

Standing Committee on Social Issues

Report on Adoption Practices

Second Interim Report

Transcripts of Evidence

16 June 1999 – 25 October 1999

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Terms of reference

That the Standing Committee on Social Issues inquire into, and report on:

1. the professional practices in the administration and delivery of adoption and related services, particularly those services relating to the taking of consents, offered to birth parents and children in New South Wales from 1950 to 1998;
2. whether adoption practices referred to in clause one involved unethical and unlawful practices or practices that denied birth parents access to non adoption alternatives for their child; and
3. if so, what measures would assist persons experiencing distress due to such adoption practices.

The Committee will consider adoption practices in New South Wales from 1950 to 1998. However, the primary emphasis of the Inquiry will be on the practices occurring before the introduction of the *Adoption Information Act, 1990*.

These terms of reference were referred to the Committee by The Honourable Faye Lo Po', MP. Minister for Community Services. Minister for Ageing. Minister for Disability Services. Minister for Women.

Committee membership

On 25 May 1999, the Committee was reconstituted but with a reduced membership. The Committee now consists of five members:

- Jan Burnswoods MLC, Chair (Australian Labor Party)
- The Hon Doug Moppett MLC, Deputy Chair (National Party)
- The Hon Dr Arthur Chesterfield-Evans MLC (Australian Democrats)
- The Hon Andrew Manson MLC (Australian Labor Party)
- The Hon Henry Tsang MLC (Australian Labor Party).

At the commencement of the Inquiry in October 1998, the Committee membership was:

- Jan Burnswoods MLC, Chair (Australian Labor Party)
- The Hon Dr Marlene Goldsmith MLC, Deputy Chair (Liberal Party)
- The Hon Dr Arthur Chesterfield-Evans MLC (Australian Democrats)
- The Hon James Kaldis MLC (Australian Labor Party)
- The Hon Doug Moppett MLC (National Party)
- The Hon Peter Primrose MLC (Australian Labor Party)
- The Hon Carmel Tebbutt MLC (Australian Labor Party).

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Chair's foreword

In June 1998 the Standing Committee on Social Issues was asked to inquire into professional practices in the administration and delivery of adoption and related services in New South Wales from 1950 and 1998.

During the course of the Inquiry, the Committee has taken evidence from 82 witnesses including mothers, adoptees, adoptive parents, former and current adoption workers, and representatives from government departments and private adoption agencies. In November 1998 the Committee published the transcript of evidence from 27 August 1998 to 19 October 1998 as the first interim report. This second interim report presents the remaining transcript of evidence from 16 June 1999 to 25 October 1999. Both interim Reports are located on the Parliament's internet site, the address is www.parliament.nsw.gov.au.

Committee Members acknowledge the significance of the evidence and regard the Interim Reports as important public documents. As many people would be aware, the subject matter is very sensitive and in some instances involves deeply personal experiences of past adoption practices and the ongoing impact of those experiences.

In a number of cases, serious allegations were made against individuals. The publication of this evidence has involved the Committee in making the very difficult decision to delete names from the published transcript. The decision was taken after consideration of the alternatives and is consistent with parliamentary practice.

We are now preparing the final Report. Submissions are closed and there will be no further public hearings. It is anticipated that the Report will be completed in the second part of this year. A copy of the final Report will be forwarded to all inquiry participants shortly after it is tabled in the Legislative Council.

In publishing this evidence, I would like to take the opportunity to thank all those people who have shared their experiences with the Committee. I am aware that many people affected by adoption found the experience of giving public evidence at times traumatic and at others liberating. In particular, I express my personal gratitude to the mothers, fathers and adoptees affected by past adoption practice. As I said at the conclusion of the public forum, it takes a lot of courage to stand up and talk about personal experiences and we appreciate the honesty and the courage that those who have spoken to us have shown.



Jan Burnswoods MLC
Chair

Explanatory note to transcript

Names of individuals

Readers will note that some names have been removed from the transcript.

- In cases where a serious allegation is made against an individual, the Committee has removed the name and left it or replaced it with the person's title or profession, for example, social worker.
- Where a witness makes an allegation against more than one individual and where the witness makes multiple allegations against the one individual a number has been added to the persons' title or profession for clarification, for example, social worker 1.
- The coding system applies to each witness and is not a consistent code throughout the transcript. For example, 'social worker 1' referred to in one person's evidence is not necessarily the same 'social worker 1' referred to in other people's evidence.

Identification of witnesses

- These transcripts include the evidence of several witnesses who requested to give evidence before Committee Members only. While these witnesses did not wish to appear in public they have requested that their evidence be made available to the public.
- Other witnesses requested that their name be withheld from publication and they have been allocated a code name, for example, Witness K.

16 June 2000

Jubilee Room, Parliament House, Sydney

CRAIG MURRAY WILSON, Director, Children and Youth Services, Centacare Adoption Services, 9 Alexandra Avenue, Croydon,
ANGHARAD ELISABETH CANDLIN, Principal Officer, Centacare Adoption Services, 9 Alexandra Avenue, Croydon, and
EVELYN COSTELLO, Director, Employment Services, Centacare Catholic Community Services, 33-35 Ware Street, Fairfield,
sworn and examined:

CHAIR: Mr Wilson, In what capacity are you appearing before the Committee?

Mr WILSON: As the Director of Children and Youth Services.

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

Mr WILSON: Yes.

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

Mr WILSON: Yes.

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

Mr WILSON: Yes.

CHAIR: Do you wish to briefly elaborate upon your submission or make a short statement?

Mr WILSON: Because of the shortness of time, I would like to answer the last question first; I would hate that to be missed.
Is that acceptable?

CHAIR: The last of the questions sent to you by the Committee?

Mr WILSON: Yes.

CHAIR: Yes, that is acceptable. Ms Candlin, in what capacity do you appear before the Committee?

Ms CANDLIN: As the principal officer of Centacare Adoption Services.

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

Ms CANDLIN: I did.

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

Ms CANDLIN: I am.

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

Ms CANDLIN: Yes.

CHAIR: Mr Wilson will elaborate upon that submission?

Ms CANDLIN: Yes.

CHAIR: Ms Costello, in what capacity do you appear before the Committee?

Ms COSTELLO: As a former principal officer of Centacare Adoption Services.

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

Ms COSTELLO: Yes.

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

Ms COSTELLO: Yes.

CHAIR: And do you wish the submission to be included as part of your sworn evidence?

Ms COSTELLO: Yes.

CHAIR: Mr Wilson, do you wish to elaborate on your submission now or would you prefer to go straight to that final question?

Mr WILSON: Straight to the final question.

CHAIR: Do you think an apology made by the relevant agencies would assist the women who have been distressed as a result of past adoption practices?

Mr WILSON: We take the position that whenever a person, or persons, has been aggrieved or hurt by another person, it is most appropriate and often a healing experience if the offending party apologises. In this context we would like to take this as an opportunity to say sorry for any practices that this agency, whether it be the Catholic Adoption Agency or Centacare Adoption Services, has engaged in which has been detrimental to the people we are supposed to be helping. Practices that hurt or leave people feeling torn apart are wrong regardless of intentions or supposed knowledge bases.

We believe we need to say sorry because we see the immense amount of ongoing grief and loss that past adoption practices have created. In saying sorry, it is our responsibility to include an apology for practices that may have been considered acceptable at the time but are since seen to be detrimental to peoples' well-being. We apologise also for any individual cases where we were either illegal or unethical in our practices as defined by the law and accepted procedures at that time.

CHAIR: In your submission you explain that the Catholic Adoption Agency began in 1967 as an adoption service under the auspices of the Society of St Vincent de Paul. Could you briefly elaborate on the adoption services the agency offered, and in particular the different ways in which a woman could be referred to the agency?

Mr WILSON: As you have indicated, the Catholic Adoption Agency operated under the auspices of the Society of St Vincent de Paul. Up until 1990 when Centacare Catholic Community Services took over the administration of that agency there was a change in agency policy, procedures and eventually staff. So they are quite different organisations in many ways today, but our understanding is that the Catholic Adoption Agency offered a service to Catholic parents considering adoption of their child, and it assessed Catholic couples wanting to adopt.

In the 1970s the agency changed its practice so that prospective adoptive parents did not both have to be Catholic. The agency would accept a couple where only one parent was Catholic. The agency organised the adoption placements and from 1970 took adoption consents. The mode of referral of parents considering adoption was not generally recorded on the files. However, anecdotal evidence suggests that parents, usually women, were referred by their parents, local priests, the hospital or doctor.

CHAIR: Will you explain the role of social workers at the Catholic Adoption Agency? In particular, will you comment on the advice that social workers were giving mothers considering adoption in the 1970s and 1980s?

Ms CANDLIN: Given the links with question 3, I would like to answer questions 2 and 3 together.

CHAIR: Yes. I will explain to the gallery that question 3 deals with the comments that many women who approached the agency presented their situation as one in which they saw few options. The Committee asked: Were professionals at the agency obliged to explore non-adoption alternatives with the mother? Would failure to do that constitute a breach of ethics or of the law?

Ms CANDLIN: Social workers at the Catholic Adoption Agency were employed to assess adoptive parents and counsel parents who were considering the placement of their child for adoption. The assessment of adoptive parents was certainly not as in-depth as current practice and usually involved one or two interviews, a report from a doctor and a reference from the parish priest. In 1972 education and preparation groups for couples considering adoption were introduced as well as more thorough assessments exploring relationship, family and infertility issues and also providing information about adoption and parenting an adopted child. In 1978 post-adoption support for adoptive families was introduced. The agency started to run workshops for adoptive parents and offered itself as support to families. This is different from current practice in relation to post-adoption support in that now it refers to mediating contact between birth and adoptive families, and supporting both the adoptive and birth families more closely, as well as running workshops, seminars and groups, and publishing newsletters for adoptive and birth families.

With counselling birth parents the agency's role was, and still is, to explore different options for the parents. In the 1960s and 1970s it would appear that clients commonly held the perception that they had few legitimate or acceptable options available to them. Reviewing both client files and literature of the day, it would seem that there was a significant stigma attached to being a single parent. Many families of single pregnant women who came to the agency offered little or no family support, which added to the parents' distress. In the 1980s it would seem that for women in general, and for our purposes it would seem particularly for Catholic women, the use of contraception and terminations significantly increased. Both were available and began to be seen as legitimate alternatives to unplanned pregnancies. This is reflected in the lower numbers of infants placed for adoption. It is significant also that the Catholic Adoption Agency had a major shift in its practice and began the process of openness in adoption.

It is the present practice of this agency, and has been so at least since I began work in the adoption program in 1993, that social workers and all welfare or counselling professionals are obliged to explore all options with their clients to assist them in coming to a decision, whatever that decision might be. Whether this practice happened in the 1980s or earlier, and if so, to what degree, I

am unable to ascertain. The primary evidence available to us is from file notes, which were often poorly documented and basic. It would appear that for many women at that time few options were available, particularly if families were not prepared to support their daughters. It is not insignificant that today some parents, again mostly women, make an adoption plan with the knowledge that while supporting agencies and financial assistance are available, without support of their family or, in certain circumstances, with clear opposition from their family, they feel that they are still not able to parent a child at this point in their lives.

