up their clinicians with the most up to date treatments for PTSD.

To conclude, the underlying purpose of this thesis is to reaffirm the primacy of the sacred bond between a mother and her child. ‘If we do not uphold the laws of nature we will find her wrath lethal’ (Chapel: 1903). It is time that the government puts in place services to help mend the broken hearts of the mothers and their stolen children and assist with healing the lifelong damage caused by its failed social experiment: Forced Adoption.
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**Cartoons**

Picture  The Infant Poor: courtesy of the National Archives
http://www.nationalarchives.gov.uk/education/lesson08.htm

Kenny Meadows & Ebeneezer Landells (1843) Punch Pencillings, Jan-June, p. 47, No LXII) a cartoon titled ‘The ‘Milk’ of Poor Law ‘Kindness,’

**Memos – Letters – Communiqués- Emails**
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**National Archives of Australia:**

**Letters Retrieved 27**\textsuperscript{th} **September, 2011**

The control series: A431, the control symbol is 1949/1537


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Medical Files (Maria)
Interview Maria: 2008, Oct 13

Impact Statement: (2009) (Maria)

Dr. K’s Letter of Referral for Maria to Crown St (1967)

Crown St. Treatment Record: (1967) (Maria)

Crown St Nursing Notes; Nursing Reports; Continuation Sheets (1967). (Maria)

Crown St Obstetric Service (1967) (Maria)

Crown St. Obstetric Department (1967) Post-Natal Examination: (Maria)

Medical Files (Peter)
Interview Peter: 2008, Oct 13


Royal Alexandria Hospital for Children at Camperdown (RAHC). (1967) (Peter)

Letter of Referral from Crown St. to RAHC (1967) (Peter)

RAHC Nursing Notes (1967) (Peter)

Crown St. Nursery Notes (1967) (Peter)

Nursing Notes, Nursing Report RAHC. (1967). (Peter)

RAHC Discharge Summary: (1967) (Peter)

RAHC Pre-Operative Check List: (1967) (Peter)
Director of the Child Welfare Dept letter to the Medical Superintendent RAHC, (1967), May 25. 


John Williams Memorial Hospital (JWMH)( 1967) July 26 

JWMH (1968) Discharge Form, April (Peter) 

Child Welfare Report Form (1968) (Peter) 

Periodical Report on Ward (1968) (Peter) 

State Ward File (1969) (Peter) 

RAHC EEG Consultation Sheet 1(1969) (Peter) 

RAHC Report (1968) (Peter) 

RAHC Report (1969) (Peter) 

Letter to Treating doctor at Bankstown (1969) (Peter) 

RAHC Letter to Lindsay Day Outpatient Department (1969) (Peter) 

APPENDIX

Thematic Analysis of Historical Texts

Key Theme: Social Control


The social work profession took on a role of moral and social regulator on behalf of the State (Wilkinson: 1986, pp. 93-103; Voigt: 1986, pp. 80-92; Rawady: 1997; Smith: 1963; Boehm: 1948). Maintaining the patriarchal/nuclear family was one of its founding tenets (Slinderland: 1919, p. 25) and it did so even if that meant infringing on the rights of unwed mothers (Lewis: 1965; Cole: 2008; McLelland: 1967, pp. 42, 48; Roberts: 1968, p. 13, 1994, 1977; MacDermott: 1984, pp. 39-40; Shawyer: 1979). Key themes in its literature make it apparent that social workers held unwed mothers in little esteem. Casework theory, the epidemiological base of the profession was built on pathologising unwed motherhood. For instance, it attributed them with little or no maternal feelings and maintained they were mentally incompetent and unfit to rear their own child. ‘Counselling’ women to give up their infant to strangers and not allowing any contact at the birth was degrading and cruel treatment. According to van der Kolk, ‘dehumanising and degrading treatment leave psychological scars well beyond those engendered by the threat. This is particularly true when surrender and obedience are enforced’ (van der Kolk: 2006, p. 2).
Since it was presumed that unwed mothers had no regard for their infants it was considered by adoption workers that: ‘No special effort should be made to make it possible for the child to remain with the mother since the child does not necessarily mean the same thing to her as it does to the average woman’ (Drs. Kasanin & Handshin: 1941). Additionally unwed mothers stood in a very disempowered position vis-à-vis adoption social workers. They were vulnerable to abuse and indeed were abused, but unfortunately the political will was not there to protect their rights as Australian citizens (Davoren: 1976, pp 121-122; Lewis: 1965).

Themes embedded in the historical texts have been identified. I have then linked them with the themes in the mothers’ narratives. They have been sorted and tabulated into 2 contrasting discourses in the tables below: Institutional and Lay.

<table>
<thead>
<tr>
<th>THEMES AND INSIGHTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>THEMES</td>
</tr>
<tr>
<td>Theme 1</td>
</tr>
</tbody>
</table>
| Theme 2 | Unwanted | An unplanned pregnancy equates with being unwanted  
The unwed mother does not love her infant in the same way a married woman does  
Unwanted equates with neglected |
| Theme 3  | Unwed Motherhood pathologised | Unwed mothers’ are ‘feebleminded’, contaminating, neurotic, selfish, immature therefore unable to successfully rear their infant and need to be ‘assisted’ by an expert to make a decision |
| Theme 4  | Unwed Motherhood cause of social problems | Delinquency, crime, the reproduction of more illegitimacy, poverty – they cannot provide a ‘moral and healthy’ environment to produce industrious citizens |
| Theme 5  | Mothers ‘chose’ adoption | It is the mothers’ decision to relinquish and they did so freely |
| Theme 6  | Mothers selfish if they kept their infants | Not in the child’s best interest to remain with biological family |
| Theme 7  | No financial support | Keeping the child will cause it hardship |
| Theme 8  | Mothers rejected by society (stigma) | No-one will assist the mother, but reject both her and her infant |
| Theme 9  | The treatment of mothers reflected social mores | Everyone in society judges the mother and her infant as immoral and inferior |
| Theme 10 | Unwed mothers & infants are racially inferior | The infant needs to be placed in a class above to neutralise the stigma of its birth and to enhance racial vitality |

Table 10 Historical Text Thematic Analysis: Institutional Discourse
# Lay Discourse

## Thematic Analysis

**Constituted: Subjective Experiences of the Lay Community, Working Class Gender Relations, Pragmatism Grounded in the Power of Kin Relationships**

## Themes and Insights

<table>
<thead>
<tr>
<th>Themes</th>
<th>PrototHEME</th>
<th>Microthemes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme 1</strong></td>
<td>Best interests of the child</td>
<td>The infant belongs with its family</td>
</tr>
<tr>
<td><strong>Theme 2</strong></td>
<td>Wanted</td>
<td>The child is a welcomed member of the kin group – an unplanned pregnancy does not equate with an unwanted baby</td>
</tr>
<tr>
<td><strong>Theme 3</strong></td>
<td>Unwed Motherhood Accepted</td>
<td>Is a temporary situation, ‘everyone is entitled to make a mistake’ ‘Getting pregnant is only natural’ ‘This is our flesh blood, our grandchild’</td>
</tr>
<tr>
<td><strong>Theme 4</strong></td>
<td>It is natural to rear one’s infant</td>
<td>Giving away your newborn to strangers without the right to know who has it or where it is – is unnatural and extraordinarily painful</td>
</tr>
<tr>
<td><strong>Theme 5</strong></td>
<td>Forced Adoption</td>
<td>Any notion of ‘choice’ is to obfuscate guilt</td>
</tr>
<tr>
<td><strong>Theme 6</strong></td>
<td>Financial support</td>
<td>There was financial support but was discretionary on worth of the person and usually not disclosed unless mothers had family support</td>
</tr>
<tr>
<td><strong>Theme 7</strong></td>
<td>There is a lot of communal support for unwed mothers</td>
<td>Stigma purposefully created to protected vested interests</td>
</tr>
</tbody>
</table>

