
TRANSCRIPTS OF EVIDENCE

WEDNESDAY, 30 SEPTEMBER 1998

JUBILEE ROOM, PARLIAMENT HOUSE, SYDNEY

MEMBERS PRESENT:

- The Hon Jan Burnswoods, MLC (Chair)
- The Hon. Dr. Arthur Chesterfield-Evans, MLC
- The Hon. James Kaldis, MLC
- The Hon. Peter Primrose, MLC
- The Hon. Carmel Tebbutt, MLC

WITNESSES BEFORE THE COMMITTEE:

Witness B	111
Anglicare Adoption Services	120
Ms Alison Croft, Social Worker	
Witness A	129

WITNESS B, affirmed and examined:

CHAIRMAN: In what capacity do you appear before the Committee?

WITNESS B: As a mother who lost her child to adoption.

CHAIRMAN: Did you receive a summons issued under my hand in accordance with the Parliamentary Evidence Act 1901?

WITNESS B: Yes.

CHAIRMAN: Are you conversant with the terms of reference of the inquiry?

WITNESS B: Yes.

CHAIRMAN: Do you wish your submission to be included as part of your sworn evidence?

WITNESS B: Yes.

CHAIRMAN: Do you want to make an opening comment?

WITNESS B: The main points that I tried to make in my submission—as a result of my experience—were that professionals were totally committed to adoption and failed to offer any alternatives; that professionals acted unlawfully by preventing me from witnessing the birth of my child; that professionals acted unlawfully by denying me access to my child; and that professionals acted unlawfully and unethically by preventing the revocation of the adoption consent.

CHAIRMAN: I have read your submission, which contains the points you have made. The Committee forwarded some questions to you, which I will now go through. Please tell the Committee about the circumstances surrounding the confirmation of your pregnancy in 1971. For instance, how old were you, how did you feel about the pregnancy and with whom did you discuss the situation?

WITNESS B: I was 22 years old. I had been teaching for a couple of years and had been teaching in the country. I was teaching in the Riverina after being moved four times, which was quite excessive at that time, and was still finding my way in that new place. I went back to that country town at the beginning of the term in 1971. I had deep suspicions that I was pregnant but did nothing about it—I just carried on as normal. I went to the school, I prepared for the year, I played squash and netball. I hoped it was going to go away. I think I was in a state of deep denial and shock. Eventually, of course, I had to face it. I talked to a woman with whom I had developed a friendship over the 12 months I had been there. She said that I would have to find out whether I was pregnant.

I went to the doctor and had a test. In those days it took a little while before the pregnancy was confirmed. When it was confirmed I was approximately 2½ months pregnant. I knew I would have to make plans for what I was to do. I visited the local priest, as I was a practising Catholic. He suggested that I go to a home for unmarried mothers in Sydney. From what

friends had told me, I knew that that was not the place I wanted to go. Eventually I visited friends in Wollongong and told them my circumstances. They said, "Come and stay with us. Don't go to one of those homes." Everybody knew that they were horrible places, and that has been confirmed through the knowledge that I now have. I made arrangements with them to stay there. Is this too longwinded?

CHAIRMAN: No, the Committee is interested in hearing the steps that women took or were forced to take.

WITNESS B: I did not know what to do about my teaching career. I wondered whether I would be allowed to keep teaching. Of course, in those days that was not acceptable. The inspector of schools, who carried out a welfare role, came to the school and asked to see me. He wanted to know what was wrong with me. He then made the plans as to what I should do. He worked out that I should leave school at the end of the first term, which was May. As I was not eligible for what was then called accouchement leave, I was to just leave. I was not to tell anyone or fill out a leave form. I was told to leave at the end of the term, which I subsequently did. I packed up my belongings and went to live in Wollongong.

CHAIRMAN: In your submission you described an interview with a social worker at Wollongong Hospital early in your pregnancy. Why were you seen by that social worker and how many times did you see her?

WITNESS B: When I arrived in Wollongong I knew I had to make plans, step by step. Step one was to book into the hospital, because I knew this event was going to occur and that is what I had to do. I went into the office at the hospital and told them my expected date and said I wanted to book in. They asked for my details and when they discovered that I was unmarried they sent me to the social worker. I dutifully went to see her then and there. I had only one interview with her and, as I said in my submission, she was very unhelpful.

As a teacher I had private health insurance. She was really quite insistent that I go into a public ward, where girls like me go—she used those terms—because that is where I would feel comfortable. I asked her about antenatal classes and she advised me not to go because they were for married woman. She was quite insistent that I not use my private health insurance. That was the only time that I stuck to my guns and I said, "Well, I am. I've got it, I've got my own doctor." I had arranged that already and I said I was going to use my private health insurance and go into an intermediate ward. She was not very happy with me.

CHAIRMAN: Did she explain her objection?

WITNESS B: She said that girls like me go into the public ward, where I would feel comfortable with other girls like me. She said for me to go away and think about it, and so I did. Subsequently I rang her and told her that I had thought about it and wanted to use my private health insurance. She was very cross with me. She did not offer any advice about anything, she did not ask me what I was going to do, she did not advise me about anywhere to go except to the Department of Child Welfare which, she said, would arrange for the adoption of my child. She sent me to the Department of Child Welfare.

CHAIRMAN: In Wollongong?

WITNESS B: Yes.

CHAIRMAN: Did you ever see her again?

WITNESS B: No.

CHAIRMAN: Do you consider that the hospital's social worker acted unethically or unlawfully at your initial interview, which turned out to be your only interview?

WITNESS B: Yes, I think she did. In 1985, when I was actively searching for my son and going to all the places where information was available, no matter how small, I went back to Wollongong Hospital. I visited with the social worker at the time so that I could view the hospital records of myself and my son. When she got out my records the social worker's report from 1971 was there. She was quite horrified about what the report stated. She said that I should have been advised about alternatives or asked what I was going to do, what were my plans, had I considered foster care and what I was going to do when the baby was born. There was an assumption on the part of the social worker that I was going to have my child adopted.

I was directed to the next step, which was the Department of Child Welfare. She certainly acted unethically in that she, like any other social worker, had a duty of care, a responsibility to tell me about the alternatives that were available to me. I think it was quite unethical of her to try to get me to not have the best possible health care that I could—to go to ante-natal classes, to use my private health insurance and to have my own doctor. The only difference between me and anybody else was that I was not married. She treated me differently because I was not married. Because of the statement "girls like you go here" it seemed that this is the way it went. If you were unmarried that is where you went: to the public ward. I think she acted unethically and unlawfully in that it was her duty of care to tell me about alternatives.

CHAIRMAN: Was any comment made about where you were living and whether you should have been in a home? You were living with your friends.

WITNESS B: No.

CHAIRMAN: That never came up?

WITNESS B: Not in my memory, no.

CHAIRMAN: Why were you referred to the Department of Child Welfare? You said a little bit about that. Please describe your first interview with an officer from the Department of Child Welfare, and, again, do you consider this officer acted unethically or unlawfully during the interview?

WITNESS B: I went to the Department of Child Welfare acting on the advice of the hospital social worker and I met with the social worker there. From the beginning the interview was a taking-down of my details for the proposed adoption. Right from the start I was giving details about who I was, who my parents were, my health, and details about the father. We were filling in a big form. In the course of that, quite clearly from the language she used, from what she was saying to me, she was saying that adoption was in the best interests of the child

and that only selfish girls keep their babies. She went on to tell me how my baby would be carefully matched to the prospective parents and they would be very carefully screened. She emphasised that it was the right thing to do, and the thing that really stuck in my memory was how she made a strong point about the revoking of the adoption consent.