It is this agency's position that failure to explore non-adoption options is an unacceptable breach of agency practice and professional ethics. This agency is not in a position to comment whether it is a breach of any law. If any of our staff, be they social workers or adoption workers, were to actively and/or deliberately keep information regarding non-adoption options, this agency would consider it a breach of acceptable practice and would mandate itself to treat this behaviour as a breach of acceptable agency practice and ethics. In the past, we do not believe that social workers habitually kept information from their clients. However, given the significant volume of cases that have moved through the agency, it would be impossible to not expect particular instances of such a breach of behaviour.

The Hon. Dr A. CHESTERFIELD-EVANS: Your submission states that processes relating to assessment and preparation of adoptive parents were initially limited. However, a more satisfactory process was introduced after 1972. At this time was the CAA focused more on the need to prepare and counsel birth mothers or adoptive parents?

Mr WILSON: From 1972 it appears that there was an evolving perception that adoption practices needed to take into account all significant people in the process. Significant nodal points after 1972 are the introduction of broader group practices, more thorough assessments, early steps towards openness and groups of birth parents talking to parents considering adoption about their experiences. By 1990 it would seem that the focus was tripartite, that is there was equal consideration given to the needs of adopted children, parents considering adoption and adoptive applicants. Between 1972 and 1990 this practice was developing. It has been our experience that the knowledge and practices improving in one area have improved in another. More germane to your direct question are the practices before 1972. While it would be difficult to prove such a point, it would seem that there was a bias towards the adopting parents.

The Hon. Dr A. CHESTERFIELD-EVANS: Ms Candlin said that the principal source of records was the written files, which were fairly incomplete. Do you have the information, such as you could get from those who would have returned those files, and were you able to speak to them at length?

Ms CANDLIN: We have spoken to them. We have spoken to past workers of the agency, past principal officers and others who were involved in the agency. We also have anecdotal evidence from clients at the time. But the main written form of evidence is in terms of the files.

The Hon. Dr A. CHESTERFIELD-EVANS: You cannot give details of policy change as it was done informally by word of mouth, is that the bottom line?

Ms CANDLIN: Yes.

Mr WILSON: Looking back we can see that there were certain practice changes, which are available to be found. We can see that certain practices have shifted.

The Hon. Dr A. CHESTERFIELD-EVANS: You deduced that there were practice changes, but they were not formal policies, because that is a recent phenomenon?

Mr WILSON: Yes.

The Hon. Dr A. CHESTERFIELD-EVANS: Can you document roughly when the non-adoptive options were introduced, when they became mandatory, when they were always referred to, when they were referred to only sometimes, and when they were referred to only if the women asked for them? Do you know when the change took place?

Mr WILSON: We know that certainly from 1990 on that was the case.

The Hon. Dr A. CHESTERFIELD-EVANS: Is that when a new policy was introduced?

Mr WILSON: That is when the agency's involvement in adoptions changed over to Centacare. That is one reason for Evelyn being here. Evelyn was the first principal officer in 1990, and she introduced the significant changes. It would appear that there were those practices before, but we have had trouble finding out how and when they were ensconced.

The Hon. Dr A. CHESTERFIELD-EVANS: They may have reflected the individual values of the people?

Mr WILSON: That is quite possible, yes.

CHAIR: Would Ms Costello like to elaborate further?

Ms COSTELLO: Certainly from 1990, when I took on the role as principal officer, there was, as has already been said, a shift in practice. That shift in practice was formalised by way of management procedures and procedures that the social workers undertook. Prior to that time I believe that non-adoption options were explored, but the extent to which that was the case I cannot actually say, and I am not aware that there were any formal procedures at that time.

The Hon. Dr A. CHESTERFIELD-EVANS: In your submission you explain that it was common practice in the 1960s to medicate mothers, including married women, during the birth process. A number of women have told the Committee that they received greater doses of medication than married women. Are you aware of any instances in which this took place?

Mr WILSON: We are given anecdotal evidence from the birth parents. However, we do not believe that would be substantial enough to give an unequivocal answer. Therefore, we need to say that perhaps the medical professions can give a far better answer. Certainly from our point of view, comprehensive research into this area would be most helpful.

The Hon. Dr A. CHESTERFIELD-EVANS: Could you elaborate on the comment in your submission that pressure to adopt came from both the mother's family and the hospital? How was this pressure applied? Do you believe that adoption professionals also applied pressure on women to adopt a child?

Mr WILSON: It has been the agency's experience that in the 1960s and 1970s, and even in some instances today, some families do place pressure on their single pregnant daughters by favouring adoption because families might consider it to be the so-called best solution. The degree of family support is a critical factor in parents' decision-making process, which in our opinion should not be underestimated. Clients have reported to us that they felt they would be stigmatised by broader society if they were to parent their child. It would seem that the fear was that both the mother and the family of that mother would become pariahs in their own communities. If a child was born illegitimate it was evidence that the mother had been involved in a full adult sexual relationship outside marriage. Historically, it appears that adoption was seen by many people as a solution to the so-called problem of having a child born exnuptially.

The mother's family and hospital staff lived and worked within a social milieu which would have appeared to have held the attitude that an exnuptial birth was a problem to be solved. Pressure may have been incorrectly or directly applied by individuals so that mothers and their families could avoid this alleged terrible stigma. Unfortunately, however, we are unable to say specifically how this pressure was applied. We have no documented information that indicates that adoption professionals applied direct pressure for parents to make an adoption plan, but, as previously stated, indirect pressure would seem to have existed within the system as a whole. Speaking to birth parents today, they indicate that in hindsight they believe they were pressured. Based on this anecdotal information, we would have to conclude that specific instances of overt pressure were applied to parents.

The Hon. Dr A. CHESTERFIELD-EVANS: Surely those people who were routinely involved in the consents for a period of years could tell about the practices that they were following?

Mr WILSON: I have spoken to past workers, and they are confident that they did not apply that pressure. We made a point of asking the people whom we could find who were previously involved in adoptions.

The Hon. Dr A. CHESTERFIELD-EVANS: Could you explain the agency's procedure in the undertaking of consents? Are you aware of any instances involving agency staff in which the taking of consents could be considered unethical or unlawful?

Ms CANDLIN: Since 1995, when the amended regulations of the Adoption of Children Act were introduced, Centacare Adoption Services has used the following practices in the taking of consents. During the counselling process parents will have gone through the consent documents in detail with the worker, who will have explained the meaning of the documents and the implications related to the giving of consent. Parents also receive numerous articles to read, including the pamphlet for parents considering adoption, of which I will give you a copy. The pamphlet outlines the procedures of the agency. When a parent decides that he or she is ready to sign a consent, a worker will read through the consent and other legal documents with the parent, who then signs a form indicating that he or she has read the documents and has received copies. Not less than 72 hours later, a further appointment is made for the parent to sign consents.

If the parent wishes to have a support person with him or her, that is usually agreed upon. However, the agency tries to ensure that this support person is in fact just that, and not someone who may have undue influence upon the parent. The documents are then read through aloud and signed by the parent, with the worker witnessing the consent. The procedures for revoking a consent will already have been explained to the parent. However, these are explained again and a letter of revocation is given. The agency offers to accompany parents to the Supreme Court if they wish to revoke their consent in person, to ensure that the revocation has been received by the court. A week prior to the end of the revocation period a further letter, plus a letter of revocation, is sent by registered mail to the parents to remind them of the nearing date. The agency continues to counsel parents during this period.

The agency always makes it clear to parents that should they wish to revoke their consent and re-sign another in order to give them more time, this option is available to them. It should be noted that while the law states that consents can be given on the fifth day after birth, this almost never happens now. Parents are offered a period of temporary foster care, and this is negotiated on a case-by-case basis. It may be several weeks or months, depending on the situation, before a consent is signed. With regard to the second part of the question, concerning the witnessing of consents, we are not aware of any agency staff, employed by either the Catholic Adoption Agency or Centacare Adoption Services, who were involved in unlawful or unethical practices.

The Hon. Dr A. CHESTERFIELD-EVANS: You have detailed very clearly the procedure since 1995. Are you able to give details of the procedure before that time?

Ms CANDLIN: I can talk from my experience. In 1995 some very specific recommendations came through in the regulations, and that is why I have detailed that. It is more difficult to say what was the standard procedure before 1990, because it is not written down. The file notes would not necessarily note down the exact steps that would have been taken by a worker to take that consent. It would have noted that a consent had been taken, and it may have noted the emotional impact on the parent signing a consent, but it would not necessarily have noted the actual way the consent was taken.

The Hon. Dr A. CHESTERFIELD-EVANS: Surely over number of years quite a number of people have taken those consents. If you were to ask them how they took the consents they could say, "Well, we used to make them in the hall. We had the forms under one arm, we had 10 minutes per case, and we would whip them through", or, "We had half an hour in the anteroom." Did you not have consents from those people?

Ms CANDLIN: I do not think it was given as specifically as that. I would assume that the parents were seen in workers' offices, in the office of the agency, and that the consent documents were read through. There were only two documents to sign at that time. They were read through, signed by the parent, and witnessed by the worker.

The Hon. Dr A. CHESTERFIELD-EVANS: Have you not asked any of the workers how the consents were done?

Ms COSTELLO: I think it should be noted that when there was a shift in practice, when the Catholic Adoption Agency was taken over by Centacare, there was also a change in staff. The staff that were part of the Catholic Adoption Agency - some for 20 years and some for 15 years - in fact retired at that time. So the information that we have is information that can be ascertained from our files. I do not for one minute think that consents were taken in corridors. I believe that there was always a professional approach to the taking of consents and that the consents were taken with due respect and privacy. However, the procedures and steps that were followed are difficult to be definite about because they were not recorded as such. There were certainly notes in the file that recorded when the consent was taken, who was present, perhaps the emotional state of the birth mother giving the consent, and the level of contact with that birth mother. But in terms of formalised procedures, they were not available to us.

The Hon. Dr A. CHESTERFIELD-EVANS: During the massive change in 1990 were there some ructions within the replacement agency which resulted in many people leaving because of a change in values? Is that why contact was lost with those who had previously taken consents?

Ms COSTELLO: I would say that would be partly the case: the ideology of the new agency was somewhat different and certainly placed a lot more emphasis on openness in adoption. But, in reality, I think the situation was that it coincided with people making personal decisions to retire because they were of retirement age. So it was certainly a time of great change for the organisation and for adoption practices.

The Hon. D. F. MOPPETT: Was it the usual practice of the agency to place the baby with the adoptive parents during the 30-day revocation period? Do you think this practice would have any impact on the mother's decision to revoke consent?

Ms CANDLIN: During the 1960s and 1970s infants were placed with adoptive parents prior to the expiration of the revocation period. While this certainly occurred it did not appear to be the usual practice. This situation occurred usually when a social worker thought a parent appeared to be firm in his or her resolve to place the child for adoption and was unlikely to revoke consent. In the early 1960s and early 1970s infants were kept in hospital rather than in a foster care placement, as is the current practice. It was considered to be a child-focused practice, in order to remove the infant from a clinical setting and to assist in its bonding with the adoptive parents. Although the agency appreciates the rationale behind this practice it does not concur with it and considers it a misguided practice for two main reasons. First, while adoption workers were clear that the child be returned to the parent, it would have placed even greater pressure upon the birth parents not to change their mind. Second, contrary to the opinion that it would assist the bonding if the infant was placed as early as possible, it is likely that it would have had an impact on the adoptive parents' ability to bond with the child knowing that the child could be removed from their care. It is significant to note that some parents requested - and still do - that social workers place their child with adoptive parents as soon as possible prior to expiration of the revocation period. Despite requests, this practice is not engaged in by the agency.