3 Dr. Carr-Gregg stated ‘To give up a baby [mothers] have to be desperate…It is not something that’s natural for a woman’ Carr-Gregg, M. Herald Sun, Melbourne June 14 2007 p. 32
<table>
<thead>
<tr>
<th>Theme 8</th>
<th>The treatment of mothers reflected social mores</th>
<th>The majority of mothers kept their infants. Many supported by family members.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme 9</td>
<td>Unwed mothers &amp; infants are somebody’s daughter, grandchild</td>
<td>Racially inferiority a construct of the elite and imposed on unwed mothers to control the reproductive labour</td>
</tr>
<tr>
<td>Theme 10</td>
<td>Sense of Trust</td>
<td>Can sustain healthier relationship with partner</td>
</tr>
</tbody>
</table>

Table 11 Historical Text Thematic Analysis: Lay Discourse

**Conclusion**

Findings: Themes in the historical texts are congruent with the themes in the mothers’ narratives. Examination of the historical context in which the Forced Adoption phenomenon was situated reveals that it did not occur in a vacuum, but was the result of certain discourses, social policies and laws that can be traced back hundreds of years and which created the social space for the forced removal of infants to emerge in 20th Century Australia. The findings support the hypothesis that there were and are two competing and co-existing discourses: Institutional and Lay, and the outcomes of women were dependant on the one in which they were immersed; as the following respondent typifies:

Jenny had her first infant forcibly taken/abducted for adoption whilst at Crown St. She had no intention of relinquishing her son, but once the social worker found out she was on her own, her son was marked for adoption. The next time she fell pregnant she was prepared, she had an advocate. She was still unmarried, but no longer unsupported:

I was 22 when I gave birth, in 1971, at St Margaret's Hospital. I do not believe I was treated any different to the married mothers at that hospital. After the birth I was placed in a ward with married mothers, these married mothers clearly new I was single, but were very kind and because of my still youthful age they tended to mother me. I was a very confident young woman, but full of rage after what had been done to me. Whilst pregnant I went to see the social worker at St Margaret's and when I walked in and stated I was single - the first thing she said to me was ‘Oh and you want to have your baby adopted’. I collapsed -
she knew straight away that I had lost a child. This was clearly anecdotal evidence to that social worker that adoption had a catastrophic effect on some mothers.

When I returned home I told everyone - the neighbours etc., I was single, no one blinked an eyelid. One woman said how very brave I was and if she had been in my position she would have had an abortion. I have never felt that I have been stigmatised due to having my daughter out of wedlock. They, the adoption industry, relied on mothers stigmatising themselves. There are no reported instances of mothers returning home with their babies and being stoned are there?

I found it extremely hard being a single mother at such a young age and of course I had multiple mental health problems due to the theft of my son. I had support from friends, but it was mainly that I was fortunate to have, at that time a gift - a joyous personality - without that I would not have survived. Eventually my mother asked me to bring my daughter home and live - Ironic isn't it.

When I was young I had to share accommodation with other single mothers - it would only last a short time - eventually my daughter went to school and I had more freedom. I found it very hard being a young single mother, but it was nothing like the horror of adoption.

Along with all the devices they used to take out children they knew we were vulnerable - youth, never being a mother before, expecting that adults/professions knew everything. How could a young mother having her first baby have ‘certainty’? When I had my daughter I was not the vulnerable young woman I had been previously - I knew what adoption was all about - I had absolute certainty. I also had friends milling in the back ground who clearly would have stepped in if the hospital had tried anything. If they tried anything I would have got a gun. They knew it.

I think the fact that the first time I was an ‘unaccompanied minor’. I believe Crown St. had been stealing the babies of ‘unaccompanied minors’ for decades. I almost went to the police (if only I had), but I lacked certainty - how could I be right and they wrong. If I had gone to the police the social workers probably would have said they had just overreacted because of concerns about the welfare of my child.

In a nutshell the second time I was different and they were NOT going to pick on someone who would clearly blow the whistle on them (Research Participant, Jenny: 2007).

After participating in my research Jenny sent an email - it encapsulated what she felt at the time about those she accuses of abducting her newborn:

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5 Social workers always wrote on their notes that the “Mother was certain about adoption”. Certainty was a criterion for adoption, if the mother was uncertain the adoption was not supposed to proceed. It is easy to assume that such notations were generic and for purposes of legal self-protection.
How do you go to work each day?

Becoming more and more of interest to my mind is how you go to work every day where you hold yourself out to be there to assist very young, very vulnerable people and you betray them so extremely. You deliberately omit to inform them of the assistance available to them, you lie to them and tell them that adoptive parents are nice people when you know they are unlikely to have such a characteristic because there is an endless stream of them arriving to pick up someone else's baby - no questions asked - and in a hurry to head home with not so much of an enquiry about what they could give in return. You omit to tell that adoption means never seeing your baby again. So the mothers do not have the knowledge to denounce it as absolutely unacceptable whilst still strong and still able to seek help elsewhere. You avoid saying anything which would alert them that danger is lurking. You keep the mothers’ ignorant of the process that will descend on them - that their baby will be forcibly removed at birth.

You will stamp their file without their knowledge knowing that this stamp will determine their and their baby’s future and no matter what they do or say or how distressed, or how much they reach out, their newborn baby will not be handed to them. You have branded them and they will be damned. You will not suggest they seek help from other family members, knowing full well that then, there would be a chance that this could improve their position, but never worsen it.

You know that their baby will be taken as it draws its first breath as they must not see it in case they are made strong with overwhelming certainty where their future lay. You know they will be given powerful mind altering drugs to facilitate their compliance. You know that you have control of the most powerful weapons - ignorance before the birth and separation and chemically induced incarceration afterwards. You know that they will not be able to leave their detention until they sign a form which states they do not want their baby and they want some strangers selected by other strangers to come and pick it up - that they do not hold any interest in their own child and they do not want to see or be provided with any information on it for the entirety of its life on earth. Sometimes you see them when they are released and they return immediately to the hospital and insist on seeing their baby - they seem so changed - they cry endless tears - and you have been told that some scream out in the night. But still, you go to work - How do you?

(Email sent by Research Participant, Jenny: 2007)
QUESTION SHEET FOR MOTHERS WHO KEPT THEIR INFANTS

Write as little or as much as you want in your answers

Please take your time to read the following four pages – it might be a good idea to read the questionnaire through in its entirety before attempting to answer the questions – if you need any clarification or assistance in any way please contact me on Mob. 0433166637. Thank you.

General background information - biographical details:

Name:
Date you gave birth:
Age you gave birth:
Hospital:
Level of education:
Would you describe your family as working, middle, or upper middle class?
Any other info you think relevant:

Question 1: The Initial Discovery of Your Pregnancy

- What happened when you found out you were pregnant?
- How were your parents or primary care-takers affected by your pregnancy and did that change during the pregnancy?
- If it did, or did not change, why do you think that was?

Question 2: During Your Pregnancy

- Did you continue going to school or work?
- Where did you reside: familiar home, home for unmarried mothers, in a private home (not your own) –
- Generally what happened and what supports (emotional – financial) if any did you have?
- Did you attend any ante-natal classes?
- Did you have support from your family during this time?
- Did you have any support from anyone? If YES who was it, and what kind of support was offered?
- What adjectives could you use to describe your pregnancy: enjoyable, frightening, traumatic, punitive, supportive etc.?
- Was there an overall theme, if so what was it?
Question 3: *The Social Worker*

- Did you visit with a social worker?
- What did these visits entail?
- What were the kinds of thing she discussed with you?
- What adjectives would you use to describe your relationship with the social worker?