She said that was a very bad thing for girls to do, to come back during the revocation period and to revoke consent, because the baby would be settled with its new parents and that would be very disruptive to the family. She really strongly emphasised that point. When she told me that adoption was for life, that I would never see my child again, I asked her why this was so. She said that in some instances it was to protect the family from mothers coming back and demanding money. She clearly used language which showed she really had a low opinion of unmarried mothers. She conveyed an attitude that there was something wrong with you if you wanted to keep your child. I think she was quite blatant in her promotion of adoption.

So, with that—which I think is the next question—I believe she certainly acted unethically in that I was not the client, I was not somebody that she was demonstrating any concern for. She was channelling me into adoption and was not looking out for my interests. I also think it was unlawful in that her role was to describe all the alternatives to adoption. We touched on that when she directed me to the Department of Social Services and said that I would be able to get \$10 a week unemployment benefits. I asked her at that stage was there any allowance for mothers who kept their children and she said I would be entitled to \$34 a fortnight. Clearly it was all done within the context that adoption was the thing to do, and we did not really traverse any other options or discuss it at all. That was the one and only interview that I had with her—no, that is not correct: I had one interview with her prior to the birth of my baby.

The Hon. CARMEL Tebbutt: Just to clarify, you are saying with both the hospital social worker and the Department of Child Welfare social worker only provided you with information on adoption, even though at that stage you had not made a decision about your future actions; is that right?

WITNESS B: Yes.

The Hon. CARMEL Tebbutt: So, you were going there in a position of still not having made any decision, yet they assumed that the decision was for adoption and acted in that way?

WITNESS B: And certainly the conventional wisdom was that that was what you did.

The Hon. CARMEL Tebbutt: But they did not discuss with you whether there were other options?

WITNESS B: No. Certainly no-one ever discussed it. I was in a very good position, as a teacher, but nobody ever suggested that that was a possibility. It was always like the child was already not yours. It was going to go to these wonderful people.

The Hon. CARMEL Tebbutt: But you were still considering it was a possibility that you might not go down the path of adoption? You had not made up your mind?

WITNESS B: It is difficult to say that. But I should not have had to make any decision prior to the birth of my child, and everybody should have been giving me options, but what was assumed and what was pushed was adoption. We were filling out this form, which was the set-up to find the prospective parents, so always we were operating on this assumption.

The Hon. CARMEL TEBBUTT: The whole process was set in train before?

WITNESS B: Yes. Whereas in my mind I was still ambivalent.

CHAIRMAN: The next question is to explain the Committee's keenness to understand the role of a mother's family and the father of the baby in the mother's decision to have the baby adopted. Can you tell us something about the role your family and the father of your baby played in the decision to adopt?

WITNESS B: I will answer this question but I really want to talk about what happened to me and my experience. First of all, the father of the child played no role, and I did not tell him about it. My father was told by that inspector whom I have already referred to, the inspector of schools, and I asked him not to tell my mother because I really did not want her to know, and he abided by that. My mother found out about three weeks before my son, Michael, was born because it was very hard to keep something like that from her. They never offered any advice or said anything one way or the other. They left it up to me.

CHAIRMAN: Did the inspector tell your father with your permission?

WITNESS B: Well, I was sitting there and it was always like two men taking control of my life, but at the time I wanted somebody to do something because I was not coping with doing it myself. Certainly the inspector, in his welfare role, rang my father and told my father while I was in the room, so I guess it was with my permission.

The Hon. CARMEL TEBBUTT: Can you describe your treatment in hospital before, during and after the delivery of your baby, and do you consider any aspect of this treatment to have been unethical or illegal?

WITNESS B: Well, when I was admitted to hospital the nurses who were on at the beginning were very nice to me and I was placed in a room all by myself. I was there all day by myself. I certainly did not know what to expect, either, in childbirth. I tried to do some reading but, as I said, I had not been to any of those classes and I just did what came naturally. It seemed to be working while I was there all by myself. Later there was a change of staff and the sister who came on was not very nice to me and wanted to know why I was bearing down at that particular point. I had no idea what I was doing. I was just doing what I was doing, and she admonished me for doing that at that point. As it turned out, it was the right thing to do.

Everything was all right until the delivery was imminent, and I discovered that Wollongong Hospital was a teaching hospital. When the birth was imminent I was taken into a theatre and this cast of a thousand appeared, there were nurses everywhere. Everybody except me was able to view the birth. A sheet was put up in front of me. I tried to take it down at one stage, but the same head sister was quite nasty to me and said, "You chose to have your baby adopted, not us."

Somehow all of the information from the hospital social worker had translated into the action that was taking place. I had not said anything, I had been too busy, but somehow the sister knew that according to the records of the hospital social worker the baby was to be adopted. I had not said anything to anyone. The sheet was placed in front of me. After my son was born I pulled it down again—as one would expect a mother to do—to have a look at him. I had a good look and I expressed what every mother expresses at that point, and the sister turned around and said, "Get that baby out of here." I said, "No, no, leave him, leave him." She said, "Get him out", and they took him away. I did not see my baby again until after I had signed the adoption consent.

It seemed to me that everything just happened. Even though I was saying something opposite, this is what was happening. It seemed to be standard procedure: this is what happened. The hospital had some knowledge that the baby was, according to the records of the social worker, to be adopted. Clearly, following the birth of my child I was not allowed to see him. The hospital said it was against the rules for me to see him. My friends tried to see him, and the hospital went really mad on me about my friends trying to see him. I was denied access to my child, which was unlawful given that I was the sole legal guardian and I had not signed anything. As I have said, it appeared to be standard practice.

CHAIRMAN: We have been told by other women that the drug regime was different for women whose babies were expected to be adopted. Were you aware of any difference in the drug regime for you?

WITNESS B: No, I cannot answer that question. I do not know.

The Hon. CARMEL TEBBUTT: Could you tell the Committee about your attempts to revoke your consent to adoption? Do you consider that the social worker acted illegally or unethically in that situation?

WITNESS B: Might I go back a little, because I have not talked about the taking of the adoption consent in the hospital. I was not allowed to see my baby until I had signed the consent form. Instead of the social worker whom I had previously seen being sent up to the hospital, a young man came who had never taken a consent before—he told me that he had never done that before. He was extremely nervous. All we did was fill out and sign the form. There was no advice given, although I understand that advice should have been given at that stage, particularly given that I was signing a binding legal document. After I had signed the adoption consent the matron at the hospital allowed me to see my son, through the glass—but only after I had signed. I feel it important to make that point.

In terms of the revocation, after I had left the hospital I went home to my mother and father in the country. This is always the worst part for me, because I came that close. I went home and my feelings were quite overwhelming at that stage. I felt that there was no way that I could do this, it was not possible, I could not. So I determined that I would go back down to Wollongong. I convinced my mother and father that they should take me back to Wollongong. I did not say why; I just said, "We've got to get there" and that we had to get there within a particular time frame. During the journey from Lismore to Wollongong I psyched myself up as to what I was going to say.