The Hon. H. S. TSANG: Do you have any statistical information on the number of revocations that occurred at the agency during the period under review?

Mr WILSON: Our records indicate that 578 revocations occurred during the period under review. It should be noted, however, that in recent years revocations are few and far between. The agency attributes the minimal number of revocations over the past five or six years to our active practice of encouraging parents to have a period of temporary foster care before signing an adoption consent. This, in effect, means that parents change their minds before signing a consent, whereas previously the consent would have been revoked.

CHAIR: That is 578 out of what total?

Mr WILSON: There have been 3,580 adoptions; so that is 578 of 3,580.

CHAIR: That seems quite high. That is one in seven.

Mr WILSON: I thought it was high, too. That is one in seven or one in eight potential adoptions; but obviously it is different for the past five or six years.

CHAIR: That is over what period?

Ms CANDLIN: That is 1967 to 1998, the period under review. But, again, in the past five or six years there have been very few revocations.

Mr WILSON: So, effectively, it is until about 1992.

The Hon. H. S. TSANG: What feedback do you receive from mothers and other persons affected by adoption about past adoption practices?

Ms CANDLIN: The agency receives much feedback from birth parents affected by past practices, some positive but many negative. The themes that come through in talking with birth parents are the social climate of the time, lack of support, adoption workers who were less than sympathetic to their situations, poor treatment that they received in hospitals, being told to go away and get on with their lives after they had signed a consent, and a general lack of understanding by everyone of the ongoing grief involved in adoption. Some birth parents have expressed grief and regret about their situation and the adoption of the child, and others have expressed regret about their situation but still maintain that adoption was the right decision for them at the time. Feedback from some adoptive parents has been that they were ill-prepared for the task of adoptive parenting, had little ongoing support by the adoption agency, and were ill-equipped for the retrospective changes to the law and the practices.

Feedback from some adoptees is that they do not have a voice; they had no say whatsoever in their adoption; past adoption practices did not recognise the essential issue of identity; they felt confusion and bewilderment, especially in the area to which parents they should be loyal; the lack of a biological heritage; minimal medical records and history; and frustration compounded by the lack of information available to them and the bureaucracy that they must go through so that they can better build their identity and trace their origins. We are conscious that this agency can only speak about the clients we are in contact with. There are a myriad of experiences and it is more appropriate that the individuals concerned give a voice to their experiences. The agency takes a strong position on acquiring feedback to ensure its continual re-evaluation and development of practices.

At present our formalised review and feedback mechanisms are: newsletters for birth parents and adoptive parents, the contents of which largely comprise materials supplied by clients; evaluation of all workshops and seminars that are run by the agency; discussion with workers; and a complaints procedure, and we are currently developing a consultative committee to assist with this. The journey of adoption is a lifelong one and Centacare Adoption Services is committed to walking the journey with all affected adoptees, birth parents and adoptive parents. We also recognise that for some people it is too difficult to return to the agency that arranged the adoption, and we thank agencies such as the Post Adoption Resource Centre who play an invaluable role in supporting the people that we cannot support.

The Hon. Dr A. CHESTERFIELD-EVANS: Your submissions on past adoption practices were based on professional and social standards different from those in place today. Can you outline present adoption practices and how those practices differ from those of the 1970s and 1980s? Can you also explain the ethical beliefs that underpin current adoption practices and how, or whether, these policies have changed over time?

Mr WILSON: I will break down that compound question. Adoption practices today differ from those of the 1960s, 1970s and 1980s in many ways. The most clear difference is the introduction of openness in adoption. As already indicated, this began during the early to mid-1980s. The practice of openness in adoption has evolved considerably in the 1990s and continues to evolve as the understanding of the impact of adoption grows. The agency takes the position that openness not only refers to the actual practice of contact between birth and adoptive parents but of the practice of being open about the adoption, in communication and in relationships. That has developed more in the last decade than it did in the 1980s. Practically speaking, openness involves letter exchanges and meetings between birth and adoptive parents. It usually starts as non-identifying and can move to being identifying if all parties agree. I would like to submit two videos to support my statement. The first is *Making the Link*, which the agency produced in 1994, and the second is called *Tara's Choice*, made by the ABC in 1998 with assistance from the agency, and it focuses on the clients of the agency.

Another significant factor in adoption practices is the development of the understanding of grief and loss. Academics Kubler-Ross in 1975 and Bowlby in 1973 contributed significantly to all helping professionals, in their understanding of grief. Today, several decades later, agency staff spend regular time working with all our clients including adoptees, birth parents and adoptive parents, on the impact of adoption and the ongoing nature of loss and grief. The agency takes the position that it is essential that all clients are able to make an informed decision; that is parents considering an adoption plan for their child, couples considering adopting a child, or clients who are searching for the adult child or birth parent.

When counselling parents, the workers and client spend time looking at other available options and ensure that clients make an informed choice, whatever it may be. The agency actively supports visits between parent and child both before consent is given and afterwards. A significant proportion of the agency's work is in supporting clients post-adoption and in mediating contact between birth and adoptive families. Apart from the knowledge of grief and loss that has changed, the understanding of the importance of knowing one's identity in developing a sense of self has changed. In my opinion that has been a dramatic shift in the last decade. The agency considers it essential that adoptees have as full a picture of their heritage as possible. Some of the mechanisms for assisting with this have already been forwarded to the Committee.

Regarding ethical beliefs, the agency's ethical stance has changed by moving away from a paternalistic notion of professionalism

to a far more collaborative understanding. That is, it is no longer acceptable for professionals to assume that they know what is best for any particular client. Rather, staff work with clients to assist them to be fully informed of alternatives so that they may make the best choices for themselves. It is the agency's current position that all individuals have a right to know their heritage. All parents have a right to make a decision about the future care of the child, whatever that may be. The adoptive parents have a right to be fully supported and prepared to parent an adopted child. The agency takes the ethical position that all parties to adoption have a right to be respected and supported throughout their life, not just at the point of adoption.

The Hon. Dr A. CHESTERFIELD-EVANS: In your submission you state that there is a need for adequate funding to allow for the provision of information and counselling to parents seeking origins information. Could you elaborate on that?

Ms CANDLIN: One of the main issues associated with current adoption practice is the ongoing difficulties agencies face with regard to the funding of the adoption programs. It appears to be a generally held belief that once an adoption occurs the adoptive parents are parenting autonomously and without agency support. There is a hidden cost to the agency in the provision of post-adoption support both to the adoptive families and the birth families, especially with regard to openness in adoption and supporting relationships between birth and adoptive families. The workload of post-adoption support is compounded by a significant amount of work with families where the adoptees are now in middle to late childhood and adolescence. These adoptions were not arranged with the current practice of openness in mind.

Many birth parents and adopted people find it insulting to be faced with substantial fees when searching for information. As this Committee is probably aware, there is a charge for a supply authority and associated services provided by the Department of Community Services. This includes the provision of prescribed information even when that information is provided by a non-government agency. There is also a charge for medical records from the hospital and again for birth, marriage and death certificates provided by the Registry of Births, Deaths and Marriages. There is a strong case to be argued that this information should be provided free of charge. There is also a strong case to be argued that all pertinent information that is held by an information source should be released to the individual concerned. Centacare Adoption Services does not charge a fee for origins work. It does, however, find it necessary to request a donation, if at all possible, in order to attempt to cover costs.

It would be helpful if support groups were funded for the work that they do in assisting people affected by adoption. Their work is particularly important, because many clients do not feel comfortable about returning to the agency involved in the adoption. This agency considers it important that a variety of services should be available, of which support groups are an essential part.

Presently this agency has all its files recorded on paper only. There is a strong concern that if these files were damaged by fire or water the material that is valuable in helping people understand their past would be irretrievably lost. The best solution available appears to be the electronic storage of the data. Unfortunately, the cost is prohibitive to Centacare Adoption Services.

CHAIR: Do you wish the videos to which you referred to be taken as part of your sworn evidence?

Mr WILSON: Yes.

CHAIR: At the beginning of this hearing you were asked whether an apology by the agencies would assist. On behalf of the Committee I thank you for making that apology so clear. What other measures might assist people experiencing distress as a result of past adoption practices?

Ms CANDLIN: With regard to records, the agency believes it is essential that there is an Australiawide integrated system for accessing records. For example, if an adoptee who was placed for adoption in New South Wales is searching for his birth parent who, for example, did not marry in New South Wales but in Victoria, the searcher may have to request records from registries throughout the country before finding the record in Victoria. Each search involves a fee, quite apart from the time, frustration and distress it causes. Furthermore, the agency believes it should have access to records from births, deaths and marriages and the electoral roll in order to assist clients who are searching for records. This is particularly important in circumstances where adoptees are not able to access this information themselves, especially adoptees under the age of 18 years.

There is little research into the effect and impact of adoption on those involved, and the agency believes that it would be invaluable for research to be conducted, such as a longitudinal study of birth and adoptive families involved in openness in adoption; a comparative study of adoptees involved and not involved in contact with their birth families; assessment of the psychological impact of adoption on adoptees, birth parents and adoptive parents; the impact of infertility on adoption; a comparative study of parents who initially considered adoption and chose to parent and those who placed their child for adoption; and research into what makes a reunion successful and the long-term results of relationships between birth and adoptive families.

The Hon. Dr A. CHESTERFIELD-EVANS: Did you wish to show the video?

Mr WILSON: That was not our intention, but we have no objection to that.

CHAIR: We will save that for the Committee members.

(The witnesses withdrew)

At the request of the witness, the name of the witness has been withheld. This witness will be known as WITNESS C.

WITNESS C, affirmed and examined:

CHAIR: The witness would prefer not to give his name. However, the Committee has his full name, occupation and address. In what capacity do you appear before the Committee?

WITNESS C: I am the father of an adopted son.

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

WITNESS C: Yes, I did.

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

WITNESS C: Yes.

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

WITNESS C: Yes.

CHAIR: Would you like to briefly elaborate upon your written submission or make a statement, or do you wish to just answer questions?

WITNESS C: I think a lot of how it all occurred will come out as we go through the questions.

CHAIR: Will you tell Committee how you felt when you learned in 1965 that your girlfriend was pregnant, and were you able to discuss the situation with your family and/or with medical professionals?

WITNESS C: Being only about 19 years old at the time I was pretty nervous, as you would probably expect, never having been through the sort of thing before. I immediately went and saw my mother and father and explained the situation to them. The girl came with me and we both saw mum and dad because they are the sort people you go to in a situation which you do not know how to handle, and in those days we did not have the wherewithal to know what to do next. We went and saw them and mum and dad said that we would have to see her father, which we all agreed to do. At the time that we were discussing it mum and dad asked what were we going to do with the baby. At that time my girlfriend was about three months pregnant, if my memory serves me right. At no time was an abortion discussed because we did not really believe in that sort of thing. Anyway, as far as the girl, myself and my parents were concerned, she was going to have the baby. We thought we would still be together after that event and that we would somehow work things out.

So I went up with the young lady and saw her father. I am not discriminating but her father was English and very straightlaced in his views, and the fact that his daughter was pregnant with my baby did not endear me to him at all. In fact, he got pretty angry. He ordered me from the house, and as it was his house I had to go; I could not do much about that. The next day two detectives arrived on our doorstep and wanted to talk to me and my father, which they did. They informed me that they were arresting me, which they did. They charged me with carnal knowledge. But something one of the detectives said sticks in my mind. He said, "We have not charged anyone with this sort of thing for a long, long time. We really do not want to do that to you now but because the father is so adamant, so cranky and so upset about the whole issue, we are put in a position where we are forced to actually take this action." As a result I appeared in court charged with the offence. There was no denial; it was definitely me, and I subsequently received a 12-month good behaviour bond for this act.