Question 4: *Your Experience Once Confined in the Hospital*

- What was the treatment like once you were admitted to hospital?
- How did medical staff treat you generally, doctors, nurses etc?
- What sort of things did they say to you?
- Did you see your baby at the birth, or soon after?
- Did you feed your baby whilst in the hospital?
- Are you aware of been given any medications for any reason at this time? If YES was permission obtained?
- What adjectives would you use: punitive, supportive, caring, dominating?
- Was there an overall theme, if so what was it? For instance you may have found overall that you felt empowered, that the treatment you received could be encapsulated as ‘dignified, caring’ or ‘respectful of your motherhood’, or alternatively you may have felt that the treatment you received left you feeling ‘less than’, or amounted to you feeling like an ‘inferior mother’.

Question 5: *Access to Social Worker after Admission to Hospital*

- Did you see a social worker whilst in the hospital? If YES what are your recollections of that visit?
- What kind of things did she say?
- Did she provide you with any information that was of assistance; such as the availability of financial benefits, accommodation etc. or any other type of supports?

Question 6: *The Adoption Option*

- Was adoption suggested to you? If YES by whom?
- Did you at any time choose adoption for your child? If YES or NO what were the circumstances that surrounded this? For instance you may have considered it prior to the birth, but after the birth changed your mind?
- If this was the case, did anyone explain to you how you would indicate to maternity staff you wanted to keep your child?
- Were you informed of how relinquishment would affect you in the years to come?
Question 7: Was there an event or person that you perceived was important or influential in assisting you to keep and rear your child? What adjectives would you use to describe this event or person?

Question 8: Life Afterwards: Marriage, Children, Educational Opportunities?

- Did you find that your experience as an unwed mother affected your subsequent life and relationships: children, partner, and parents? And, if YES or NO, how and why?
- Did you have other children? If YES, what adjectives would you use to describe your mothering style? (e.g. caring, protective, close, distant etc.)

Question 9: On a scale from 1-10 with
1 = totally powerless and 10 = empowered

How would you rate your level of powerlessness,

During the pregnancy:
In the maternity hospital:
In the decision to parent your child:
In your life generally as a result of your experience of being an unwed mother?

INSTRUCTIONS: Please rate how strongly you agree or disagree with each of the following statements by placing an – X - in the appropriate box.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Undecided</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. On the whole, I made my own decisions during my pregnancy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Others responded to my requests during my confinement in the maternity hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. The processes I was subjected to within the maternity hospital were out of my control</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I felt the decision to parent my child was my own decision</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. I was supported (by a family member/s or partner) in my decision to parent my child</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. I felt no coercion in my</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>Somewhat Disagree</td>
<td>Somewhat Agree</td>
<td>Strongly Agree</td>
<td>decision to parent my child</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------------</td>
<td>----------------</td>
<td>---------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>Somewhat Disagree</td>
<td>Undecided</td>
<td>Strongly Agree</td>
<td>7. I have suffered no regrets in the years after my decision to parent my child</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>Somewhat Disagree</td>
<td>Undecided</td>
<td>Somewhat Agree</td>
<td>8. I never chose to parent my child</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>Somewhat Disagree</td>
<td>Undecided</td>
<td>Strongly Agree</td>
<td>9. I was expected to parent my child by significant others</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>Somewhat Disagree</td>
<td>Undecided</td>
<td>Strongly Agree</td>
<td>10. I have suffered deep regret in the years after my decision</td>
</tr>
</tbody>
</table>

**Question 11:** What would you like to see as an outcome from this research?

**Question 12:** What feelings or reflections have you in regard to the questionnaire?

 Anything else you would like to add or discuss:
QUESTION SHEET FOR MOTHERS separated from their child/children by adoption
- you may write as little or as much as you want in your answers.

Please take your time to read the following pages – because these questions may elicit an emotional response it might be a good idea to read the questionnaire through in its entirety before attempting to answer the questions – if you find any of the questions too difficult to answer please leave them blank and if the questions are in any way upsetting please contact me (0433166637) so we can discuss it and I can refer you to one of the many support services. Thank you.

General Background Information - Biographical Details:
Name:
Present age:
Address:
Email:
Date you gave birth:
Age you gave birth:
Hospital:
Level of education:
Would you describe your family as working, middle, or upper middle class?
Any other info you think relevant:

Question 1: The Initial Discovery of Your Pregnancy
- What happened when you found out you were pregnant?
- How were your parents or primary care-takers affected by your pregnancy?
- Did that change during the pregnancy?
- If it did why do you think that was?
- If it did not change, why do you think it did not?
- Did you have any support from anyone?
- Did you have the support of the father of your child?

Question 2: During Your Pregnancy
- During your pregnancy did you continue going to school or work?
- Where did you reside: in the familiar home, a home for unmarried mothers, in a private home (not your own)?
• Generally what happened and what supports (emotional – financial) if any did you have?
• Did you attend any ante-natal classes?
• Did you have support from your family during this time?
• Did you have any support from anyone? If YES who was it and what kind of support was offered?
• What adjectives could you use to describe your pregnancy: enjoyable, frightening, traumatic, punitive, supportive etc.?
• Was there an overall theme, if so what was it?

Question 3: The Social Worker

Note: Some mothers did not have a social worker but were ‘counselled’ by other persons in authority such as a Medical Practitioner, a Midwife or a Matron etc., please substitute that person in place of social worker in the following:

• Did you see a social worker at any time during your pregnancy?
• If YES to the above: what were the kinds of thing she discussed with you?
• How were you treated, pleasantly, friendly, authoritatively?
• How would you describe your relationship?
• What did you perceive these visits to bring about or result in?
• What adjectives would you use to describe your relationship?
• Was there an overall theme that would describe your relationship, if so what was it?

Question 4: Your Experience Once Confined in the Hospital

• What was the treatment like once you were admitted to hospital?
• How did medical staff treat you generally, doctors nurses etc?
• What sort of things did they say to you?
• Did you see your baby at the birth, or soon after?
• Did you feed your baby whilst in the hospital?
• Did you have access to your baby at any time after the birth?
• Are you aware of been given any medications for any reason at this time?
• If YES was permission obtained from you?
• Was permission obtained from a parent or guardian?
• What adjectives would you use to describe your stay in hospital: punitive, supportive, caring, dominating?
• Was there an overall theme, if so what was it?
For instance you may have found overall that you felt empowered, that the treatment you received could be encapsulated as ‘dignified, caring’ or ‘respectful of your motherhood’, or alternatively you may have felt that it could be described as one of ‘invisible motherhood’, or amounted to you feeling like a ‘surrogate mother’ or a ‘non-person’ etc.

**Question 5: Access to Social Worker after Admission to Hospital**

- Did you see a social worker whilst in the hospital?
- If YES, what are your recollections of that visit?
- What kind of things did she say?
- Did she provide you with any information that would have assisted you to keep your child, either during the pregnancy or after the birth, such as the availability of financial benefits, accommodation etc. or any other supports?
- Were you given any warnings about the psychological consequences of being separated from your child by adoption?
- If NO – or in other words you did not see a social worker, did anyone else inform you of ways that would have assisted you to keep your child?

**Question 6: The Adoption Option**

**Note:** A decision is something that somebody chooses or makes up his or her mind about, after considering it and other possible choices.