I was going to say to the social worker whom I had previously seen that, while it is all in

your mind before the child is born, things are very different after your child is born. I wanted him back, I had to have him, and that was all there was about it. I could not do this thing. I went back down to Wollongong. I do not know why but I did not ask mum or dad to go with me—perhaps things would have been different if I had. I went to see the social worker. I believe that she knew what I wanted and what I was doing there and I believe that she deflected my intention by involving me in a long conversation about my return to teaching. During the conversation she phoned the education department to talk about my return to teaching.

When I said to the social worker, "Well, what about my child? Where is he?", she told me a story. "I don't often get to see these things", she told me, "but I was in the hospital the day that he was picked up and he went to these people who cried when they got him, and they had come such a long way to pick him up." I know that story verbatim, I know exactly what she said, "They were so happy." In the end I felt like a terrible wimp—or I do now. That story induced in me some form of guilt. I could not say, "Look, I want him back." I felt that he was no longer mine, that he belonged to somebody else.

At this stage I should point out that the social worker was lying. When I found my son—which was when he was 14—I spent many long nights talking to the adoptive mother about everything that had happened. When I was talking to her about going to the social worker in an attempt to revoke my consent I discovered that Sue had had Michael for only three days. He had been in hospital all that time by himself. I think that was fairly standard, too. What the social worker was saying to me at that time was lies, deliberate lies, so that I would not do what I intended to do.

I recall a previous conversation we had had when I was four months pregnant. During that conversation she made the point that revoking consent was a terrible thing to do to these people, to take the child back from them. Apparently, it was not a terrible thing to do to me. The social worker's clients were clearly the adopting parents. I was not a consideration and my feelings were not considered at all. I believe that the social worker certainly acted unlawfully, because that was my right—I did have a right to revoke the consent. She acted unethically, and I think that what she did was morally reprehensible.

It was a hard thing for me to go there and do that because she had set it up earlier that revocation was a terrible thing. When I went there I was deflected, and I was to get back into my normal life as quickly as possible. The suggestion was made, "Let's get the education department to waive the six-weeks-after rule and get you back to teaching. Let's get you on with your life." I was never going to get back on with that life. My life had changed forever. Certainly I think her actions were unlawful, unethical and dreadful.

The Hon. CARMEL TEBBUTT: In your submission you have stated that adoption professionals were totally committed to adoption and that non-adoption alternatives were never discussed. Did you seek information about the alternatives to adoption from adoption professionals? If not, why not? Why do you think the adoption professionals may have been committed to adoption as the only course of action?

WITNESS B: I have demonstrated why I think they were totally committed to adoption. Did I seek information about the alternatives? I think I did when I asked the question about what allowance was available for me. But, no, I did not know what to ask. I did not know

whether to ask was there foster care or child care. We did not talk about such things in those days. Child care was not an issue. I understand now that those things were available, that social workers would have known those things were available and that it was their role to tell me. In order for me to make an informed decision I had to be given all the choices. If I was seen to be making a choice, I had to be given alternatives to choose from, whereas what I was given was that adoption was in the best interests of the child.

It is my understanding that it was stated in the legislation of the time that it was in the best interests of the child for it to stay with its mother. Certainly I would argue that adoption is not in the best interests of the child. Studies have shown—those studies are not from Australia, and certainly that is one of the measures that I think we should take up; there should be research into the effects of adoption. Adoptees are over-represented in gaols and in cases of child abuse. A 1984 document on child sexual abuse commissioned by the Wran Government showed that adoptees and Aboriginal children were disproportionately represented. Adoption was never in the best interests of the child, it is still not in the best interests of the child—

A MEMBER OF THE AUDIENCE: What rubbish!

CHAIRMAN: I remind the audience that I have the power to clear the gallery. The Committee recognises that this is a very emotional subject but, because the Committee is committed to hearing different points of view from witnesses, witnesses must be treated with courtesy.

The Hon. CARMEL TEBBUTT: You have already outlined one measure that you think might assist people experiencing distress as a result of past adoption practices. Do you have any other suggestions for measures that might assist?

WITNESS B: I do not think that I have clarified all my thinking in this regard. I ask the Committee whether it would be possible if in the future I think of any more suggestions to advise the Committee of them.

CHAIRMAN: Yes, of course.

WITNESS B: It is a big one. No. 1, this inquiry is very good in that it is a validation for me to be able to talk about my experiences. I took my affirmation very seriously and I am telling the truth and nothing but the truth. I think as well as validation that there has to be an understanding generally that this malpractice did occur and that it was quite widespread. My understanding is that, as I tried to demonstrate, it seemed like the procedures that I experienced were common practice. Certainly I have been involved in different groups over the years, such as ARM, Mothers for Contact in Adoption, and Origins, where we have shared our experiences and certainly it would appear that this was fairly standard procedure. I think that there has to be an acknowledgment of the malpractice just like there has been with the Aboriginal stolen generation. I think there has to be an apology. Origins called for a national judiciary inquiry, but I really think—and this is where my thinking is not clarified—that adoption impacts on every single person in the adoption triangle.

Everybody would argue, and we have seen this already, that everybody was powerless within the triangle. I certainly felt quite powerless against this kind of overwhelming wave of

adoption, adoption, adoption. If I knew then what I know now there is no way that would have happened to me, but it did and I felt powerless. I believe adoptees feel powerless because they are still treated like children. I think also that because of their adoption to them their rejection is quite real and tangible. Regardless of how wonderful their adoptive parents were, every time there is a birthday there is a missing parent; that there is, "I'm here with these people because my mother didn't want me" or "My mother gave me away." That is quite tangible to them. Certainly there are social and economic costs that come out of adoption. If it is a lifelong process and it was incurred by the State, then the State has a role to play in this lifelong process, whether that is through ongoing mediation between the adoptive parties to bring about some resolution to it all. I am not totally clear, but I look at things like the veto that exists on some reunions.

It is a terrible thing for adopted people not to be able to find their identity, something that all of us just take for granted. I know with my son it has been so much better for him and he has certainly benefited from knowing who he is and from knowing me, but adoption certainly still stands between us and still looms very large in our lives. Nothing anyone could do would ever change that. Nothing can change the past, but I believe the State has a role to play in an ongoing way, certainly research into what actually happened. I know this is a fact-gathering exercise here, but some academic studies about the impact of adoption in Australia, in New South Wales, would be very good.

CHAIRMAN: The Committee is more than happy to receive a further submission from you, either formally or more informally, if you wish to forward it.

(The witness withdrew)

DOROTHY ALISON CROFT, Social Worker, Anglicare Adoption Services, sworn and examined:

CHAIRMAN: In what capacity do you appear before this Committee?

Ms CROFT: As the Principal Officer of Anglicare Adoption Services.

CHAIRMAN: Did you receive a summons issued under my hand?

Ms CROFT: I did.

CHAIRMAN: Are you conversant with the terms of reference of the inquiry?

Ms CROFT: Yes.

CHAIRMAN: The Committee has received a submission from you. Do you wish that submission to be included as part of your sworn evidence?

Ms CROFT: Yes.

CHAIRMAN: Do you wish to make an opening statement elaborating on your submission or shall we proceed straight to questions?

Ms CROFT: I do not want to make an elaboration on the submission, but I had a slight concern about taking the oath in that I was not around at the time and the information I give has been given to me by a third party.

CHAIRMAN: The Committee understands that. Could you please briefly describe the adoption services offered by the Anglican Church in New South Wales from 1960 to the present?