I will give a little more background. This young lady and I had been together for a fair length of time, or what I considered to be a fair length time - it was probably nine or 10 months, around that sort of time frame - before we became sexually active. At the time we became sexually active both of us had never entered into anything like this before, so to both of us it was the real thing. We felt pretty strongly about each other and to wait that length the time before we actually became involved sexually shows the respect I had for her and the respect she had for me, and we only entered into that sort of activity once we were sure of each other.

Anyway, after all that evolved I was no longer able to see her. As far as her father was concerned; that was basically the end of it because he had banned her from seeing me and told her that if she saw me she would be kicked out of the house. She would be disgraced because she had a baby, and in those days she did not work, though she was looking for a job at the time. But she was probably pretty scared at the thought of being kicked out of the family's house with a baby to look after, and I can understand why she went with her father's views. I can understand why she submitted to his request not to see me ever again, to stay home and keep away from me. I do not know whether that answers the first question.

CHAIR: It probably answers the first, second and third questions, which all related to what happened with you and your girlfriend and how you came to be charged. You said that you were not able to see her during the pregnancy. Did she remain at home?

WITNESS C: During the pregnancy we actually cheated a little bit because she would ring me, unbeknown to her father, because there were no ifs or buts about it, I loved that girl and she loved me at the time. We would meet secretly, not very often, just to see each other and for me to see how she was going. Wherever I could I supported her emotionally, but it was very hard to do that when I was only seeing her on the odd occasion. She would ring me and say she was taking a walk up to the shops and I would go and see my boss, because I was working at the time, and ask if I could have half an hour off. I worked close to where she lived. We would sit there, have a talk and discuss what was happening. Again I come back to the fact that we were young and I do not think we knew how to handle the situation at that time. I used to ask questions, such as, "What about after you have had the baby; do you think we could see each other?" and she said, "No, my father will kill me if I see you again."

CHAIR: How old was she?

WITNESS C: I think she was about 17 ½ when she was having the baby.

CHAIR: Did you discuss adoption or any other alternatives with her?

WITNESS C: Yes. I actually told her that I had spoken to mum and dad. After that initial meeting that we had with mum and dad I told her that we had discussed adoption and that mum and dad were going to adopt the baby if possible and I would bring it up. Further down the track, if it worked out between her and me, and if her father relented a little bit, that would have been good. Mum and dad, especially dad, did not push me into it because I believe family is the most precious thing you have got, but to him that was his grandchild disappearing. He was of English origin too and he was pretty straightlaced, and his words to me were, "We can't let this happen." I said, "I agree totally because it is part of me. It is not just part of you, it is part of me too." So we discussed him and mum adopting the child and with their help I was going to bring the child up. But that leads into other areas. My father did try to see what could be done but I think it will be covered by other questions that you ask me.

CHAIR: In your submission you explain that you and your father actually approached different agencies to try to gain approval for you to keep your son. Do you want to tell us about those steps and what the agencies said?

WITNESS C: My father really took the lead here. As I said, I was only a young fellow at the time. He approached different agencies. He contacted adoption agencies and he contacted his local member to try to find out what my rights were and what his rights were as a parent and a grandparent. Basically what it came down to was that it was all too hard for everybody and we got fobbed off. One thing that sticks in my mind is that he sat me down one day and he said, "It appears, son, that you have got no rights whatsoever. I do not know where we go from here."

The response that I think he got from his member of Parliament at the time was, "It is the mother's prerogative what she does with the child because your name is not on the birth certificate." At no time did she want my name put on the birth certificate, because her father had instructed her not to put my name on the birth certificate. My father has since died; her father has since died. I feel very sad for my father. He just loved his children. I still class that boy, if he is still alive, as one of his children. He is out there somewhere and my father never knew him. I never knew him either, but I do not think that I can answer any more on that.

The Hon. Dr A. CHESTERFIELD-EVANS: You have probably already answered questions 4 and 5. What, if any, advice and counselling did you receive? Were you made aware of non-adoption alternatives?

WITNESS C: I was given some counselling at the hospital when the baby was being born by one of the nursing sisters there: "Piss off and leave the hospital. It's none of your business."

The Hon. Dr A. CHESTERFIELD-EVANS: Would you agree with the statement that abortion is the woman's right to choose?

WITNESS C: No, I do not believe in abortion.

The Hon. Dr A. CHESTERFIELD-EVANS: So you would say that adoption is not necessarily a woman's right to choose either?

WITNESS C: I believe so. I believe it is a right for a woman to be able to choose adoption if she does not have a partner in life, if she does not have someone who is concerned with the welfare of that child. I totally agree. If that woman has gone out and become pregnant through some misadventure of herself, using some man to get into that situation, I would totally agree that if she wanted to have the baby adopted - if I was that woman I would probably feel like that - but this was not the case. She was not in a situation where she was left alone. There were other avenues that I did not tell you about. She was in an unmarried mothers home at Turrumurra for a period of time. I used to go over there on weekends and she would go for walks. She would tell the people that were running the mothers home that she was going for a walk and I would be over there at Turrumurra hanging around like some vagrant outside the place waiting to meet her and see her and walk with her and just talk to her.

If she had not had a situation like she had with me and my parents, I could understand her adopting the baby out. But I know why she adopted the baby out. It was very clear cut: "You will adopt the baby out." That is what her father told her. You have to put yourself in that period of time. You are probably old enough to realise that the standards at that time were a lot different from the standards we have today. If her father told her to do it she did it. And that was the sole reason that baby was adopted out - because if it was left to her and myself and my parents I would not be sitting here today.

The Hon. Dr A. CHESTERFIELD-EVANS: You have more or less answered questions 6 and 7. Could you tell the Committee your experience of the birth process? Were you able to visit your girlfriend inside the hospital during and after the birth? Do you consider any aspect of the treatment you or your girlfriend received to be unethical or unlawful?

WITNESS C: Again, I did visit her without people's permission, secretly. She would ring me up and say, "I am going to go for a walk." That is how we did it for all that period of time. Until the baby was born I was able to see her on various occasions but just after the baby was born she left hospital and that was the end. I was not able to see her again because her parents kept her at home from that day on. As far as the treatment she received, she was virtually told she had to adopt the baby. This is only what I got from her. She told me that the baby had to be adopted out and the reasons why: Her father had said so and also the people in the hospital had said so. Whether it is unlawful, I do not know. Probably at that time it was not unlawful for them to act in that way but it was definitely unethical and morally wrong to ban me, especially as I was the father. I just think that was completely wrong.

CHAIR: Presumably, she was at Turramurra because her parents were determined to keep the whole birth secret.

WITNESS C: That is right.

CHAIR: I assume she was there for some months. Did you ever attempt to talk to the people there about whether you could visit her or talk to her, or were they simply doing what the father had told them to do?

WITNESS C: I approached one of the people there when I went over on one of the visits. I actually went into the administration centre and asked if I could see her. They asked my name and they asked her name and I was told that I could not see her. So then I went outside and waited.

CHAIR: So they were following the orders of her father in effect?

WITNESS C: I do not know who gave them those orders but I would assume that was possibly the case. There was definitely a concerted effort for her not to see me, for us not to meet, for us not to talk. Whether that was generated by her father or other people - I would assume that it was mainly her father in that instance.

CHAIR: Did you ever come across other fathers visiting the young women there?

WITNESS C: No.

CHAIR: But you assumed that this was something that was in order for you as an individual?

WITNESS C: It was a clandestine thing that we were doing. It was a secretive thing. Her father could not know. My parents knew where I was going: They dropped me over there, because I did not have a licence at the time. They would drop me there, go for a drive and then pick me up. So they knew exactly what was going on but her parents did not.

The Hon. Dr A. CHESTERFIELD-EVANS: In your submission you state that it was difficult for you to have your name placed on your son's birth certificate. Can you describe your experience to the Committee?

WITNESS C: Yes. After this had all happened and it sort of died down I used to think about him and I used to think about what was happening. Then the adoption law changed in the 1980s or 1990s - I cannot remember - and I was able to get a copy of his birth certificate. But the first hurdle I had to cross was my ex-girlfriend. She actually refused. I contacted her. She was still living in the same house. I quietly informed her that I wanted to trace the baby and she told me point blank that she was not interested and she did not want to go any further with it and she would not put my name on the birth certificate. I requested her to put my name on the birth certificate so that I could gain access to it. She refused. I then went through the normal process with Births, Deaths and Marriages.

I put a submission to her to have my name registered as the father. I believe what happened was that if she did not make an objection to it within so many days, weeks or months - whatever - my name would automatically be put on it. But I did ring her again because I was very strong in my feelings about wanting to be registered as the boy's father. I told her that it would not end there. If she did not acknowledge that I was his father, I would seek legal assistance and take the matter further. I did tell her that I was not giving up this time. By that time I had matured a little bit and I knew that I now had some rights and I knew that I was the father. I knew there was no-one else. I knew that I could get my name on the birth certificate. She relented and said, "Yeah, okay" and she did that. I promised her at the time that I would not bring her into it in any way, shape or form if I were to approach my son once I found out where he was and I would not inform him of anything such as her name or address.

I did not know what the process was at this time but I knew that I could become registered as the father. I knew that once I was registered as the father I could then apply for the other certificate which gave his new name and I knew I could contact some agency which would contact the young boy on my behalf and let him know of my existence. I applied for the birth certificate and I have got that. I was then faced with the situation of whether I should go to the next step. Unless you are faced with it I do not think you really know what it is like. It is okay for you people to be sitting there listening to what I am saying but you have got the birth certificate in your hand, you know his name is Craig and then you want to go a bit further and you want to find out if he is alive, if he is married, if he has kids of his own. Then you start to think about it and you wonder what he was told as a baby. What did they tell him? Did they tell him that his father was a bastard and did not want him? Did they tell him his mother was some whore off the street who did not care about him? What was he told? You do not know.

You have to put yourself in the position of the new parents, his real parents now. You have got to say to yourself: would I want somebody coming along and taking over as the father of the child that I have reared from when he was this big? You would not. You probably told the child things that maybe are not true, that do not really reflect the true situation. Because those are his parents the child has come up with that perception all his life. I thought to myself: If I go back now and introduce myself via a letter and say, "Hi, I am your real father and if you want to contact me you can. I would be very happy to talk to you and this is what really happened," he may have a completely different perception. He may then say, "Stuff this bloke. I don't want to know him." How do you think the father would feel then?

It is very hard for me to explain. You are faced with a whole range of emotions. It is very hard to come to terms with. I have one situation now staring me right in the face. I know that somewhere out there is a boy that was part of me, and I am going to have to live with that for the rest of my life because if I contact him now - this was the decision that I came to - I could stuff his life up completely. I may not. He may be looking for me. I do not know. But I am not prepared to take the risk. I have already stuffed it once by not following through in the first instance but I am not prepared to take the risk in following through any further now and make any more emotional upset, anguish or whatever feelings he may have about it.

I have decided to just leave it the way it is and not contact him, which is sad because I now have to go through the rest of my life wondering whether he really does want to contact me. I wonder whether he wants me to contact him. I have got to live with the misery of having my son, my flesh and blood, not knowing that his father did love him and did care about him. I have to live with wondering whether he is alive or dead. Who knows? I do not. And I cannot bring myself now to go that extra step. Because of all the uncertainty, I just do not feel that I want to go that extra step. Even though I want him to know that I did not desert him and that within my power I made every effort to look after him. But I do not know what other people have told him. I just do not know.