- Was adoption suggested to you?
- If YES by whom?
- If NO how did you then come to think of it as an option?
- Did you at any time choose adoption? If YES when did you come to that decision: prior to the birth, after the birth, or was it a decision you came to prior to the birth and remained firm in after the birth of your child?
- If NO: or in other words, you at no time decided upon adoption – was your child relinquished because of the wishes of others, or for other reasons? Please explain:
- Did you at anytime change your mind about relinquishing your child? For instance you may have decided on adoption prior to the birth, but after giving birth decided you could not part with your child? Alternatively you may have wanted to keep your child prior to the birth, but afterwards circumstances changed and you decided on relinquishment.
- If you did change your mind about relinquishment what instructions were you given on how to alert maternity staff or others in authority that you had changed your mind?
Question 7: The Consent Process

- Did you sign a form that consented to relinquishing your child?
- How many days after the birth did you sign this form?
- Did you have any person, independent of the adoption agency or the child welfare worker who witnessed your signature, with you at the time you signed the consent form?
- Did you see this form prior to the day you signed it?
- Were the contents of the form fully discussed with you?
- Were you given a copy of the form for your records?
- Are you aware of being given any medication prior to or at the time of signing the consent?
- Were you suffering from any signs of distress when you signed the form?
- Do you believe you were in a fit state to sign the consent to adopt form?
- Were you told that you could revoke your consent?
- Were you advised of what steps you had to undertake to revoke the consent?
- Was there an event or person that you perceived was important or influential in the relinquishment process?
- What adjectives would you use to describe the consent process?
- Was there an overall theme, if so what was it?

Question 8: Life Afterwards: Marriage, Children, Educational Opportunities?

Did you feel that the experience of being a relinquishing mother impacted at all on:

- Subsequent partner/s?
- Children: did you have further children? If NO – do you believe the loss of your first child was a contributing factor? If YES - do you believe the loss of your first child affected your parenting style? What adjectives would you use to describe your parenting style? (e.g. caring, protective, aloof etc)
- Friends
- Others
- If YES to any of the above please explain in what ways?

Question 9: On a scale from 1-10 with

1 = totally powerless and 10 = empowered

How would you rate your level of powerlessness:

- During the pregnancy;
- In the maternity hospital;
- With respect to the decision to relinquish;
- In your life generally as a result of the relinquishment process?

**INSTRUCTIONS:** Please rate how strongly you agree or disagree with each of the following statements by placing a – X - in the appropriate box.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Undecided</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
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<tbody>
<tr>
<td>1. On the whole, I made my own decisions during my pregnancy</td>
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<tr>
<td>2. Others responded to my requests during my confinement in the maternity hospital</td>
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<td>3. The processes I was subjected to within the hospital were out of my control</td>
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<td>4. I felt signing the consent to adopt was the outcome of my own decision</td>
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<tr>
<td>5. I felt I made the only decision I could at the time</td>
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<tr>
<td>6. I felt no coercion in my decision to relinquish</td>
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<tr>
<td>7. I have suffered no regrets in the years after relinquishment</td>
<td></td>
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<tr>
<td>8. I never chose to relinquish my child</td>
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<tr>
<td>9. I was expected to relinquish because I was unwed</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>10. I have suffered deep regret in the years after relinquishment</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

- It was **my** concern for ‘what the neighbours thought’ or the attitudes of others towards unwed pregnancy that caused me to choose relinquishment for my child.

- It was the concern of **others:** parents, guardians etc. for ‘what the neighbours thought’ that was the major contributing factor in the relinquishment of my baby.
Today the Government claims that prior to the introduction of the Supporting Mother’s Benefit in July 1973 there were two main reasons for mothers ‘choosing’ adoption: stigma and lack of financial support. Simply put, the government claims that if it had been financially easier, and if mothers were not concerned with ‘what the neighbours thought’, they would have kept their children.

Do you agree with the government’s assessment of your situation? If YES, why, if NO why not?

**Question 10:** What would you like to see as an outcome from this research?

**Question 11:** What feelings or reflections have you in regard to the questionnaire?

Anything else you would like to add or discuss:
Semi Structured Interview Schedule
The interview will proceed in a conversational-style format. Topics for discussion will be introduced and prompt questions will be used when necessary. The researcher in response to comments made by the participant may also ask impromptu questions. Topic areas for discussion include:

Training and employment in the decades 1960-1990 as a midwife
Prompt question
When and where did you do your training as a midwife?
When and where were you working as a midwife?
The role of midwives in past adoption processes
Prompt questions:
How did you come to be involved in the care of unmarried mothers?
Where did you work then?
What was your role in the whole process?
The experiences of midwives
Prompt questions:
Tell me about some of your experiences of working with these mothers?
Can you remember examples or scenarios that illustrate some of your experiences?
Factors influencing practice
Prompt questions:
Tell me a bit about significant factors that impacted on your practice?
Did changing legislation/policies/ideologies/societal values have an impact on processes and practice regarding unmarried mothers considering the adoption option and the care of their babies?
Key players
Who were the key players in the whole adoption process?
In your opinion do they recollect the adoption process differently?
Why is that, do you think?
What is your view about emerging conflicting perspectives from key players about adoption processes during the 1960-1990's, for example mothers speaking publicly in recent years about being coerced in the past, by a range of professionals, into placing their child/ren for adoption?

Recommendations
Do you have any recommendations for improved relationships/greater awareness between key players who may feel that they experienced a negative impact from past adoption practices and/or are experiencing negative impact as a result of current allegations about past adoption practices?

Final Comments
Do you have anything you would like to add, explain or ask?
Questions: individual interviews for MEDICAL WORKERS

Semi Structured Interview Schedule

The interview will proceed in a conversational-style format. Topics for discussion will be introduced and prompt questions will be used when necessary. The researcher in response to comments made by the participant may also ask impromptu questions. Topic areas for discussion include:

- Training and employment in the decades 1960-1990 as a medical worker
- The role of medical workers in past adoption processes
- The experiences of medical workers
- Factors influencing practice
- Key players
- Recommendations
- Final Comments

**Prompt question**

**When and where did you do your training as a medical worker?**

**When and where were you working as a medical worker?**

**The role of medical workers in past adoption processes**

Prompt questions:

- How did you come to be involved in the care of unmarried mothers considering adoption and their babies?
- Where did you work then?
- What was your role in the whole process?

**The experiences of medical workers**

Prompt questions:

- Tell me about some of your experiences of working with pregnant unwed mothers?
- What do you remember about practices in the maternity ward at the time?
- What are some examples or scenarios that illustrate some of your experiences?

**Factors influencing practice**

Prompt questions:

- Tell me a bit about significant factors that impacted on your practice?
- Did changing legislation/policies/ideologies/societal values have an impact on processes and practice regarding unmarried mothers considering the adoption option and the care of their babies?

**Key players**

- Who were the key players in the whole adoption process?
- In your opinion do they recollect the adoption process differently?
- Why do you think that?
- What is your view about emerging conflicting perspectives from key players about adoption processes during the 1960-1990's, for example mothers speaking publicly in recent years about being coerced in the past, by a range of professionals, into placing their child/ren for adoption?

**Recommendations**

- Do you have any recommendations for improved relationships/greater awareness between key players who may feel that they experienced a negative impact from past adoption practices and/or are experiencing negative impact as a result of current allegations about past adoption practices?

**Final Comments**

- Do you have anything you would like to add, explain or ask?
DRAFT QUESTIONS SOCIAL WORKERS

Semi Structured Interview Schedule
The interview will proceed in a conversational-style format. Topics for discussion will be introduced and prompt questions will be used when necessary. The researcher in response to comments made by the participant may also ask impromptu questions. Topic areas for discussion include:
Training and employment in the decades 1960-1990 as a midwife

Prompt question
When and where did you do your training as a social worker?
When and where were you working as a social worker?
The role of social workers in past adoption processes
Prompt questions:
How did you come to be involved in the care of unmarried mothers considering adoption?
Where did you work then?
What was your role in the whole process?
The experiences of social workers
Prompt questions:
Tell me about some of your experiences of working with unwed pregnant women?
What are some examples or scenarios that illustrate some of your experiences?
Factors influencing practice
Prompt questions:
Tell me a bit about significant factors that impacted on your practice?
Did changing legislation/policies/ideologies/societal values have an impact on processes and practice regarding unmarried mothers considering adoption option?