Ms CROFT: In 1960 the Anglican Church opened a home for single parents, for unmarried mothers. It was called Carramar. Until the Adoption of Children Act was implemented in 1967 adoptions were arranged through Carramar with the assistance of a solicitor. When the Act was implemented in 1967 the adoption agency was set up as a separate entity. At that stage it was called the Church of England adoption agency, which remained under that name until the Anglican Church changed its name in 1976. It became the Anglicare Adoption Agency and last year the welfare services of the Anglican Church became known as Anglicare Welfare Services and the name became the Anglican Adoption Services. From 1967 to the present, adoptions were organised for mothers from Carramar, if they requested it. Not all the adoptions organised through the agency were from Carramar—others came from sources outside the Carramar network. In 1985 the agency started a separate program specifically for the placement of children with disabilities, and that has become one of its main focuses in the past 10 years. Do you want more detail than that?

CHAIRMAN: Some of it may come out. For example, our second question is: describe the different ways in which a woman could be referred to Carramar. We will probably get more of the detail about how it operates as we go through.

Ms CROFT: Some of the questions are specifically focused on Carramar and, obviously, the adoption agency was separate. Referrals to Carramar, particularly in the 1960s and 1970s, were made by parents or grandparents. It might have been the minister of the local church they attended, sometimes it was the local doctor, sometimes it was a solicitor. It was rarely through health services or the Department of Community Services at that stage, although in the past 15 years referrals have been more from Community Services and the Health Department. In 1985 Carramar was relocated to the western suburbs. It has been re-established in a small, two-storey house and now accommodates only six mothers. Three units are now associated with Carramar. Mothers can go back to the unit for support and assistance with a child, often while they are awaiting accommodation or sometimes, because of the needs of the child, they need extra help to cope with the child. The nature of the service has changed in the past 15 years.

CHAIRMAN: Can you describe the program for women who resided in Carramar in the 1960s and 1970s?

Ms CROFT: Again, from what I have been told, a lot of the women who were resident at Carramar were still of school age and had been in school, so it was possible for them to continue education by correspondence, and a lot of them did that. It was normal for schools, particularly in the 1960s, to run vocational guidance tests for pupils. Some of the mothers had vocational guidance tests and, following on from that, did some job training, usually secretarial or receptionist work. I am told that the social worker who worked at Carramar part time would run groups for the women who were there. The focus of the groups was to discuss their pregnancies, concerns arising for them from their families, possibilities of keeping, and adoption procedures like revocation, those sorts of issues and things that the women themselves would raise. A general practitioner and a nursing sister would come to give some instruction, particularly around pregnancy and giving birth. For medical care the mothers in residence would go to the Hornsby Hospital Antenatal Clinic at the outpatients department. They would then have the baby at Hornsby Hospital, unless they had already become involved with another doctor.

Some of them went from Carramar to other hospitals to have their children. It was part of Carramar's program to have daily bible readings and prayers. It was not supposed to be compulsory, but most of the residents probably felt there was an expectation that they would attend, and I have heard that from some mothers who have come back and talked with us. Then, of course, there was the expectation that mothers would be rostered on to do the housework and the cooking, and some attempt to make that into a living skills kind of program for them later on. In the present Carramar there is quite a considerable focus on living skills and child care.

CHAIRMAN: Would every woman who was in Carramar have taken part in the discussion groups to which you have referred?

Ms CROFT: I believe they mostly did. A few women took exception to them and would not participate, but I am told that the majority did.

CHAIRMAN: Therefore everyone there should have had access to information that you described about what was involved in adoption?

Ms CROFT: They should have had some access to it, yes.

The Hon P. T. PRIMROSE: In your submission you state that sensitivity and skill was needed to run Carramar, but "inevitably at times of pressure or stress this was not always forthcoming. Recriminations would further distress residents." What have some of the previous residents told you about the way they were treated at Carramar?

Ms CROFT: It is a very variable picture. Some of the women who came to Carramar just felt they did not fit in, they did not make friends, they did not like community living and they were generally very unhappy at Carramar. Some of them found the inevitable structure of an institution difficult, even abhorrent to live with. As I said, some of them did not like attending prayers. There were some, I understand, and I have heard recently of a mother, who wanted a Bible and went seeking it. But some of them did want that kind of thing. Some of them felt the Bible passages that were read were particularly judgmental towards them. That has been disputed by those who kept any record of what was actually read to them. But any record of what was actually read is long since forgotten.

Some of them found it a haven. They felt calm and secure. Some of them had come from very sad and difficult circumstances, and there was some relief in being able to be there. Some mothers made lifelong friendships. In the last 10 years mothers from Carramar have phoned and asked to be linked up again with others they have known. There was even a request for a reunion of a group of them at one stage. But then again for some mothers it was a nightmare experience. They felt it difficult when they went out into the community from Carramar. It was all right living in the house but when they went out because they were in a group they were conspicuous and obvious. They felt people discriminated against them. For instance, when they went to outpatients in the hospitals they felt discriminated against because they were left until last. They felt they were left until last to be served in shops and those kinds of places.

I guess Carramar was like a women's refuge today but probably a bit more structured. No-one was there by choice or was really happy to be there. A lot of women were homesick, lonely and upset about their family's reaction to their pregnancy. Given all those emotions, plus the emotions that were being raised by simply being pregnant and needing to think about what was going to happen to them and the child, it made living pretty difficult. Living in a communal situation with other women in similar circumstances did not make it easy for anybody. For some it was a very difficult experience.

The Hon P. T. PRIMROSE: Were all Carramar residents seen by a social worker while they were at the home?

Ms CROFT: I am told they were. The social worker discussed circumstances with them and, as the previous speaker said, would have been the one who completed the social history form. There is a social worker's report on the file of each person who came in. Recently, a lot of women have come back to us—they have probably written submissions too—and said that they are particularly concerned about the wording of those reports. They thought they were inaccurate or misstated the situation. For example, recently a woman who said that she had been raped was angry that that was not included in the report. That is difficult if it is included or not included but she felt that explained her circumstances, and therefore the report was inaccurate.

In many of the records I am amazed to find details about the fathers of the children who were born through the Carramar program. The fathers were often known and there was usually a lot of information about them. I actually think the fathers were a fairly neglected group. There have been quite a few fathers who have come back and wanted to be identified so that they can apply to have their names on birth certificates and then be entitled to the same rights as a mother on the adoption information. The social worker also said that she always talked about the right to revoke. As the previous speaker said, a mother does not really know what it is going to be like until after the child is born, and having talked about all those things beforehand she can change her mind very dramatically after the child has been born and those things could be very easily forgotten.

The Hon P. T. PRIMROSE: Was it assumed that most women who resided at Carramar actually intended to relinquish their babies?

Ms CROFT: I think it generally was. Most had come from country areas, interstate and overseas—quite a few from New Zealand. They felt they were sent by their families. They experienced a real feeling of rejection by their families. Many of them felt it was going to be a choice between keeping the child and their families continued to reject them, or giving their child up and their family would accept them. Having said that, when I looked at the register and tried to draw statistics from it I found that in fact about 80 per cent of mothers relinquished their child but at least 20 per cent of the children were not placed for adoption.

The Hon P. T. PRIMROSE: Your submission notes that there is considerable evidence that the possibility of keeping the child was discussed with mothers. What is this evidence and why do you believe it to be considerable?