The Hon. Dr A. CHESTERFIELD-EVANS: If he were a secure person it would not bother him and if he were an insecure person he would probably be glad to see you. Could you look at it like that?

WITNESS C: I could. If he was like his father he would probably accept it, but if he was like his mother - you have to understand that the baby is part of the two of you. His mother is a very insecure person. I do not know whether it is as a result of this incident in her life. All I can say is she is very insecure. If he has those sorts of traits I do not want to visit on him any other emotional turmoil in his life. I think that I am doing him a favour now. As I said, earlier in the piece I tried to get access to him and I nearly went through with it. But then I thought I may not be doing the right thing. I think I am doing him a favour now by not pursuing it. He has gone through the emotional turmoil of knowing that he has not got a father and a mother. He knows that. He knew that probably from 10 years of age when his real parents told him he was adopted. He has now come to terms with that.

The Hon. Dr A. CHESTERFIELD-EVANS: You assume that.

WITNESS C: Yes, I assume that. Can you assure me that he would feel differently if I did contact him? Can you assure me of that?

The Hon. Dr A. CHESTERFIELD-EVANS: I am not in a position to make assurances.

WITNESS C: No. I have to do what I feel is right for him. It does not matter about my feelings or emotions. I have had to live with it since I was 19, and I will live with it because I am a strong person inside. But I do not know what he is like. Is he as strong as me? If he is he will live with it.

The Hon. Dr A. CHESTERFIELD-EVANS: Has the adoption of your son affected you in your relationships with your family?

WITNESS C: No. I have four sons and a wife, and they all know about this. I told my wife when I first married her that I had another baby out there somewhere because I did not want to hide anything from her. She accepted that. My oldest son, who is now 28, knows, and my youngest son, who is 20, knows. They all know, and they all know that I am here today as well. Even though I am involved, it is something they were not involved in, so they do not talk to me about it very often. I suppose that is right. One of them did say to me one day, "Where do you think he is now?" I cannot answer that question, I do not know.

The Hon. H. S. TSANG: What measures do you consider might assist people experiencing distress as a result of past adoption practices?

WITNESS C: We all talk about systems, procedures and policies, but in this instance a clearly defined policy or procedure needs to be set up. If this Committee does anything about what has happened to me and to other people, I hope that something good comes out of it. By that I mean a defined policy so that people know exactly where they can go for help, who they can see and how they can get that assistance. That is all I can say on that. I hope that is what happens. I had second thoughts about coming here. When I first heard about this I inquired to find out what it was about. I thought about it and decided that I did not want to get involved, it was just another government bullshit exercise - excuse me.

Then I thought about it and decided if people like me who have been affected by these things do not get involved nothing changes. There will be other young ladies and other young men, probably hundreds of thousands, who will go through the same experience that I have been through. The only way that things can be changed is for us to get up and say something. I do not know

whether what I have said today makes any difference in the overall scheme of things. I just hope that a positive result comes out of it. That is all I can hope for.

CHAIR: We have received a great deal of submissions from mothers, but very few submissions from fathers. You are unusual in that respect.

WITNESS C: My wife reckons that too.

CHAIR: It is a pity that you did not hear the early evidence from Centacare Catholic Community Services representatives who spoke about the way in which procedures and attitudes have changed over the years.

WITNESS C: I hope that is the case. I know that the questions have finished, but, in the early days, it was really a situation of - and I hate to be crude - "Piss off Steve, we do not want to know about you. Your name is not on there." Originally the birth certificate, which you would have access to, stated "father unknown", or something like that. That is the furthest thing from the truth. It is wrong that the father had no rights. In actual fact, I believe - and I have thought about it for years and years - that the father had fewer rights than the mother. I really do. The mother had some rights because she was there and had the baby inside her. But the father was a nonentity as far as most people were concerned in those days. With the attitudes that prevailed then, if a young lady got pregnant she was virtually classed as a slut. That was the furthest thing from the truth in our case. People fobbed it off because they thought it is only another brat in the world, only another young lady who has not got the right morals. I feel that is what it was like in those days.

CHAIR: Thank you very much for coming and telling us about it.

(The witness withdrew)

GEORGINA KATHLEEN TAYLOR, Manager of Registration Services, New South Wales Registry of Births, Deaths and Marriages, 191 Thomas Street, Haymarket, sworn and examined:

CHAIR: Ms Taylor, In what capacity are you appearing before the Committee?

Ms TAYLOR: I am appearing in my official capacity.

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

Ms TAYLOR: I did.

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

Ms TAYLOR: Yes.

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

Ms TAYLOR: We did not actually make a submission formally to the Committee, but we have been asked some questions arising from other witnesses, so we are replying to those.

CHAIR: Do you wish to make a statement or would you prefer to proceed straight to questions?

Ms TAYLOR: I think straight into questions is fine. The first question is a fairly introductory one anyway.

CHAIR: Could you explain to the Committee the role of the Registry of Births, Deaths and Marriages in the provision of adoption information and documents?

Ms TAYLOR: The role of the Registry of Births, Deaths and Marriages in adoption arises because of its function of recording all legal adoptions in New South Wales. That is how we come to have a record in the first place. When an adoption under, these days, the Adoption of Children Act is approved or ordered by the Supreme Court of New South Wales, it sends to the Registry a memorandum of adoption, which is, in effect, the order, which gives both the pre-adoptive information plus the names of the adopting parents. At that point if the Registry is holding the original birth record for the child - so that is a child born in New South Wales - the original record needs to be noted and is then closed as part of the adoption register and a replacement birth entry is made reflecting the details of the adopting parents. That is done under the Births, Deaths and Marriages Registration Act as a consequence of the adoption order.

That then means we have a record of both information sides of the adoption. Once the Adoption Information Act commenced operating in 1991 we were then able to provide applicants, either the adopted children or the parents of the original birth entry, with the other side information, provided the child would have been at least 18 years of age at that time. That is how we first became involved in it. When the Act first commenced we in fact were the first point of contact under the Act. So, we took the initial application for adoption information. Since July last year that first point of contact transferred to the Department of Community Services, but we still provide the original or amended birth certificate, depending on which applicant, for any applications under the Act at that point.

The other role we then have as a prescribed information source under the Adoption Information Regulation is that in addition to providing the original or adoption details, we can also undertake further searches of marriage and death registers. Because in New South Wales we cover births, deaths, marriages, adoptions, stillbirths and, these days, change of name as well, we have other useful information about individuals' lives. As such, marriage and death search information is prescribed under the adoption information regulations as information which can be searched. This will often happen particularly if the person being sought is either the mother of the child who was adopted or is a female adopted person. Because the convention in Australia and in many other countries is that women often change their surnames on marriage, tracing a female is often more difficult.

Often one of the common searches we do is a marriage search of either the mother from the original registration or of the female child. Likewise, we will also undertake death searches. We can also do a marriage search for male children or birth fathers, but it is less likely that they have changed their name. Often the applicant has the name they are after and they are using their other avenues rather than coming back to us. That is where we actually fit into that path. We are one of the prescribed information sources.

The Hon. H. S. TSANG: You may have answered part of this next question, but could you briefly comment on the introduction of the Adoption Information Act 1990 on the availability of documents to people affected by adoption? Are you able to comment on the impact this Act has had on mothers and fathers of adopted children?

Ms TAYLOR: Prior to the Adoption Information Act 1990, which commenced operation in 1991, the parents of a child who had been formally adopted were unable to obtain identifying information of that child's new identity. The Adoption Information Act enabled that to happen. The other side of the equation is that children who were adopted had previously been able to access their original birth certificate, but only with approval, which was then delegated to the Director-General of the Department of Community Services or its predecessors. In fact, that generally only occurred when the birth mother was deceased. Really, the Adoption Information Act removed the need for separate consents. It simply came in on the basis that once the adopted person

had reached, or would be presumed to have reached, the age of 18 either party could seek information.

New South Wales legislation is slightly different from that in other States. In some of the States only the adopted child has a direct right to the information and to contact. The parents can search, but the consent of the child must be found first before information is given. The New South Wales Act, having learnt from the experience of many States, tried to give equivalent rights across both sides of the adoption. Certainly, it had an enormous impact generally. It changed the way in which people then dealing with new adoptions regarded adoption, because it was no longer going to be closed, and certainly there had been the early start of open adoption-type relationships prior to 1991. Also, it meant that the results flowing from that certainly were reflected in the Registry's workload in regard to the Act early on.

We were dealing with an enormous number of applications in the first couple of years because this State had adoptions since around 1924 and is heading for 103,000 adoptions probably by the end of this year. By the time the legislation came in we were probably already up to 100,000 adoptions in the State and parents and adopted children, as long as they were at the point of 18 years since the birth of the child, could apply for information. There were waiting lists almost formed and people expecting to operate under that legislation. That has been a major change.

The Hon. H. S. TSANG: The Committee has heard from a number of women that adoption consent forms had been signed either under duress or by a person other than themselves. Is the Registry aware of any unethical or unlawful practices involving the signing of consents for adoption?

Ms TAYLOR: The Registry actually never sees or partake in the consent process. The Registry first hears of an adoption when the memorandum comes from the Supreme Court confirming that the adoption has occurred or we would otherwise have originally registered the birth, but we would not necessarily know it was of a child for which there was or was not an intention to adopt. So in that sense I am afraid we cannot provide any useful comment in either way because we have never been part of the consent process. Probably people from the court and other areas are more expert in that matter.

The Hon. H. S. TSANG: Do you have any statistical information about the number of applications for access to information made under the Adoption Information Act 1990? What proportion of applicants successfully gained access to adoption information?

Ms TAYLOR: Certainly from the time the Adoption Information Act commenced in early 1991 until we transferred the first point of contact to the Department of Community Services effective from 1 July 1998 the Registry had received 17, 573 applications for either the original or amended certificate. Since that time the Department of Community Services issues now a supply authority and we have had 307 applications for original or ordinary certificates. One thing to bear in mind is that that 307 may not reflect the full number of adoption information applications in that last year because the Department of Community Services now issues a copy of the memorandum with the supply authority. Many people still decide they would like to have the original birth certificate - say, an adopted person - and come to us and so are included in that count, but others have got the information they were seeking from the memorandum. So, unless they particularly want it as a birth certificate, they do not necessarily come to us.

All up, we are probably heading for the 18,000 mark. What proportion of applicants gained access successfully to adoption information I guess would depend on what you define as "successfully". We have information on all official adoptions which had gone through the Supreme Court or equivalent, so we have been able to provide some information for all those applicants. Whether it is otherwise a success measured on contact between people or other information sought, we cannot comment on that. But we have had a record for all official adoptions for which a memorandum was issued.

The Committee is probably aware of the Adoption of Children Act formalising the arrangements involving the department, government and courts more formally from 1965. Certainly we have had inquiries from applicants who have believed they were adopted, say in the 1930s, 1940s and potentially the early 1950s. At that stage, many adoptions were organised by private legal practitioners and still were meant to go to the court. It appears that in some cases the papers had not gone to the court, so people discovered later that they had not been officially adopted. Likewise, a mother could come forward to seek post-adoption information and we have had no record of that because it was not a formal adoption at that stage. That is what I categorise as unsuccessful. It is not adoptions that have gone through the court, but people have a belief that there was an adoption.