Key players
Who were the key players in the whole adoption process?
In your opinion do they recollect the adoption process differently?
If Yes - Why is it that you think that?
What is your view about emerging conflicting perspectives from key players about adoption processes during the 1960-1990's, for example mothers speaking out in about being coerced in the past, by a range of professionals, into placing their child/ren for adoption?

Recommendations
Do you have any recommendations for improved relationships/greater awareness between key players who may feel that they experienced a negative impact from past adoption practices and/or are experiencing negative impact as a result of current allegations about past adoption practices?

Final Comments
Do you have anything you would like to add, explain or ask?
The Apology Alliance Australia

Women’s Activism

Unwed mothers have been speaking out against the barbaric practices that were perpetuated on them in institutions such as hospitals and unwed mother and baby Homes for decades (Royal Commission on Human Relationships: 1977; HRC: 1984; NSW LRC: 1994, 1997; McHutchison: 1986; Cole: 2008). They have spoken out about their mistreatment at the hands of clergy, nuns, doctors, nurses, social workers and welfare officers. They have mounted media campaigns, spoken on radio, given evidence to the Law Reform Commission (1991) and four Inquiries (Cole: 2008). The New South Wales Legislative Council (1998-2000) that published its findings in a major Report: Releasing the Past (2000); The Parliament of Tasmanian Inquiry that published its Report in 1999 and the Senate Inquiry: The Forgotten Australians (2003). The 1999 and 2000 Inquiries came about as a direct result of the activism of mothers fighting to be heard over decades. The more recent Senate Inquiry into the Commonwealth Contribution to Former Forced Adoption Polices and Practices (2011-2012), was built on that activism and the concerted lobbying of members of the Apology Alliance. Recently mothers, adoptees, fathers and their relatives spoke out about the impacts of Forced Adoption to the Australian Institute of Family Studies (Higgins: 2010; Kenny et al: 2012, pp. xii-xviii) that published its Final Report in August 2012 (Kenny et al: 2012).

In February 2008, I set up the group: The Apology Alliance Australia. It is constituted of adoption support groups and individuals from around the country, who support exposing this very dark and shameful part of Australian history. The formation of the group, its mission and activism led to an apology being given to mothers by the Western Australia Government on October 19, 2010. Mr. David Templeman MP, spoke on behalf of his constituent, and Apology Alliance member, Sue McDona-ld, and armed with research I provided stated that the Commonwealth had been involved in a policy of forcibly taking infants for the purpose of adoption. The apology and Templeman’s admission gave the Greens’ leverage to call on the Federal Government to issue an apology. This was initially declined, but Senator Rachel Siewert (Greens),
with who I was also in contact, would not be thwarted, she moved a motion calling for a Federal Senate Inquiry.

The Senate Committee’s findings were tabled in a Report to the Federal Parliament on February 29, 2012 (CARCR: 2012). The Report recommended that all State and Federal Governments issue apologies to mothers and their taken children. To fathers and our subsequent children, partners and other affected family members for the unethical, immoral and illegal treatment of forcibly separating mothers and their newborns for purposes of adoption. This led to an apology given by the South Australian Government on July 18, 2012. In the apology Premier Jay Wetherell stated that social mores did not excuse the brutality of what happened to mothers and their infants. He said such treatment would have offended moral decency and Christian values then, as it would today. The parliament acknowledged that infants were stolen, and had been deprived from growing up with their own parents, and hence lost the opportunity to be with their siblings and other family members. On August 14th 2012, the Government of the Australian Capital Territory issued the third apology.

Excerpts of the Forced Adoption Apology Given by the ACT Government

Daily Hansard 8
14 August 2012
Ms Gallagher (Molonglo—Chief Minister, Minister for Health and Minister for Territory and Municipal Services) (10.02), by leave: I move:

I would like to acknowledge the work done by the Apology Alliance, which, in arguing for a national inquiry and an apology, has played such a leadership role in forcing us all to face up to this dark chapter of our past. And thank you again to the many men and women who have, through their own stories, written that chapter into our official history books at last. To all those affected by forced adoption, please accept this apology in the spirit in which it is offered.

MR SESELJA (Molonglo—Leader of the Opposition) (10.16): I thank the Chief Minister for bringing this motion forward. To my Assembly colleagues and to our guests in the gallery, today is a day of acknowledgement, of apology and of

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6 http://www.sa.gov.au/subject/Education,+skills+and+learning/General+information/Apology+for+forced+adoption+practices+in+South+Australia
atonement. Today is a day of recognition of past wrongs, validation of past grievances and vindication for those who have fought so long to have their voices heard. Today is the day we accept and apologise for all the wrongs caused by the past policies and practices we now know to be those of forced adoptions. On behalf of the Canberra Liberals, I say sorry to those individuals and families affected by those policies and practices.

The practices outlined in the Senate committee report describe incidents that would clearly cause extraordinary trauma on those who experienced them, who had their newborn babies torn away from them. To those who went through those dark days, I say sorry. The practices as described would also have repercussions to this day for those whose experience started after separation, those who were taken away. To those too, I say sorry.

The practices, as written in awful detail throughout the report, go against basic rights that I personally hold to be of the most fundamental and important in all of human experience—the right of a mother to hold and keep her baby; the rights of a child to know and love and be loved by their parents. As a father, a son, a brother, an uncle—a member of a strong family—it is unthinkable to me that this practice was carried out, that these rights and opportunities were denied to so many people for so many years. It moves me to think of the plight of those people who endured this process against their will, in this of all countries, and in these of all times (Hansard: 2012, p. 3067).

The federal parliament’s community affairs references committee into commonwealth contribution to former forced adoption policies and practices makes for harrowing reading. Between the 1950s and 1970s, about 150,000 unwed mothers had their babies taken away from them against their will, in many cases in the most distressing and inhumane manner. Case after case there are reports that would break anyone’s heart.

There are the stories of those sent to expectant mothers’ homes, away from support or family, where their possessions and money were removed, where contact with friends and family was cut off and where they worked without pay until they gave birth. A lack of care, a lack of consideration and a lack of compassion were marked by almost all the submissions in the report. Some are typified by adoptions notable for their lack of consent, lack of informed consent, consent under duress or consent revoked. Some are simply coercion, plain and simple. Some describe treatment that frankly passes the borders of the barbaric.

In the most distressing, there are reports of mothers being tied to a bed whilst delivering their babies. Others had a pillow or sheet placed over their heads, preventing them from seeing their babies at birth. Some mothers did not even know that their babies were intended for adoption and found out only after the children had been removed. Others were drugged, physically restrained or shut out of nurseries. All are stories of lives torn apart by a system that has caused a cruelty of separation that is hard to comprehend. This is summed up in the report by the quote:
The really major disaster of history is the separation of a mother and an infant at birth. This experience of abandonment is the most devastating event of life.

I could not agree more. The hurt caused to both parent and child can scarce be imagined. It most certainly cannot be allowed to pass unremarked and uncondemned. And condemned these actions should rightly be, for these are not actions which have only just become anachronistic—that is, they are only seen as wrong through the eyes of those who enjoy the wealth and choices of the 21st century. These were actions which were morally and ethically wrong at the time they occurred, and which the Senate report concludes were illegal at the time they occurred. As the report notes:

The committee does not dispute the societal values and professional practice were different during the period in question. However, justifying past actions in terms of values or prevailing practice can be seen as avoiding taking responsibility for the policy choices made by institutions’ leaders.