Ms CROFT: I guess I was referring to evidence on the files. It was almost always noted on the files that keeping the child was discussed, and the family circumstances came into that. I suppose because the social worker was not full time but was there regularly there was a lot of opportunity for discussions, which perhaps other women did not have. In a sense there were more ongoing discussions about some of those issues. The social workers to whom I have spoken all claimed that they did talk about it.

The social workers all stressed that the options were not readily available and that they were not as they are today, particularly given the young age of some of the mothers who came into Carramar. There is evidence on files of applications to the Department of Community Services or the Department of Community Welfare, as it was then, for financial assistance from the department. There were affiliation applications in relation to the father as well which was necessary if payment was going to be made. Some of the fathers wanted to be involved at that stage. Having looked at the files I am surprised about how many fathers actually paid the fees for the residents. There was quite a lot of involvement at that time.

The Hon P. T. PRIMROSE: Were professionals at Carramar obliged to explore non-adoption options with a mother during the period under review in this inquiry, that is, from 1950 to 1998? Would failure to do so constitute a breach of ethics or of the law?

Ms CROFT: Social workers have reported to me that they felt a professional responsibility to give a woman information about alternatives, financial support, accommodation, employment possibilities and child care. If one looks at our statistics it becomes obvious that

the biggest number of our adoptions happened in the 1960s. The options open were even more limited at that time than they were in the 1970s and 1980s as time went on. Foster care, for instance, was very difficult to get at that time.

There was still residential care available at places, for example, the infants home at Ashfield where there was accommodation for children, and some of the mothers would go there to work. There was not a lot of foster care. The possibility of keeping a child often hinged more around the family accepting the mother and the child. By the 1980s there were more women in Carramar who were keeping their babies than placing them for adoption. From the 1970s the numbers of mothers in Carramar who placed their children for adoption dropped dramatically, and probably over the last 15 years there have been very few adoptions.

Professional workers certainly considered that they had a professional obligation but I do not know that they considered it was an ethical one. In that it was a professional obligation I would have considered it an ethical one. It was certainly seen as best practice. I have now spoken to about seven of the workers from that time and they were quite adamant that there was an obligation to talk about alternatives. The big problem was that it was not given in writing. Given the trauma and distress experienced by these mothers their options for remembering were few. There was a lot of detail that was not written down for them.

There were brochures such as those from the Department of Social Security in the 1970s that did become available. Recently we have found that even information given verbally needs to be written down and that has been given increasing emphasis. Certainly over the last 10 years mothers have been given information about procedures, alternatives, and the emotional stress that they can expect becomes a consequence further on, but that did not happen in the 1960s. It is understandable that that information was not as clear to people as it might have been.

CHAIRMAN: When you say that those options were explored from the records you have looked at and from the people you have talked to, do you know when during the pregnancy or the residency at Carramar that kind of discussion took place and whether it happened once, in discussion groups or during ongoing discussions with the social worker?

Ms CROFT: It happened in both the discussion groups and individually with the social worker. The length of time that a mother was resident in Carramar varied quite considerably. Some mothers were there for three to four months and some for perhaps six weeks, so the opportunity would have varied from one mother to another.

CHAIRMAN: What are your feelings about at what point in the pregnancy discussion happened about adoption or other options?

Ms CROFT: It was generally later in the pregnancy, because most of them did not come in to Carramar until later in the pregnancy. In terms of the number of times, as I say, that could depend on when the mother had come in. Because there were the regular groups, and there was an expectation, and most of them did in fact attend the groups, there was a chance to talk about that certainly more than once; the groups were weekly groups. In the groups it would have been a discussion all together. Obviously, in the counselling it would have been one on one and the mother's particular circumstances would have been considered.

The Hon P. T. PRIMROSE: You said a few minutes ago that you believed the attitudes of the family were all-important in whether a mother kept her child or not. Could you elaborate on that?

Ms CROFT: Most of the women who came in to Carramar had come from family situations from living within their families. Most of them were 18 or under. Most of them were there because their families had sent them there and there was considerable distress in terms of feeling rejected by their families, together with home sickness. The matron commented on how many times mothers would say they would rather be home with their families rather than in a place like Carramar. There really was a desire to maintain contact with their own family. That varied quite a lot. There is some evidence that there might have been some rejection by the family to begin with, and then as time went on that eased and families became more supportive. There is certainly evidence on file of some of the mothers in those situations then taking the child home.

I think it was the particular group of mothers who would have come to a place like Carramar which made it difficult for them. Most of them had little life experience, were very vulnerable, and found it difficult to consider surviving without their family, so that family support was crucial. I think that in the long term, even after they left Carramar, that support of the family was really crucial. Professionals disappear. They are there for the duration of that, but for a mother the family relationship is all-important in the long term.

I do not know any mother who places her child for adoption because she wants to do it. I do not know any mother who does not love her child. Even if a woman considers it the right decision for her child and herself, in consideration of her own particular circumstances she is still going to experience tremendous grief in relinquishing her child, and that is a long-term, profound grief. The support of the family is all-important in her coping with that. I guess some of the mothers we have seen who have come back to us have not had that support and therefore have been even more distressed and/or grief stricken than they might otherwise have been.

The Hon P. T. PRIMROSE: Do you believe there may have been any instances of systematic illegal or unethical practices in adoptions during the period under review?

Ms CROFT: Can I take questions 11 and 12 together?

The Hon P. T. PRIMROSE: Please do so. Your submission states that while it seems apparent that past adoption practices cannot be described as unlawful in the main, it is likely that in some cases the human rights of some mothers were denied. Can you give examples of instances where this may have occurred?

Ms CROFT: I do not think that there were what could be termed systematic illegal or unethical practices in adoption. There have been allegations, but I think that these have to be dealt with individually and in terms of the practice with which we are concerned in relation to Carramar. In terms of systematic illegal and unethical practices built into the system, I do not think they were built into the system. However, I think that there were probably three particular aspects of the adoption process where there have been particular complaints. One was the inadequate information given about alternatives. As I have mentioned, I think there are indications that information was given. I have heard that from too many sources to feel that

it was not given. How adequate it was in each individual case is impossible to tell. The problem was that it was not written, so it is difficult to know, 30 or 40 years later, just exactly what information was given.

The second area would be a mother not being permitted to see her child at or after the birth. I have certainly heard that from lots of people. Possibly that was not illegal, but it was certainly an insensitive and misguided practice. As I say, it is not illegal because I do not know the law that it actually contravenes, but I certainly think it was an inappropriate practice. It was done because it was believed it would be easier for a mother to get over her child if she did not see him or her. That certainly has been disproved and demonstrated in a lot of research that has subsequently been done.

I am told that at Hornsby Hospital Matron Shirley Jones, who was the first matron at Carramar, pressed the hospital authorities for the right for mothers to see their children, and it became the norm after that. But it was only a one-off thing; in those days there was not a lot of opportunity for mothers to be able to see their children. As time went on, I suppose into the early 1970s and thereafter, mothers have been given opportunities to continue to see the child in foster care even after the consent has been given, up to the point where the child goes to adoptive parents. That has proved to be an incredibly helpful process, to be able to follow through.