The Hon. H. S. TSANG: The Committee is aware that some people need to obtain information from the Registry of Births, Deaths and Marriages in more than one State, resulting in additional costs and delay. Are any measures currently in place to assist people seeking adoption information from other States? If not, would it be feasible to establish linkage with other State Registry agencies?

Ms TAYLOR: There are a couple of hurdles we run into. Certainly the registries of births, deaths and marriages around Australia work co-operatively on a wide range of issues. As happens commonly in our federation, it is State by State by Territory agencies all performing the same function but all under slightly different legislation in matters such as that. The registries have come a long way in terms of their ordinary functions by promulgating model legislation. New South Wales was, in fact, the first State to adopt it, closely followed by South Australia, and that has been going around the country.

We are terribly conscious that Australians are a very mobile population and we try to provide as seamless a service as possible. The difficulty with adoptions can be because the services provided by the registries is governed by adoption information legislation, not by our own Act. There are differences between the adoption information regimes of the different States and Territories. In the

example mentioned before, with Victoria, adopted children have rights to more extensive information and documentation than those in New South Wales but parents do not have such rights immediately. The registries have to fit with their own State regime and meet those requirements. We have contacts with other registries and we facilitate people getting in touch with them. Amendment to legislation in other States to make them more equivalent regimes make it easier for adoption searches per se to take place. Clients have entitlements to search a New South Wales adoption in New South Wales but if they are dealing with another State's adoption laws they do not necessarily have the equivalent level of search rights.

CHAIR: This morning Centacare mentioned extra difficulty and cost if a marriage occurred in another State and a search in New South Wales came to a dead end, and clients have to go elsewhere to obtain information about change of name. Can you comment on that?

Ms TAYLOR: It certainly is an issue, and it is an issue for the Australian population generally in a whole heap of family matters because it is a State-by-State system. It is where the event occurs rather than one record for one person in Australia which could track that a person was born in Tasmania, married in Queensland, had two children in Adelaide, maybe got divorced in Canberra, then remarried in Canberra and maybe had another child in Western Australia. That is probably a fairly extreme example of moves, but we have found that up to 20 per cent of people with whom we are dealing may have moved from their State of birth by the time they married in their mid-20s or so, and that is fairly extensive. For that reason the model legislation looks at forming reciprocal arrangements. There is power for those arrangements to be entered into by the respective Ministers. Every State is trying to computerise its registers and indexes as fast as possible.

The difficulty is that in this computer age we all think that everything should be on computer and we should be able to tap down the line and find information but, as yet, not everything is computerised. New South Wales and Victoria have fairly extensive computerised records but many of the other States do not; they are still relying on book indexes and microfiche indexes and things like that. Certainly there are moves to improve it generally and to assist people searching for family following adoption or fostering and a wide range of separations. If there is a dead end to a search in New South Wales, we try to encourage and assist people to search nearby States or relevant States or tell clients to look for other information they might have. For example, if an adopted child had obtained information about his mother from the Centacare file and it indicated that she had been born either in Geelong or in Albury and had been schooled in Victoria, or something like that, if it was a dead end for a marriage search in New South Wales, the next place to look would be Victoria. We would place them in contact with the adoption section in the Victorian Registry. I am sure things can be streamlined, but it is a matter of individual legislation.

The Hon. H. S. TSANG: Do you have any information about the number of people who have a veto on contact and the provision of information about themselves? In your experience what is the effect of a veto on an application?

Ms TAYLOR: On our current data as at 10 June 3,994 vetoes have been recorded. A veto under the Adoption Information Act 1990 is against contact, not against information. If the applicant is made aware that there is a veto, and signs the undertaking not to contact, they will still be provided with the information on their origins or the new identity of their child. The person placing the veto is also made aware that it is only about contact, it is not about information. Obviously it is distressing for an applicant to discover that there is a veto in place. People seek information either about children who have been adopted or about their birth parents at various stages in their lives. We have some applicants who, on their eighteenth birthday - some with their adoptive parents, others who have waited for the adoptive parents to die - come in and make an application and want to track everything down very quickly. Other people search when they themselves are having a child. There is a whole range of reasons. Sometimes it has taken them many years to decide to search, and to then face a veto can be very distressing.

The Department of Community Services, on receiving an application, makes one approach, I understand, to the person who has lodged the veto to see if that person wants it to remain current. One of the difficulties with the veto system is that it fixes technically a permanent veto. It is not a sunset, renewable type of veto as I understand operates in some countries. In effect, the chance for people to reconsider is when an application comes in, because they are contacted to see if they wish to confirm it. I understand that in those circumstances a large number of vetoes are then removed and the contact occurs. It may be that the person who lodged the veto, for example, lodged it around the time of the commencement of the Adoption Information Act, which is now eight years ago, and their life circumstances may well have changed. The mother may have told her new spouse or children. A child may have got through university exams, or had a child and feel keen to know about his or her heritage, so the reason for placing the veto may not be as important at that time.

Certainly people are encouraged, at the time of lodging a veto, to give an explanation - a letter or a message - and the reaction from clients seems to be easier. Explanations are not always given, but applicants faced with a veto try to understand why, and their level of distress can be affected by someone presenting a reason. It may or may not appear to be sufficient but at least it gives them a clue. They have not got the opportunity to sit down and discuss it with that person, which they could otherwise do. In 1996 the Adoption Information Act was amended in an attempt to have a less permanent veto by providing for an advance notice system. That system provides for a delay period, a notice period from when the application came in to when the information goes out, during which time the person being sought would be contacted at the address provided. There have only been 21 of those registered since 1996, but that may be because they were more appropriate at the earlier stage when people were considering a veto or nothing. It is at least an option that gives people breathing space to know when an application has been made and time, if need be, to tell people in their lives who are likely to be affected, rather than an all-or-nothing response. That is certainly in the minority of nearly 4,000 vetoes out of 102,000 adoptions.

The Hon. D. F. MOPPETT: You said that there were 17,500 applications for information since the Adoption Information Act and there were 102,000 adoptions. Given that there are at least three principal people, and probably two other very important people, involved in the 102,000 adoptions, there could be 300,000, 400,000 or 500,000 people involved, so 17,500 is not such a significant figure.

Ms TAYLOR: I certainly agree with you on that wider number of people significantly affected. But under the Adoption Information Act the people able to actually apply for the information out of that collection of people are the child and the registered parent - usually the mother more than the father. Up until the amendments to the Adoption Information Act in 1996 it was really very difficult for fathers who were not recorded on the certificate or acknowledged as the father at the time to make an application. To that degree, in terms of the people who could actually apply, it is probably a bit under 200,000 because some of those who were later adoptions will not yet have reached the age of 18.

The Hon. D. F. MOPPETT: You referred to the Law Reform Commission's review of the operation of the Adoption Act. One of the reasons for that review was that the veto operated differently in other States - if a veto was registered, no information was available, whereas in New South Wales the information was given, although it was not a veto as such but a registration of no contact.

Ms TAYLOR: That is right.

The Hon. D. F. MOPPETT: In fact many people felt that there was no point in registering a no-contact, because once information was obtained about a person's name it was not very difficult to find out the person's whereabouts and to make contact, whether the person wanted it or not.

Ms TAYLOR: Certainly I agree that at the time the legislation first came in that was a concern of many people, and it may have led to more vetoes not being lodged. However, as was borne out in the Law Reform Commission's review, it is important to note the minimal number of breaches that have occurred - I think it is fewer than one could count on one hand - given the time it has been operating and the number of applications made subject to a contact veto. The respect for it has been quite amazing compared to what people originally thought when the legislation came in. There is also the issue of people not knowing that they are adopted. Again this is probably more the case in older adoptions than those in, say, the last 20 or 30 years. So, as well as people perhaps thinking it is ineffective, a certain proportion of those 100,000 or so people do not know that they are affected by adoption. We still hear of a reasonable number of people who have just found out that they are adopted. They find out either because they are approached or their adoptive parents or their surviving adoptive parent might die and in the paperwork they find a reference to the fact of their adoption. They often tend to be much harder cases, because in that age group if their adoptive parents have died their birth mother, who might have been 10 years or so younger, is also likely to have died, and they may be only starting their search in their fifties or sixties.

The Hon. D. F. MOPPETT: The Committee has been informed that prior to the commencement of the Adoption Information Act in 1990 it was possible for mothers to obtain a copy of the original birth certificate, with the approval of the Director-General of the Department of Community Services. Do you have any information about how many mothers obtained information in this way?

Ms TAYLOR: It certainly was possible. The vast majority of those applications seem to have come from around 1981 onwards. We have not done a count of the exact number because there are many pages of them. However, as an estimate based on the number of entries per page and the number of pages, I would say that more than 1,000 of those certificates were issued. The other thing to note about that period prior to the Adoption Information Act is that the adopted person could also obtain his or her original birth certificate, again with the director-general's consent, but only where the natural mother was deceased. So that was the adopted person actually discovering information that was otherwise closed to him or her, but again in the circumstance where he or she could not talk to the mother to find out other information. In the case of the parents obtaining the original birth certificate, really they were only obtaining information that related to themselves and the birth; the information did not identify the child later on, which is a significant difference. So until the Adoption Information Act came along, they were not able to get identifying information in any form.

The Hon. D. F. MOPPETT: Apart from the Registry's obvious vast resources, what avenues are there for people to obtain information and documents about adoption?

Ms TAYLOR: I presume that you mean about their own adoption, for their individual case?

The Hon. D. F. MOPPETT: Yes.

Ms TAYLOR: As I mentioned before, the Registry falls into the adoption picture as a prescribed information source under the Adoption Information Act. Certainly if an adopted person was born in New South Wales, we should have that person's original birth registration for him or her to receive information from, and can then undertake searches for that person based on that information. But in terms of details about the adoption itself, the Registry is more useful in tracking down details of the origin or possibly tracing people now. It would firstly refer applicants to a person's adoption file, whether it be a Department of Community Services file or one of the agencies' files. Obviously, it is more difficult in the period before the Adoption of Children Act, because one is often then dealing with private papers with solicitors and things of that nature, which people will not necessarily be able to find or have access to.

What can assist in those cases is one of the other sources, which involves access to documents from the Supreme Court file about the adoption. That may include information relating to the consent and information relating to the mother of the child. There may be some information relating to the father, although unfortunately in earlier adoptions reference to a male party occurred only if the mother of the child was married but to a person who was not the father of the child. He in fact had to indicate that he was aware of the birth of the child and the adoption. So in those earlier times a husband had more rights than a father. This was before the concept of illegitimacy was removed and before married women could keep separate property.

In effect, it was the married woman making a legal decision, so the consent of her husband was required. Other sources include the hospital record about the birth, which is also prescribed information, and obviously any of the agencies that were involved in the adoption, for example, the church and so on. The Department of Community Services will usually link those together and get the information for people. However, one of the other important sources to bear in mind is if a person was adopted after having been made a ward of the State, so the person may have been a little older when adopted, although some children are made wards as babies. Their ward file is also available, with information on it. In terms of the actual adoption and the history of the birth, those are the main sources.

The Hon. D. F. MOPPETT: Could you explain to the Committee the process by which reunions between birth parents and their children are organised? Does the Registry have a role in organising the reunions, or is that basically the responsibility of other agencies?