Let me repeat: these actions were wrong in law when considered against the law of the time. When addressing this vexed but undeniably essential element, the report states:

Certainly after new laws were enacted in the mid-1960s, actions of these types would in some cases have been illegal. Other experiences that reflected unethical practices included failure to provide information and failure to take a professional approach to a woman’s care. It is time for governments and institutions involved to accept that such actions were wrong, not merely by today’s values but by the values and laws of the time. Formal apologies must acknowledge this and must not equivocate (Hansard: 2012, p. 3073)

On behalf of the Canberra Liberals, I do acknowledge this and I will not equivocate. What happened is morally, ethically and legally wrong now and it was morally, ethically and legally wrong then. I also acknowledge the requirement, also noted at some length in the report, that to be genuinely effective an apology must be widely spoken and it must be widely heard. That is why moments such as this morning, where all parties from across the political spectrum, can and do come together to speak one truth about one message. We are sorry.

The National Council of Single Mothers and their Children also said:

A further outcome of the national inquiry should include greater public awareness and an opportunity for women to finally have their voice heard by the government and their experience publicly validated.

I genuinely hope that this motion today provides some part of that validation. I also recognise other key recommendations of the committee and we add our voices to those who have spoken on this matter before and will do so still. When they do, I trust they too identify the other key wrongs mentioned in the report—that vulnerable
mothers were not given the care and respect they needed during this difficult period of their lives, that mothers were poorly advised, that they were stigmatised by professionals and institutions and that organisations and their staff in positions of authority stood in judgement of these women instead of respecting them. Lastly, the report indicates that it is vital to provide better support for those who have suffered and take solid steps to make sure we never repeat the mistakes of the past. Part of that process is providing more support to those individually affected, and the Canberra Liberals will support steps to provide that support in the future. Mr Speaker, while no apology is ever enough, it is right and just that victims of forced adoptions are recognised and that we as a community say sorry. We do so today, freely and fully. We are sorry (ACT Hansard: 2012, p. 3074).

Following on from the above historical apology the remaining States apologised and finally the Federal government issued its apology by Prime Minister Julia Gillard on March 21, 2013.

This is the first time anywhere in the world that governments have apologised for forcibly taking infants for adoption. Along with the apologies have come commitments to provide mental health services to deal with the severe trauma and the mental health problems that many have experienced over the decades, often alone and in silence. When tabling the Senate Report all those present turned and spoke directly to those of us in the gallery saying: ‘We hear you, we believe and acknowledge what happened to you, and you are respected members of our community’.

It is hoped that the Commonwealth Government will follow with practical assistance to ensure its apology is not hollow words, but is meaningful and heartfelt and is about setting a path of healing and reconciliation between those of us who suffered through a life time of sorrow, pain and alienation from the rest of our community - so that we once again feel as if we belong, and are respected members of the country of our birth and/or citizenship.
National Apology for Forced Adoptions

Delivered by
Prime Minister Julia Gillard
Great Hall of Parliament
Canberra

21 March 2013

1. Today, this Parliament, on behalf of the Australian people, takes responsibility and apologises for the policies and practices that forced the separation of mothers from their babies, which created a lifelong legacy of pain and suffering.

2. We acknowledge the profound effects of these policies and practices on fathers.

3. And we recognise the hurt these actions caused to brothers and sisters, grandparents, partners and extended family members.

4. We deplore the shameful practices that denied you, the mothers, your fundamental rights and responsibilities to love and care for your children. You were not legally or socially acknowledged as their mothers. And you were yourselves deprived of care and support.

5. To you, the mothers who were betrayed by a system that gave you no choice and subjected you to manipulation, mistreatment and malpractice, we apologise.

6. We say sorry to you, the mothers who were denied knowledge of your rights, which meant you could not provide informed consent. You were given false assurances. You were forced to endure the coercion and brutality of practices that were unethical, dishonest and in many cases illegal.

7. We know you have suffered enduring effects from these practices forced upon you by others. For the loss, the grief, the disempowerment, the stigmatisation and the guilt, we say sorry.

8. To each of you who were adopted or removed, who were led to believe your mother had rejected you and who were denied the opportunity to grow up with your family and community of origin and to connect with your culture, we say sorry.

9. We apologise to the sons and daughters who grew up not knowing how much you were wanted and loved.

10. We acknowledge that many of you still experience a constant struggle with identity, uncertainty and loss, and feel a persistent tension between loyalty to one family and yearning for another.
11. To you, the fathers, who were excluded from the lives of your children and deprived of the dignity of recognition on your children’s birth records, we say sorry. We acknowledge your loss and grief.

12. We recognise that the consequences of forced adoption practices continue to resonate through many, many lives. To you, the siblings, grandparents, partners and other family members who have shared in the pain and suffering of your loved ones or who were unable to share their lives, we say sorry.

13. Many are still grieving. Some families will be lost to one another forever. To those of you who face the difficulties of reconnecting with family and establishing ongoing relationships, we say sorry.

14. We offer this apology in the hope that it will assist your healing and in order to shine a light on a dark period of our nation’s history.

15. To those who have fought for the truth to be heard, we hear you now. We acknowledge that many of you have suffered in silence for far too long.

16. We are saddened that many others are no longer here to share this moment. In particular, we remember those affected by these practices who took their own lives. Our profound sympathies go to their families.

17. To redress the shameful mistakes of the past, we are committed to ensuring that all those affected get the help they need, including access to specialist counselling services and support, the ability to find the truth in freely available records and assistance in reconnecting with lost family.

18. We resolve, as a nation, to do all in our power to make sure these practices are never repeated. In facing future challenges, we will remember the lessons of family separation. Our focus will be on protecting the fundamental rights of children and on the importance of the child’s right to know and be cared for by his or her parents.

19. With profound sadness and remorse, we offer you all our unreserved apology.

National Apology for Forced Adoptions Website:

Parliament of Australia National Apology for Forced Adoptions Video:
Some professional bodies have lent their voices to the national apology as part of the healing process:

**ANF (Vic Branch) apology to mothers, fathers and children affected by forced adoption practices**

25 October 2012, 7:02am

The Australian Nursing Federation (Victorian Branch) today joins the Victorian Parliament in unreservedly apologising, on behalf of the nursing and midwifery professions, to the mothers and fathers and their children, for the part nurses and midwives played in giving effect to the unacceptable policy of forced adoptions.

During the period from the 1950s to the 1980s thousands of unmarried mothers were forced, pressured and coerced to relinquish their newborn babies. Vulnerable new mothers were denied information about their legal rights, the support available to them and the alternatives to adoption. Fathers were denied the opportunity to be a father. Children were robbed of their identity, their parents and their families.

This policy and these practices were ethically and morally wrong, in many cases unlawful, regardless of the social mores of the time.

Nurses and midwives provided care to women during labour, birth and the days after birth and were involved in the intimate process of separating mothers and babies for the purpose of forced adoptions.

We apologise to mothers who were not treated by nurses and midwives with dignity and respect. We apologise for instances where nurses and midwives did not advocate for their patient, especially where parents expressed a determination to keep their child.

It is with deep regret that ANF as an organisation did not speak out against this practice and did not advocate for policy changes that were in the best interests of the mother and the child.

Today's nurses and midwives take their role as patient and client advocates very seriously and are acutely aware of their legal and ethical responsibilities and the trust vulnerable people place in them.

ANF deeply regrets the incomprehensible harm caused to individuals and to families and we call on other organisations and professions to issue a public apology for the past.

We call on State and Federal Governments to commit resources and services such as free counselling, support, information and family-search services. The ANF supports further legislative and regulatory reform, such as integrated birth certificates, to make amends for taking away identities and family bonds.