The third area is the revocation period. I can only talk about the Carramar experience and the agency experience. Again, part of the problem was that the details were not given in writing. They should have been; the mother should have known that she could go to the Supreme Court to revoke that consent. I am told that at Carramar there was a copy of the consent document. There is a second document that was required to be signed as well, which was the request to make arrangements for the adoption of a child. Those two documents were on the noticeboard for mothers to read, and the revocation is stated on one of those documents. So that information was there for them to be able to see.

There was a requirement with the signings of consent that a social worker witnessing a consent had to be a member of the AASW or a JP. I know that there were periods at Carramar where the social workers would not fit into that. I am unsure as to who actually did the consents; I think probably hospital social workers. But I think there was some confusion—not so much confusion, but the people who saw the mother to take the consent were not necessarily people who knew her, which was certainly not appropriate. In the 1970s it was usually the social worker from the adoption agency who witnessed the consent and who had been involved with the mother prior to that. By the end of the 1970s the details about the revocation procedure were in writing for a mother to have and to be able to go back and revoke her consent.

The other complaint, as we have heard already, was that of a mother coming back and then being discouraged from actually revoking. It seems that there were certainly instances where that happened. As I said, the mother had a right to go directly to the Supreme Court, but I do not know that they were all aware of that or aware of how they would go about that, and they did feel that the agency was an inhibiting factor if they wanted to go ahead with a revocation. Certainly the number of revocations has increased dramatically. The number of mothers who would consider adoption and then keep the child is also very high now. We would see something like 35 mothers a year, of whom half a dozen would actually place the child for adoption. So it has turned right around, and the right to revoke is now stated in a

separate form which a mother is given at the time of the signing of the consent but is sent to her again seven days before the revocation ends.

The Hon. Dr A. CHESTERFIELD-EVANS: There seems to have been a gradual change in practice, with 85 per cent being adopted and now six out of 35 being adopted. Have any scientific, long-term studies been carried out as to the basis of that change and what happened to the parents who adopted and the children?

Ms CROFT: No, I do not think so. I think that there has been more of a change in the resources available. In the 1960s it was very difficult for a pregnant woman to have an abortion. That has turned around dramatically and the number of abortions is now very high. The financial support given by the Federal Government, which came in with the Whitlam Government when it introduced the supporting parents benefit, made a big impact in terms of women being able to keep their children. I think there has also been a change in society's attitudes to sole parents.

The Hon. Dr A. CHESTERFIELD-EVANS: You have spoken about changes in society's attitudes and Federal Government support. You have said that Carramar saw its role as mitigating the situation of women who were between a rock and a hard place; they could not keep their baby because of a lack of support, their family would reject them and they had to give them up, as it were, to get their family back and have a normal life.

Ms CROFT: That would have been in the 1960s. I guess the dates in the questions vary a little. That would have been the situation in the 1960s and early 1970s, but by the late 1970s things had turned around a lot and the numbers of adoptions were dropping right through the 1970s.

The Hon. Dr A. CHESTERFIELD-EVANS: Do you think that Carramar was part of encouraging the change, or do you think Carramar took an active stance on what the mother should do? Was Carramar encouraging the increased adoption rate, was it encouraging the increased keeping of the babies, or would you say Carramar was neutral in the sense of the decisions that were being made?

Ms CROFT: Are you talking about the 1960s or the 1980s?

The Hon. Dr A. CHESTERFIELD-EVANS: Over the process of decision making.

Ms CROFT: In the early 1960s there were few options for parents to follow. They tried to do the right thing by the mother. I am sure there was an integrity in what they were doing and an emphasis on doing the right thing for mothers. In those days that often meant mediating with her family. As time went on the women who came into Carramar changed. To some extent family issues are still involved, but a lot of women who have come to Carramar in the past 15 years have already left home and have nowhere to go so there is not such a strong break with the family.

The Hon. Dr A. CHESTERFIELD-EVANS: When Carramar said that it was doing the "right thing", that "right thing" changed in response to the mores of the time and the external financial circumstances of the mother.

Ms CROFT: I think that was probably the case. The mores at the time had a big impact and professionals cannot be to be apart from that, to some extent.

CHAIRMAN: You mentioned that Matron Shirley Jones changed the practice at Hornsby Hospital.

Ms CROFT: She was at Carramar.

CHAIRMAN: She persuaded them to change the practice?

Ms CROFT: Yes.

CHAIRMAN: When was that?

Ms CROFT: In the early 1960s.

CHAIRMAN: So Hornsby Hospital had a different practice from the others?

Ms CROFT: I think things gradually changed across the hospitals. Hornsby would have been one of the earlier ones to change.

CHAIRMAN: What measures might assist people experiencing distress as a result of past adoption practices?

Ms CROFT: The majority of people who relinquished children in the early years did not receive any counselling. Our experience shows that grief counselling after the event is all important to a mother in helping her to cope with her life. It takes a couple of years for a mother to get back to her former level and start to pick up the pieces again. The implications are lifelong.

CHAIRMAN: Are you talking about the present?

Ms CROFT: I am saying that mothers did not receive any counselling at all, and there are still women who have never had any support, counselling or follow up; and that should be made available to them. It is particularly difficult when one party to an adoption has put a veto on contact under the Adoption Information Act. People who are subject to that veto find it incredibly difficult to cope with the effects of adoption. Certainly groups like Origins experienced that and it is important that we all work together to provide these resources. There is not enough money for each group to do it on their own. I think that counselling support is crucial.

(The witnesses withdrew)

WITNESS A, affirmed and examined:

CHAIRMAN: In what capacity are you appearing before the Committee?

WITNESS A: As a mother who gave up children for adoption.

CHAIRMAN: Did you receive a summons issued under my hand to appear before the Committee?

WITNESS A: Yes.

CHAIRMAN: Are you conversant with the terms of reference of this inquiry?

WITNESS A: Yes.

CHAIRMAN: You have provided a written submission. Do you wish that to be included as part of your sworn evidence?

WITNESS A: Yes, I do.

CHAIRMAN: Do you want to make an opening statement or go straight to the questions?

WITNESS A: Go straight to the questions.

CHAIRMAN: Could you tell the Committee about the circumstances surrounding the confirmation of your pregnancy in 1971? For instance, how old were you, how did you feel about the pregnancy, and with whom did you discuss your situation?

WITNESS A: I was 19 when I found out I was pregnant. I was really distressed about it. I knew I was pregnant, I had a feeling I was, even before I was tested. I had a pregnancy test with my local GP, and then my mother and the GP talked to me about it. At that initial meeting the local doctor said the only thing to do was to send me to a home for unmarried mothers and to have my baby adopted. I do not know whether my mother had thought about what would have to be done, because this was fairly early in the piece. From that time on I went along that track, and it did not change. Everyone I came into contact with said that that was the only thing I should do.

CHAIRMAN: You say "everyone"—with whom did you discuss the situation?

WITNESS A: No-one much at that stage, it was kept very secret. My mother and the doctor knew, probably no-one else much. I probably told a friend, but I did not tell the father. That was about all at that stage. Later, more people became involved. The doctor suggested I go to St Anthony's, which was a home for unmarried mothers.

CHAIRMAN: Your local doctor referred you to St Anthony's?

WITNESS A: Yes.

CHAIRMAN: Could you describe your experience as a resident of St Anthony's?