Ms TAYLOR: When the Adoption Information Act came into force in New South Wales there was a fair degree of self-help and self-responsibility provided in it. Part of that was providing equal information rights to the parents and the children at that point, rather than more to one group than the other as happened in other States. With regard to reunions the Registry has a role as an information provider, and as such we can facilitate that information. It is generally the other agencies, which include bodies such as the Post Adoption Resource Centre, which I understand you heard from last year, which receives funding from the Department of Community Services and specifically undertakes mediation services and acts as an intermediary to assist us with reunions.

In some cases, and certainly outreach cases - which may be unusual because it involves siblings or medical matters or other things - false information may have been provided or a birth mother may have used an assumed name at the time. The Family Information Service also makes outreaches and arranges contact. A large number of very good support groups, including Jigsaw, Vanish, in Victoria, Adoption Triangle and Origins, also provide information. At the time that people apply for adoption information in New South Wales they are provided with a search guide, which, as well as explaining how a person can apply to our organisation for searches, and describing how to go about obtaining hospital records etc, also sets out contact lists for the various support groups, information about information evenings run by the Department of Community Services and those sorts of resources.

The Registry does not have specialist social workers or counsellors. We are very good searchers and very good information managers in that sense; that is our expertise. The adoption staff demonstrate, I believe, a great deal of compassion in dealing with our clients. As is often the case in these sorts of areas, the first contact a person might have is with a clerk working for a department or organisation of some kind, perhaps just making an inquiry to work out if he or she wants to proceed further. We often deal with people in those initial stages. We frequently give advice or prompts to information in the search guide and other places, which the person might have overlooked or forgotten about or had not had emphasised to them, so it is more as a supportive role. We also provide search assistance to agencies such as the special search service that the Salvation Army operates. We provide similar services in relation to missing persons. Those organisations then go about being the mediators for contact with people.

The Hon. D. F. MOPPETT: Would it be fair to say that you are policy-neutral; you are simply the information provider?

Ms TAYLOR: Yes. Obviously, we are very pleased when they happen. Often clients ring up and thank us for helping them obtain a marriage result. We remind people that the electoral rolls and the phone books are there, not to forget about them. One of the things that can happen is that the Registry, and other resources that people can go to, have good information, but they cut out at a certain point. We only know about people when they are born, when they are having their children, and then ultimately when they die. So there is a period from their late thirties or forties through until the end of a hopefully long and healthy life where we know nothing about them necessarily. That does not mean that they are not in existence; it means that their names can be checked in the phone book or the electoral roll, or people can talk to the Post Adoption Resource Centre and other places where they find matching information and can make approaches on their behalf.

The Hon. Dr A. CHESTERFIELD-EVANS: The Committee is aware that during the period 1950 to 1998 there were significant changes to society's attitude to adoption and single mothers. Are you aware of any background issues affecting the pattern of adoption during the period under review?

Ms TAYLOR: Certainly the period under review, being from 1950 to 1998, is a very big period and does see a lot of social and legislative change. The key changes from the 's point of view include the Children (Equality of Status) Act, which has now changed to the Status of Children Act, which did several important things. It abolished the concept of illegitimacy in New South Wales and made it easier to record a father on a birth registration. If he had a maintenance order against him for maternity costs or other costs, that could be used as evidence to have him recorded as the father. In the past, he had to actually come forward and

acknowledge himself. So it opened and broadened that range of avenues. That level of recognition of court and other documents has expanded further with our 1996 Births, Deaths and Marriages Registration Act, by which we can either make a legal presumption, which is like the old one arising from marriage, or have other things like court findings. We can use that as corroboration.

The other big changes are practical, legal changes - for example, the marriageable age under the Commonwealth Marriage Act. Up until 1973 a person had to be 21 or have his or her parents' consent, and that applied to both the bride and the groom. So if either side could not get the consent of his or her parents, they could not marry. Certainly people had the option to go off to court, but frequently they felt that they did not want to take it to the local magistrate, who would then know their business. For example, the girl may have been pregnant and wanted to marry, and that could cause a lot of difficulty. We have drawn some statistics. In 1976 that age dropped to 18. The median age of marriage for a bride was 22.2 years, half were younger. In 1996 that age rose to 27.5 years; that is a very major shift.

Likewise, the average age of women having their first baby has shifted dramatically from the former 24 years. The group having children at age 19 and younger has been overtaken by the group having children at ages 35 to 40. The availability of terminations or contraception has had an impact, and the birth rate has been falling consistently Australia-wide. The pill came into existence in the 1960s, but at first it was prescribed only to married women. It later became available for women who were engaged to be married, but given to them only the month before they were married. Basically that was the same as giving it to a married woman. The family planning clinics were not established until 1972 or 1973. It has taken longer than we thought for the impact of these provisions to be evidenced. These days there are less than 400 adoptions a year and the vast majority are of overseas-born children.

CHAIR: How many children born in New South Wales are adopted?

Ms TAYLOR: In the last year it was probably about 60. There are a number of step-parent adoptions, but they are a lot less than they used to be. A significant chunk of adoptions was by a step-parent in an attempt to give a child legitimacy, before the legislation was changed. Obviously unmarried fathers did not have the right to say yea or nay to an adoption at that point. Also there were children with disabilities who formed part of the group of older adoptees. With new babies, the vast majority were overseas born.

The Hon. Dr A. CHESTERFIELD-EVANS: Could you explain the standard practice of recording the father's name on a birth certificate? How has this changed over time? Was there a reluctance in the past to record the father's name if the mother was unmarried?

Ms TAYLOR: I would not class it as a reluctance; it was actually legally impossible, legislatively impossible. That may have been a reluctance by Parliament or the Legislature, it was not a reluctance by our organisation. The most common presumption used in paternity is the presumption arising out of marriage, which would basically allow the father's name to be included on a birth certificate if the mother advised it and they were married. The marriage can be traced and he is presumed at law to be the father, unless other evidence is raised. Legally, unless the father had acknowledged that he was the father, either on the birth registration form or subsequently, he could not be included on the birth certificate. It has become somewhat easier these days but, in general, we still require the father to sign. They do not have to do that by way of statutory declaration. As long as both mother and father sign that is okay.

Likewise, with the change in society attitudes - the father may not have known that he needed to do that or the mother may not have been sure of it - they needed to find a justice of the peace. The father may have been embarrassed if the justice of the peace was the local chemist or doctor; that could have made a significant difference. A justice of the peace was not so easy to find in earlier days. Last year 26 per cent of births were to parents who were not married to each other. That is the highest it has ever been and is up from the period of peak adoptions in 1972-73. However, the percentage of fathers being named on certificates now is as good as, if not better than, in those days, because even when the parents are not married many fathers acknowledge paternity. In cases of adoption, probably 2 per cent or less include the birth father's name. That is generally when the mother or father has died and the child is adopted by a family member. Another factor that has assisted in having fathers placed on birth records, in cases where they do not come forward, is the encouragement for child support. More likely this occurs in evidence heard by courts or equivalent in findings made to determine the father. We can act on the those findings. DNA is now available. Orders can be made under various Acts to have a DNA test performed. If a father is determined under that Act we can include him on the certificate.

CHAIR: When you say "can" do you mean "must"?

Ms TAYLOR: If he is proven to be the father, and that test is 99.97 per cent accurate, and a party to that information brings it to us we will record him. But we need to know that the test has occurred.

CHAIR: With court decisions, does the information automatically flow through to you and you automatically add it?

Ms TAYLOR: No, it does not. It comes down to a legislative issue. Most matters relating to children are handled under the Family Law Act, including whether the children are born to a married couple or otherwise. The courts are experienced in dealing with those matters. The difficulty is with a State Act of Parliament we cannot compel orders made under a Federal Act to come to us. We state openly that we will recognise them and provide, for example, for the District Court to make orders, but no-one goes to the District Court for a paternity finding. I think there has been only one. It is far more logical to use the other court, which we recognise. That does mean we cannot require that orders come to us. The Family Court and the magistrates court work under the

Family Court and try to make sure that orders are referred to us and encourage parents to send matters to us. But we cannot guarantee that they always come in. These days, the social security system, et cetera, generally wanting to know the father, tends to mean that we will know about it more often than not. The mother will come to us with the evidence so that the father can be included and is then liable for maintenance.

The Hon. Dr A. CHESTERFIELD-EVANS: What proportion of original birth certificates include the name of the birth father of an adopted child?

Ms TAYLOR: Probably 2 per cent or less.

The Hon. Dr A. CHESTERFIELD-EVANS: Of the older ones?

Ms TAYLOR: Yes. With recent adoptions more often the father is known, but that does not apply with overseas-born children because it depends on what happened in that country. The majority of adoptions of Australian-born or New South Wales-born children in the past five, 10 or 15 years, has been by a step-parent. In those cases the original father's name would have been on the certificate. In some situations the mother has formed a new relationship, and wishes her partner or husband's name to go on the certificate. We advise her that there are provisions to add the father if he is the biological father. If the mother says that he is not the father but she wants his name included, we tell her that the only way his name can be added is by way of adoption. Those adoptions have to be approved by the Family Court, so they are unlikely to happen. People tend to go for a change of name rather than a formal adoption.

The Hon. Dr A. CHESTERFIELD-EVANS: If the father has signed a birth registration is it a requirement to gain his signature for consent to adoption?

Ms TAYLOR: If he had signed the birth registration form and was able to be added to the certificate; we do not determine the legalities of adoption or otherwise. It is probably best for the Supreme Court to do that. As far as I know a birth certificate is always provided as part of the material that goes to the court with an adoption application, because it has to be established that there is a child to be the subject of the order. If his name is on there I imagine that the court is aware of the consent. As far as I know with the extended view of the rights of unacknowledged fathers, at certain times declarations and affidavits state who the father is, or what the circumstances were. In that way the court is aware that he has been appraised or otherwise. The court would be the expert on that.

CHAIR: The Committee was told that in some cases the name given to the child by the birth mother was initially recorded on the original birth certificate but at a later stage it was ruled through and replaced with the word "unnamed". Are you aware of cases where this occurred? Can you describe the circumstances in which that would happen?

Ms TAYLOR: It is important for me to make a distinction. The birth certificate is issued after registration. If a name has been on a birth certificate that will not be changed to "unnamed", because the name would have been registered. I presume you are referring to the mother naming the child whilst at the hospital, or in the mother's home, or whatever the circumstances were, and that name appearing on the birth registration form. That form is lodged with us to effect the birth certificate, and that name is recorded by us. I have not come across a case of a form being received with a name on it and then being changed to "unnamed". If we receive the form with a name we register the birth with that name. However, I could understand that at the time of adoption if there was a variety of paperwork to be signed, it may have been that the child's name was placed on one and the mother could have presumed it was on all of the paperwork. If the name had not been placed on the birth registration form by whoever was assisting her, it would not get to us and we would not know about the name.

At the Registry, in order to facilitate the adoption information later on, several things may occur. Firstly, if the child is unnamed and the mother can complete a declaration as to her intention of the name of the child, we will add that to the certificate for her. Secondly, if a father comes forward we do all we can to facilitate his name being included on the original record. He may have wanted to do that 25 years ago. If we can corroborate his claim we will add it. For example, the mother may have written his name, but he was not available to sign; he may have been named by her in a report by a social worker; he may have had a maintenance order against him; or he may have had a carnal knowledge order against him. Years ago there were many prosecutions for carnal knowledge involving a girl of 15 and a boy of 17- the boy was charged with carnal knowledge. If he can turn up with proof we presume he is the father and we can fix the record. That means that adopted children have the chance to find information about both parents, which they otherwise often do not have.