We hope the symbolism of a formal apology and acknowledgement that what happened was wrong, together with practical measures to assist those affected, are the start of making amends.
THE NEED FOR A DNA BANK

During the course of my PhD I met others who provided further information about the abuses that were perpetrated on mothers and their infants. The following was the outcome of an accidental meeting with a person who knew I was writing this thesis. I include it in the Appendix because of the claims, though disturbing, also support that of the participant I interviewed who worked in the same era, 1941-1944, at Crown St.

Knowing from where we came gives us a sense of place, belonging and identity and its importance to good mental health has been well acknowledged in the literature (Kenny et al: 2013; CARCR: 2012). The following evidences the need for a DNA bank.

My mother did her midwifery training at St Margaret’s Hospital, Sydney, in the 1940s during World War II. She went on to run a community based hospital later. The things she told me that went on in the hospital were truly shocking. She stated: “The nuns were just so cruel. They would badger the unmarried mothers constantly, telling them that if they wanted to ‘do the right thing’ they should adopt out their newborns. They kept repeating, sometimes very aggressively, how selfish they were if they kept them because there was ‘this lovely married couple who couldn’t have children that would give them all the things they couldn’t’. It didn’t matter how distressed they got, or how much they begged to see their babies, the nuns refused to bring them. Instead they rushed them out of the maternity ward and hid them from their mothers. In the days that followed they never let them see them, and refused even to tell them if they had a boy or a girl. It didn’t matter what they did the nuns refused to let them have their babies. Other mothers though, were outright lied to and told their babies had died when they had not.

There was a whole stream of wealthy infertile Catholic women who would come to the hospital. They would come in with a pillow strapped to their waist and they would go to the floor above and wait until an unmarried woman gave birth then the baby would be brought directly to them, so they left the hospital with another woman’s baby whilst that woman was told her baby had died. I could not believe the lies the nuns told - and to think they were supposed to be god fearing.

They would even swap babies or show someone else’s dead baby to a woman who didn’t believe her baby had died. If one of the married Catholic women gave birth to a baby with a defect, a hare lip for instance, they would swap babies. They would give the baby with the hare lip to the unmarried mother and her baby to the wealthy woman. Nothing seemed beyond them. It was abject cruelty, really. The lies they told! It was a baby farm. I often wondered what happened to them, those mothers and babies, did they survive? When my mother ran the community hospital later, she would employ single mothers as nurses and make sure those giving birth got their babies and could leave the hospital with them.
Response to Dr. Jeremy Sammut’s article published on-line at ABC Religion and Ethics

- Pat Moore

27 Mar 2013 4:23:39pm

The Centre for Independent Studies as a neoliberal think tank formulates conservative social policy aimed at dismantling the so called "welfare state". Its design is to privatize, outsource and diminish the "state" (the federal representation of the Australian people) under the ideological hammer called Big Australia, a Murdoch sponsored "initiative", the UK Cameron version of which is currently undermining all but the consequently enriched elite of English society. The Newman government version in Queensland elected by a landslide under the false pretences of undeclared policy intentions (as is Abbott’s method) has declared its desire to privatize everything except police and justice departments (and grandmothers' bones, maybe). Meanwhile Costello and two of his former federal Treasury colleagues have set up a company, ECG to position themselves for maximum personal gain after being commissioned by Newman to review the state's finances... the dingoes in charge of the chook house....no conflict of interest there! Animal husbandry practised on humans. Our public property and services have been funded by generations of taxation. This is the neoliberal version of excluding the commoners from their communally owned commons and declaring it private property. And is exactly the same process which has donoughted/gutted US society.

But apparently Mr Sammut’s principal concerns are for child welfare. His asserts that the children of "unwed" mothers are "better off being removed and adopted by good (sic) families" and laments "the dangers of welfare for the unwed". Transparent value judgements of a morals policeman posed in strangely defunct terminology that speaks of a type of privatized state that is decidedly fascist in its intent as opposed to a "fair go" communally based supportive society that Australia has been. In patriarchal societies there will always be unsupported mothers. Some people of reproductive age can't be or choose not to be married and some women won't/can't choose abortion. And as citizens they are entitled to social services. But apparently any "tolerant social attitudes and progressive welfare policies" are "toxic". Mr Sammut is by no means "profoundly uncomfortable about making moral judgements” himself upon others, the same that pervaded those pre-Whitlam judgemental times of forced adoption. Single women can care for their children very well if they have sufficient resources and support. Four decades of neoliberal economic rationalism with its continually rising cost of living pressures have undermined them into impoverishment and this think tank's program is to do so further under an LNP government.

Using this publically owned broadcaster to enlist the occasion of the forced adoption apology to push your neoliberal think tank's politics is unethical. As an example counter to the ethical perhaps.

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9 The politics of apologies: Easy moralism for past sins, but ignorance about the present (2013, Mar 26) http://www.abc.net.au/religion/articles/2013/03/26/3723901.htm
NEED FOR SPECIALIST SERVICES

Extract from Hansard
Alison Xamon
[COUNCIL — Thursday, 20 October 2011]
p. 8471b-8472a

Removal of Children from Unmarried Mothers — Apology

Date:
Thursday, October 20, 2011

Extract from Hansard

HON ALISON XAMON (East Metropolitan) [5.40 pm]: I rise tonight to recognise that yesterday marked exactly one year on from the WA Parliament issuing its formal apology to those women who had been subject to the horror of what has now been recognised as forced adoption.

I was one of the people who spoke in Parliament at the time, and I also issued an apology on behalf of the Greens. Members from all four parties spoke to the apology, expressing their sorrow and anger, and also relaying some of their personal experiences of what the state and the church had put these women through. What these women endured was possibly one of the worst things that can ever be done to someone: to forcibly take away a child from its mother. We heard stories of women who had been drugged, coerced, manipulated, lied to, tricked, bullied, harassed and also forcibly restrained. It was due to a perverse view of the world that was propagated by governments and churches at the time that children were better off with a traditional-type family arrangement, rather than with the mother who wanted to raise her own child.

We spoke about the human cost of that decision: mothers who had since committed suicide, or continued to live lives of unimaginable grief and suffering, or in some cases suffer from mental illness or substance abuse—all due to what had happened to them. For many of these women—I acknowledge, not all—the apology was an important first step towards healing. Although they can never have those lost years back, and although many women will never be with their child again, it was such an important step to acknowledge that they had been deeply wronged. That is the power of an apology.

One year on, I thought it would be good to talk about what has happened. Since the apology was issued, my office has been kept very busy following through with many of the issues which have continued for these women. I am sad to say that, one year on, there remains an ongoing concern about the lack of specialist services for these women and their families and for the children they were forced to give up. Too often women who have been subject to forced adoption are referred by well-meaning doctors and others to counsellors or even trained psychologists and psychiatrists who, while undoubtedly well-intended, are not across the very particular and specific issues raised by women who have lived through this type of trauma. Some women find that the first three of their Medicare-funded referrals are taken up explaining
what a forced adoption is. I have also heard stories of women who are emerging even more traumatised than when they went in because they feel so completely misunderstood. It is critical that these women do not feel as though they are totally alone in their experience, because it only leads to the ongoing sense of powerlessness.

In any event, if anyone thinks that with 10 counselling sessions someone can recover from having her baby stolen, they are seriously deluded. Often these mothers need help for years.