WITNESS A: Yes. I found the whole thing fairly traumatic. It was just like a business, and people could come and go but the business kept on. It was an institution and it did not matter whether it was me, some other mother, or dozens of us, we were all "processed" I suppose. When I went there I was told I would not be able to use my surname as everyone was known by her christian name. As there was already someone there named Helen I had to use another name. They allowed only one person to use a first name at a time. It was impossible to know who people were, because some people had to change their name and last names were never used. I am sure that that added to the feeling of disorientation. My mother and my doctor saw it as a haven, a refuge for me, and also a way of getting me out of the way. Coming from a Catholic background my situation was seen as shameful. An aunt, a nun, also knew. My mother and my aunt used to say that being pregnant was the one sin that showed and they would look at each other and smile.

I was constantly reminded that I was a walking sin. My experience at St Anthony's bore that out. To a certain extent I felt that their treatment was about punishing me because I had done something wrong. When I was at St Anthony's all the girls had duties, jobs, every day. For five mornings a week I helped out in the kindergarten. At the end of the shift I had to scrub all the floors in the huge playing area and the bathroom, clean the toilets, basins and toys. I did not help out in the afternoon shift, but came back at the end of the afternoon and did the same: scrubbed the floors, cleaned the toilets, et cetera. As my pregnancy advanced, and because I was having twins, it became increasingly difficult for me to fill buckets, carry them and scrub. But there was never any conversation about whether I would keep on with my duties.

Certainly a lot of people had heavier duties than I had. Basically the unmarried mothers ran the place, they did all the labour. They would cook all the meals, do all the washing and cleaning not only for us but also for the nuns. Also it was a training place for mothercraft nurses, so the unmarried mothers did their work too. Any illusion I had that it was going to be any kind of haven or that there would be any signs of Christian charity went out the window when I realised that the nuns did not even like to say "Hello" to us: they would divert their eyes when they saw us coming, because they saw us as shameful.

I was only there a couple of months. I was going to be there longer but I went into premature labour, and I am sure all the work I did there did not help my pregnancy go longer. I never really left the place except to go into St Margaret's Hospital a couple of times for check-ups. For a couple of months it was my whole world. I was lucky: I occasionally had visitors. You would have to see them in a special room and only for a very short time, but a lot of people never had visitors. My memory is it was a fairly unhappy place. We did not have any counselling, there were no discussion groups and there was nothing diverting. There must have been a television there but by the end of the day I was so tired and so uncomfortable all I could do was go to bed because of the strain of what I was doing and the heaviness of the pregnancy. All I remember is one time a woman came along and talked about beauty tips. That was fairly odd. She said how she put on four stone during her pregnancy but lost it all afterwards, so we were not to worry about regaining our figures. That was not really our main concern at the time. Those are my memories of St Anthony's.

CHAIRMAN: You have touched on the next question by saying there was no counselling or discussion groups that you remember. You did mention in your submission having regular meetings with the social worker. Did the social worker provide any counselling or information

regarding alternatives to adoption at these meetings, and did you seek information about alternatives to adoption? If not, why not?

WITNESS A: Yes, I did see a social worker on a number of occasions. I cannot remember exactly how many but it was the same as the woman mentioned previously. It was mainly a form-filling exercise. She had a whole range of forms that had to be filled in. I had to go away and get information, like the heights and weights of my brothers and sisters. I remember I had to go away and get that kind of information and come back. I also had to give her information about the father—what they call the putative father. That was the main focus of our discussions although she also seemed to have a personal quest.

I said at the beginning that I did not want the father's name on the papers. That was just something I decided at the time. She kept pretending I had already told her the father's name and it seemed to be some kind of game, trying to get me to say the father's name. I do not know for what purpose. I do not think it was needed for the paperwork but, as I had said I was not going to give it to her, she was somehow going to get it. There was no counselling and no talk about alternatives to adoption, although I think at one time she asked was there any way I could get the father to marry me, and that was seen as my only hope, if I could somehow do that.

CHAIRMAN: Do you remember whether you sought information about alternatives?

WITNESS A: No, I did not. I did not know there were any alternatives. It was not until comparatively recently, about a year ago, when I saw an article in the newspaper—I think it was an interview with some people from Origins talking about some aspects of the Act and that they were supposed to be given certain information. They were supposed to tell you about alternatives, about help, and about any kind of financial or other assistance, but I never heard of that. As far as I knew there was no help at all and my only option for keeping my twin sons, as it turned out, was if my family supported me. But my family made it very clear that that was not acceptable because the stigma of illegitimacy was seen as a very big thing and a good Catholic family would not have illegitimate children in the home.

The Hon. Dr A. CHESTERFIELD-EVANS: Could you describe your treatment before, during and after the delivery of your babies in the hospital? Do you consider any aspect of this treatment to be illegal or unethical?

WITNESS A: I think it probably was unethical in that they did not treat me as a human being. I am sure that according to their code of ethics doctors are supposed to have paramount concern for the patient. But I think, because I was having twins, I was seen as a kind of twin-carrying specimen. That seemed to attract a lot of attention when I went along for check-ups. I went into labour but it did not go ahead, so I was in hospital for about three days before I finally went into labour. I think it was a teaching hospital, so I had a constant stream of doctors with students coming along and feeling my stomach, and I am sure a certain number of internals were done too.

By this stage I was just cutting off from what was happening. I felt very powerless and did not feel that I could say to somebody, "Do these people have a right to talk over my body and say here we have this young woman and we are going to try to find out what she is in here for." There were various jokes about that because obviously they could see I was pregnant.

They would be chuckling about that. A couple of times I did try to engage people in conversation to try to remind them there was a human being here, but doctors can be pretty dismissive and usually they would just make some kind of put down. Everybody knew I was from St Anthony's, I was single, I was going to adopt, and I was obviously very young so I did not really have many rights.

When I did go into labour or when the delivery was about to happen they rang a bell, which I think was a fairly standard thing to do so as many people as possible could come along, and some of the nurses had said to me before that they were all looking forward to it because they wanted so many twin births and everybody was totting up the number of births. That was a weird experience. Because it was a premature labour I had a forceps delivery and I was in stirrups so I could not really see the babies being born. They grabbed them and put them into humidicribs and took them out straight away. The room was totally packed with people and I was just there by myself. Then everybody went out and I guess I was there for a while afterwards, because I had to have stitches and everything.

That is when I asked were they all right and were they boys or girls, but beyond that no-one would give me any information. I wanted to know whether they were identical twins or whatever. No-one would ever tell me and I only found that out in the past year or so. I suppose once I gave birth I ceased to be of interest, in a way. I did not see my babies when they were born, and afterwards I was told they would not forbid me from seeing them but they strongly recommended against it as it would only make me unhappier than I already was. I did not and that was something I felt bad about because I thought, "If only I had", but I did not. I think I was really discouraged, and also all my energy was going into trying to hold on and keep myself together. I really felt on the edge a lot of the time. I think it was very hard.

The Hon. Dr A. CHESTERFIELD-EVANS: Some people have given evidence to us that the hospital treatment for people who were adopting was different from the treatment for people who were not. Do you have any knowledge of that at all?

WITNESS A: Because I was coming from St Anthony's I was in a whole ward full of people who were adopting. It is probably hard for me to compare from that experience. But certainly from later experience of having children, it was a totally huge difference, yes. I think the attitude was systemic in that it was just accepted that you were treated in a certain way. Everybody knew if you were in that ward you were going to adopt, so they did not have to treat you in the same way that they would treat other mothers. Your babies were not seen as your own and as soon as you gave birth you were supposed to forget them from the first minute. That is over: now you have to get on with your lives. That was also a very weird experience. It was really hard.