I acknowledge that post-adoption services are available through the Department for Child Protection, and my comments are not intended to cast aspersions on the integrity of the people who work there. But it is bleeding obvious that some people will not want to access support from the very bureaucracies that sanctioned the forced adoption of their baby in the first place. It would be exactly the same for many of the women if it were a church-based service. We need independent, skilled specialist service providers. We also need better access to records, including a nationally coordinated system, because a lot of the problems emerging in my office are of people who live in WA and are having trouble dealing with other states or vice versa. I note that at the commonwealth level the Senate inquiry has been widely welcomed. I thought that I would also share a comment that came to my office from a woman who was one of the adoptees and who has since reunited with her mother. This is a quote from her, according to my notes —

“It is unbelievable to many how drugging and being tied to a bed for weeks in order to force the signature of adoption could ever have been tolerated or permitted in Australia. My mother was particularly brave and strong enough to tell me what had happened to her. For this I am grateful and it was the first step in a long healing process for both of us. How painful it has been to see the affect that my forced removal has had on her. How difficult it was for her when I first came back into her life, no longer the baby that she has cried for but as a fully grown adult whom she did not know. She has suffered because of this and still suffers to this day and I know that having a baby stolen is something you never recover from.”

I want to acknowledge that the apology was a critical first step. To admit that we have wronged is a very important part of the process to healing. But it is only the first step. To apologise but then to not actively make amends I think cheapens and demeans the important act of the apology being given in the first place. We need time to take the second step to follow through with appropriately funded services to assist with the profound trauma and to assist practically with reunification where that is still possible. For some of these women, time is running out because they are getting older. They have already lived for too long with broken lives. I am saying let us get on with doing the next part, and I am calling on this government to, as the next logical post-apology step, provide additional and significant funds to those independent specialist services that can help and work with these families.
Need for Publishing Submissions from the NSW Inquiry into Past Adoption Practices (1998-2000)

When the NSW government called for submissions from mothers impacted by past forced adoptions it was on the proviso that they would be placed on the public record. Mothers were asked to make confidential any submission that they did not want so placed. Hence mothers relived the trauma of their past experience in the belief that it would not only educate society, but most importantly reveal that they had wanted to keep their infants. However the abusive treatment ensured that this did not happen. Additionally they relived their trauma so that better mental health services would be made available to them, their now adult children and to their other family members severely impacted by the loss of their beloved child. It was therefore not only traumatising for these records to be hidden from the public, but a grave miscarriage of justice. Mothers felt that they had been misled, exploited and once again silenced. It is imperative that their submissions are made public to right this wrong.

I approach Jan Barnham MLC Greens MP NSW\(^{10}\) who put a motion to the Upper House for the publication of the submissions. Her request fell on deaf ears. I approached Mr. John Robertson, Deputy Leader of the Opposition (Labor) and asked if he would be of assistance. He obliged and wrote letters to the Liberal Premier, Barry O’Farrell, the Minister for Community Affairs, Ms. Pru Goward, but all to no avail. One can only speculate with Ms Goward’s and the Liberal Party pro-adoption agenda that opening up these records would cause the public to reflect on past egregious practices inflicted on mothers to acquire their infants. It may also be inferred that it took 12 years for the NSW Government to apologise which may be a cause for embarrassment when one reads the details of the abuses revealed in the submissions. Opening these records is a matter of public interest. The letter Mr. Robertson received was dismissive and did not reflect the original intent of those who worked for and appeared at the NSW Inquiry. Is this a cover up because the current NSW Government is intent on making adoption a default welfare option.

Christine Cole
c.cole@uws.edu.au

Dear Christine,

Thank you for your email updating me on your role as a member of the Reference Group which is advising the Federal government on the nature and timing of the national apology.

As you know, I strongly support your view that adoptees who were sexually abused by their adopters should be included in the terms of reference of the forthcoming Royal Commission.

The issue of making the submissions to the 1998 NSW Inquiry publicly available is a very important one – and as you have pointed out, one that was initially promised. For that reason, I have decided to raise the matter with the Premier Barry O’Farrell and Minister Goward directly and ask that they respond to you as soon as is practicable.

I believe that making the submissions available publicly – with the consent of those who made them – will go some way in assisting the healing process.

Thank you for taking the time to raise the issue with me. I have attached a copy of my letter to both the Premier and Minister.

Yours sincerely,

John Robertson MP
NSW Opposition Leader
Member for Blacktown
Shadow Minister for the Illawarra
Shadow Minister for Western Sydney

30/11/12
Dear Minister Goward

I have received correspondence from Ms Christine Cole of the Apology Alliance and member of the Reference Group advising the Federal government on the national apology.

Ms Cole raises the issue of making the submissions to the 1998 NSW Inquiry publicly available, as was initially proposed.

The final report of the NSW Parliamentary inquiry “Releasing the past: Adoption practices 1950–1998” highlighted, for the first time, many of the issues around forced adoption. However, the Opposition acknowledges that the decision not to make the many submissions and testimonies public was harmful to those who so bravely told their stories; often for the first time.

The Opposition welcomes your statements that the NSW apology would follow the principles outlined in the Federal Government’s report Commonwealth Contribution to Former Forced Adoption Policies and Practices, and thus follow the “Canadian Principles” for the issuing of apologies. We note that Principle 5 states that “mere words of apology are not enough to repair damaged relationships. Verbal apologies must be accompanied by concrete measures...direct and immediate actions”.

We believe that making public the submissions and testimonies (of those who give their consent) to the 1998 NSW Inquiry is an important and practical concrete measure which will go towards undoing some of the harm done and show that the NSW Government has listened and responded to the many people traumatised by the forced removal of babies.

Given that the concerns raised would be better addressed with advice from the responsible Minister, I would appreciate that your office arrange a response to Ms Cole’s concerns as soon as practicable: c.cole@uws.edu.au

Yours sincerely

John Robertson MP
NSW Opposition Leader
Member for Blacktown
Shadow Minister for the Illawarra
Shadow Minister for Western Sydney

30/11/12
Ms C A Cole, BSc. and Law (Pay and Soc)
Soc Hon, LLB GDL PhD Candidate
 crap. School of Social Sciences and Psychology
University of Western Sydney
Locked Bag 1797
PENRITH NSW 2751

Dear Ms Cole

Thank you for contacting Mr John Robertson MP, Member for Blacktown concerning the
release of submissions and testimonies to the 1998 NSW Inquiry Into Past Adoption Practices
by the Standing Committee on Social Issues. Mr Robertson wrote to the Hon. Pru Goward, the
Minister for Family and Community Services on 30 November 2012 about this matter and I
have been asked to respond to you directly on behalf of Minister Goward. I apologize for the
lengthy delay in doing so.

Department of Family and Community Services, Community Services division officers were
advised that during the course of its deliberations, the Standing Committee made a decision to
make all individual submission's confidential. This decision was recorded in the Minutes of the
Standing Committee at the time.

In discussions with officers of the Department of Family and Community Services, Community
Services division, the Director of the Standing Committee on Social Issues confirmed this
advice. He also confirmed that there was a total of 306 submissions received and that of
these submissions, only 13 were made available to the public and even then, only parts of
them. The remainder were marked as 'confidential' and have been archived.

It is within the remit of a Parliamentary Committee to resolve that a submission is confidential
or that parts of a submission are to be withheld if the Committee determines that the
submission contains sensitive personal information or includes adverse mentions of third
parties.

Individuals with specific questions about the status of submissions to the Inquiry should
contact the Social Issues Committee office directly on 9230 2798.

I appreciate the time you have taken to raise your concerns, and hope this information is of
assistance.

Yours sincerely,

[Signature]

Anne Campbell
Acting Chief Executive
15.1.13

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ADF12/1267
ADD13/2468
MCR 12/3952
To Whom it May Concern

As an Aboriginal Elder, I fully understand the pain and suffering that has been done to my people in the past and the traumatic times that we have endured.

I applaud the Prime Minister's apology to our Mob. But what about the white stolen generations that has suffered the same fate.

I know many white people who has went through the same pain.

So why can't the Government do it's handling again and apologize to the white stolen generation to bring closure to all this suffering.

As we walk the same land,
Breathe the same air
Drink the same water

Signed

Max Dulumunmun Harrison

2/11/09

Elder Max Dulumunmun Harrison