The Hon. Dr A. CHESTERFIELD-EVANS: Was the your drug treatment with the adopted babies different from your drug treatment with the other babies? If so, do you think it related to the fact that you were adopting?

WITNESS A: No. I know other people had that experience, but I was not drugged.

The Hon. Dr A. CHESTERFIELD-EVANS: The Committee is keen to understand the role of the mother's family and the babies' father in the decision to adopt. What role did your family and/or the father of your babies play in the decision to adopt?

WITNESS A: I think my family played a huge role. I did not tell the father, so my family was really my one hope. Either they were going to offer me some support to keep my babies or, as far as I knew, there was nothing else I could do, because no-one had mentioned it and I just accepted there was no other option. The fact that my family felt really strongly that adoption was the only thing to do and it would be a very cruel and negligent thing to keep my babies and expose them to the stigma of illegitimacy and heaven only knows what future with no income, as it was put to me—as I would have no income and no support—it made a huge difference to me that I did not have that support.

Also, I suppose, the fact that through the entire pregnancy nobody spoke to me about any options but my family kept saying, "You have to adopt. How could you do it to your children to keep them, it would be a terrible thing. What kind of dreadful person are you who could even consider it when they could go to a wonderful adopting family of people who could give them all the advantages and you cannot give them anything?" That was said repeatedly and it had a strong effect on me at the time.

The Hon. Dr A. CHESTERFIELD-EVANS: You did not feel that telling the father was an option, in the sense that you did not think you wanted him to help you make the decision or he would not be capable?

WITNESS A: I had a fairly clear feeling that he would not be supportive. I think I made the right decision that way. I think he would not have been supportive of me. I think he was in a fairly confused state at the time and he was fairly young. So, no, I do not think it would have helped.

The Hon. Dr A. CHESTERFIELD-EVANS: Again, you have almost answered question No. 7. How did the decision to adopt your twin sons come about? Did you express a desire to keep your babies at any point during or after your pregnancy? If yes, to whom did you express the desire and, if not, why not?

WITNESS A: Yes, I did on a number of occasions, with my mother. I talked to her about really wanting to keep my babies and trying to work out some way that I could. But she said there was no way she would allow them into the house—that was a fairly conclusive no. I did not really talk to anybody else about it, because in my mind the only options were to adopt or keep them if I had some family support. The only girls at the home that I saw keep their babies were the ones who got support from their families. I saw that as being fundamental. Where would I go and what would I do? I had no idea and no-one ever mentioned that there was any other kind of support that I could have.

The Hon. Dr A. CHESTERFIELD-EVANS: You have partly answered question No. 8. Could you discuss how your treatment by various people during the course of your pregnancy may have influenced the decision to adopt your babies? That would be the non-discussion of options.

WITNESS A: Yes. Once I was put on the track of the Catholic home for unmarried

mothers and St Margaret's Hospital it was assumed that I was going to adopt and that that would be the only reasonable thing to do. I had that pressure. I was wracking my brains over it. I spent probably a great deal of my pregnancy trying to think of some way that I could possibly do it by myself. I did not know how I could do it by myself without any help.

The Hon. Dr A. CHESTERFIELD-EVANS: The Committee has heard evidence from one of the adoption homes that felt that women were in the situation that you have described, that if a woman did not have family support then she could not keep her baby because she would have no way of supporting it—that one either had to adopt or have support from the family. The adoption home felt that it was there to soften the situation rather than influence the situation by perpetuating it. Do you consider that the home itself took a pro-adoption line for any particular reason?

WITNESS A: That would definitely be the line taken by Catholic organisations in those days. It was not the line to encourage young single women to keep their babies. As I have said, in Catholic eyes it was a sinful thing that I had done. The stigma of illegitimacy was really important to my family, it was such a big thing. And it was a big thing. I remember hearing, before I stopped going to church, the Catholic priest going on about what a dreadful thing it was that single mothers sometimes kept their babies and that that should not be allowed. It was the policy. It was just what people expected.

The Hon. Dr A. CHESTERFIELD-EVANS: Your submission includes examples of what you consider to be unethical and unlawful adoption practices. Please describe some of those practices.

WITNESS A: As I said before, until I read that article about a year ago I never knew that the authorities were obliged to offer financial assistance and foster care. I never knew that there was any financial assistance, and it never occurred to me to ask. Even while I was pregnant, although I filled in forms to get a certain amount of money, most of that money went to the home so I did not really have that direct contact with social security to be aware that there were different kinds of allowances. I had no awareness of that. If that was built into the legislation then it was not just unethical, it was unlawful not to tell me about it.

Another aspect was a warning about the risk of dire future regret. Nobody talked to me about that. It was all just, "Do the right thing. You have to adopt and then afterwards you have to go away and forget about it, pretend it never happened, and get on with your life." If that is warning of dire future regret or counselling, it does not rate very highly. A point has been made about women being informed that they had to insist on adoption before any consent was taken. It was always just assumed that I would give my consent. There was no alternative. Nobody talked about it, nobody put any of those things to me. As I have said, until I read about it in the paper about a year ago I did not even know about it. That those things were not done, that is unethical and unlawful.

The Hon. Dr A. CHESTERFIELD-EVANS: Has your experience of adoption affected you and your relationships with your family?

WITNESS A: Yes, definitely. It has had a big effect on me and on my relationship with my family. At the time, when I went home to my mother from the home for unmarried mothers, my mother said, "We'll pretend it never happened. I'll never mention it again." My mother has not

mentioned it again. It is only recently that I mentioned it to her. I have heard other people in my situation talk about this, too. That kind of secrecy creates huge chasms between women and their families. You have gone through this thing that has changed your life. It has been shattering and traumatic, and no-one will talk to you about it or even acknowledge that it happened. How can you be close to people when one of the most important events of your life is treated as though it did not happen? That has a huge effect on families. Even when you start talking about it again after 26 or 27 years, how do you catch up? How do you make up for that lost time? I do not think you do.

The Hon. Dr A. CHESTERFIELD-EVANS: What measures might assist people experiencing distress as a result of past adoption practices?

WITNESS A: I am sure that there are many things that can be done. I do not have an exhaustive list at all. First, it is really important to bring this out into the open and for people to realise the circumstances at the time and how hard it was to make a choice—at that time it was not really a choice. I have heard adoptees speaking about adoption. Sometimes they have not realised just what the social conditions of the time were. That has made it much more distressing for them. They have thought that things were more or less the same as they are now, that social attitudes were different, that pensions existed and that somehow women blithely decided to give their babies away. It is really important that people know just what the circumstances were at the time.

It comes down to giving financial assistance to organisations such as Origins and PARC that provide counselling and support. One needs to be able to talk about this; there is a need for counselling and support. It makes it very hard for people if there are not many places that they can go or if there is not the funding for support. This is not the kind of thing that people could just have a group discussion about a couple of times and then it is over. I find that this is a journey that goes on and on. Just when you think that you have dealt with one thing, something else comes up. That is really important, and it often comes down to financial support. Those are the main measures that I can think of.

CHAIRMAN: Is there anything else you wish to add?

WITNESS A: No.

(The witness withdrew)

(The Committee adjourned at 4.39 p.m.)