CHAIR: Can you explain the process by which parents and children affected by adoption gain access to original birth certificates and other documents? What costs are involved? Can you suggest any ways to simplify the processes involved? Do you have any other comments to make about access and costs?

Ms TAYLOR: As of July last year the application for adoption information goes to the Family Information Service of the Department Community Services. They issue the supply authority, which in effect is proof that someone has been a party to a valid adoption and has made a valid application under the Act and can source traditionally closed records from organisations. At that point they can come to us if they wish to have the original birth certificate or, in the case of the original mother, the post-adoption certificate. They present that to us and pay the ordinary birth certificate fee of \$26 and it is then issued to them. In the past the certificate from us acted as that passport. Before July 1998 they came to the Registry, applied for their records under the Act after providing sufficient identification details and the Registry collected the \$26 for its own certificate, which is the same fee that applies

to certificates generally, as well as the fee on behalf of the Department of Community Services. This fee covers the search guide, attendance at seminars, the reunion register and the like.

Clients can now select either a combination of those services or just obtain the certificate on a sliding scale of fees. The Registry has never retained any moneys other than for the individual certificate. People may also come to us for a marriage or death search or potentially for information about their mother's original birth. Again, we are very conscious that these involve long searches. If someone is searching for their mother the minimum search period will be at least 18 years, the likelihood being that she married some time around the time of birth up to the present time. Therefore, the Registry subsidises the cost of those searches; it cross-subsidises from other revenue internally to reduce the cost of the search.

The usual search fee of \$26 includes 10 years and increases in multiples. We will do all the marriage searches and look for de facto names for a \$40 fee. We would not want to bill people for longer searches because of the nature of their search and it means that it is an easy form for them to complete. There certainly can be an issue for people with families that are spread across interstate borders. When the original birth certificate was obtained and people went on searching, they forgot there were other information sources such as their file from the agency or the birth record at the hospital, and this may give clues as to where to search. Details of where mum was born, went to school or other things might give clues as to where she might have gone.

Another difficulty is that more people are in de facto relationships and there is no documentary proof of that event having happened. It can be picked up if they have had a child and we can confirm that there has been a de facto name change, as we would with a marriage, but if there have been no children from the relationship one would not know whether they are calling themselves Mrs Jones because there is no marriage to Mr Jones. However, we are now required to prove our identity more often these days so it is now more likely that she will change her name by deed poll: to prove that, but there have been cases in the past where people have lived for many decades under an assumed name and were never made to prove it. It is then hard to find them because there is no official record of that assumed name. That will be less of a problem in the future, but it was certainly a significant problem in earlier years.

Many matters in terms of fees or what people are entitled to are affected by State legislation in other States and we are certainly happy to facilitate or streamline where possible. We try to point applicants to the most likely States to go looking based on other information they have, but it is a difficulty with our Federal system. We have not got one nice, big, linked database with all of us at this stage. If the Committee needs follow-up information, we would be happy to do some research on applications.

(The witness withdrew)

PATRICIA DOREEN FARRAR, Senior Lecturer, University of Technology, Sydney, affirmed and examined:

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

Ms FARRAR: In an independent capacity as a mother who lost two children to adoption.

CHAIR: Did you receive a summons issued under my hand in accordance with the provisions of the Parliamentary Evidence Act?

Ms FARRAR: I did.

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

Ms FARRAR: Yes.

CHAIR: You have made a submission. Would you like that to be included as part of your evidence?

Ms FARRAR: Yes.

CHAIR: Do you wish to make a statement or do you want to go straight to questions?

Ms FARRAR: In the interests of expediency I will go straight to questions.

CHAIR: Could you please tell the Committee about the circumstances surrounding the confirmation of your pregnancies in 1965 and 1971, for instance, how old you were, how you felt about the pregnancies and whom you discussed your situation with?

Ms FARRAR: In order to remain focussed I will read from my submission as well. On 14 August 1965 I gave birth to my first child, a boy, at the Women's Hospital, Crown Street. I was unmarried, at school and aged 17. My son was taken for adoption. On 25 June 1971 I gave birth to my second child, a girl, again at Crown Street. She too was taken for adoption. At this time I was a registered nurse aged 23 and in a permanent relationship with the father of my children, whom I later married in 1977. I first attended the Women's Hospital, Crown Street in January 1965, having had my pregnancy confirmed by an unknown doctor whom

I had told that I was engaged to be married. I had been in a relationship for 12 months with my baby's father who, unbeknown to me, was already married.

We had sexual intercourse on 14 October 1964, a date I remember clearly because I had not seen him since the previous school holidays in September. I was on student vacation prior to sitting for my leaving certificate examinations, during which I had morning sickness and fainted. I was ignorant about sex education and the signs and symptoms of pregnancy and attributed my missed periods to excuses such as swimming. I recall my first and subsequent visits to the outpatients department vividly: an interview with a nursing sister, giving a specimen of urine and a physical examination by a midwife, followed by an examination by several medical students. At the latter examination I was always afraid that I would see someone I knew, either an ex-pupil from my former school or the associated boys school, because medicine was always a popular choice for such students.

From the first visit I was never in any doubt that my baby was marked for adoption. Each visit would include an interview with the social worker, who organised social security benefits for me, and this was a sickness benefit followed by a special benefit. When I first visited the social worker I was living in a rooming house at Cammeray and had meagre employment selling art union tickets by telephone. There was no assistance offered about how I would support myself or where I would live for the remainder of my pregnancy. The emphasis was always on this unfortunate experience which would soon be over when my baby was taken for adoption and I returned to normal. I had just turned 17, had recently left school, had led a comparatively sheltered life and had been banished from my home. I was fortunate that in March 1965 my mother realised that I was on my own and took an apartment at North Sydney with me for the next six months. I attended antenatal classes for married women and had to pretend that I was one of them.

However, the date of conception of my baby was never believed and I was always described as being big for dates. Because there was a suspicion that I was lying or expecting twins, I underwent the potentially dangerous procedure of an abdominal X-ray. In May 1965 my very first experience of being in hospital, I was admitted for five days to Waiting Patients in Crown Street. I am unclear why this admission occurred and my hospital records provide no explanation. However, I remember some discussion about weight control and I was prescribed the amphetamine dexedrine. This experience left me in no doubt that the adoption of my baby was a foregone conclusion and there was no way out of the process of which I had become a part. However, there are no records, as I said, of this admission to waiting patients. I felt that I was on a conveyor belt of baby producers from which there was no getting off.

Although I had private health cover I was treated as a public patient until the time came to recoup health fund contributions which the hospital claimed to have paid and my mother subsequently paid after I was discharged from hospital. On 23 July 1965 I was readmitted to Crown Street with what I thought were labour pains because by my calculations birth was imminent. I spent the night in the labour ward and was transferred again to Waiting Patients in the morning. On 30 July I began to have labour pains again and was transferred in early labour back to the labour ward. I spent the next two days in a prenatal ward for single mothers before being transferred to the Lady Wakehurst Home at Waverley on 1 August 1965. On 9 August, again in early labour, I was readmitted to the labour ward at Crown Street but again was returned to the prenatal ward. On 13 August I was given injections of the hormone syntocinon in order to induce labour and at 11.00 p.m. was taken to the delivery suite.

My memory of the labour ward is of a battlefield, the beds containing screaming women separated only by curtains. Despite having been to prenatal classes I was frightened and alone. I was most afraid of being naughty and doing the wrong thing. I wanted to be seen as compliant and as a good girl. I was given a mask through which I could breathe a pain-relieving gas. Finally when the time came for me to push my baby into the world a pillow was placed on my chest so that I could not see my baby. I heard him cry and knew his gender by the deep resonance of that cry. He was quickly removed from the labour ward and I was offered a cup of tea. It was 3.30 a.m. on 14 August 1965. I was transferred to another ward where I awoke later in the morning. I had been given an aperient and passed a very large bowel motion. I was purged. At 11.00 a.m. I was taken back to Lady Wakehurst where I remained for another six days. I will address the next part in the taking of the consent.

In 1971, pregnant with my second child and in a difficult de facto relationship with my children's father, I again approached the social work department of Crown Street for assistance. Despite my protestations that this was a much-wanted baby for whom I could provide, I was advised that I should be sensible. The social work record at the time states that "This unfortunate incident is obviously the result of unresolved conflict from six years previously and that it would be best if an adoption history were taken as quickly as possible." My baby was due in two weeks time after that visit and she was taken for adoption at four days old. I must say that on my admission in 1971 I was a private patient.

I did not go through the antenatal clinic but saw the obstetrician in his rooms in Macquarie Street, and when I asked to have a private room I was told that "These are reserved for our ladies with Caesareans." So my circumstances were very different on both occasions. Certainly, when I had my daughter in 1971 my partner was with me up until the point of my daughter's head crowning. I certainly did not have a pillow put on my chest. In fact, I had what I could describe as a Le Boyer birth. However, my daughter was removed from the delivery suite and taken to the adoption nursery straight away.

CHAIR: You have commented on a number of our questions. In answer to our question about how you came to a decision to adopt you pretty much said that you felt you had no choice. Do you want to enlarge on any of the other questions?

Ms FARRAR: Yes, indeed. I take issue with the wording "came to a decision to adopt" because I do not consider that I had a decision. In the case of my son in 1965 I felt that there was absolutely no other choice. No alternatives were offered to me. There

was no other option. Adoption was discussed at every visit with the social worker. In 1971 when I had my daughter I felt that in the intervening six years anyone could have done anything to me after the loss of my son. I was very vulnerable, perhaps even more so than in 1965. Being reprimanded by the social worker then and being told finally to get on with my life, that I had doors opened to me, it seemed to be an easy choice.

CHAIR: So you do not feel that you realistically received any information about alternatives given the atmosphere you described?

Ms FARRAR: I can say unequivocally that I never received any information about alternatives.

CHAIR: I will hand over to Dr Chesterfield-Evans to talk in a bit more detail about the medication procedure but I want to ask about the signing of the consent form in both cases and what recollection you have, and again how you saw it as part of that process.

Ms FARRAR: The signing of the consent form for my son in 1965 took place in a sort of sunroom at Lady Wakehurst at Waverley. A woman whom I had never seen before arrived and presented me with, as far as I can recollect, only one piece of paper that required my signature. I do not recall her having informed me of what the consent form was about. As far as I was concerned it was a case of "sign here". I remember that there was another mother waiting to sign as well and she and I had been talking beforehand. So it was very much a case of whip in, sign on the dotted line and whip out. As I said, I had never seen this person before and it was not until I received a copy of the consent form that I signed that I was amazed that it actually is called "Preliminary Application for the Adoption of a Child by a Parent", because when I looked at that I thought that if this was the preliminary application surely there must be some sort of final consent form that says "I Patricia Farrar do hereby consent to the adoption of my child." I have never seen that.

The only form I have here has been witnessed by this person, [a consent-taker] whom I had never seen before and have never seen since on the third day after I had given birth to my son. So it was in that very vulnerable postnatal period when I had been given lots of medications, which I will address. With my daughter, I went to a building in William Street in the city. My memories of that are very hazy. I do not know who she was. I know that I had an address and I went there. I got off the bus and walked in and walked out. I remember very little. Again, it was just a matter of "Here's the paper, sign it".

CHAIR: Do you know how long after the birth that was?

Ms FARRAR: I have a copy of that as well. It was some considerable time. My daughter was born on the Saturday night and I signed myself out on the Monday morning after I had her. It was in the vicinity of three weeks following her birth that I did that.

The Hon. Dr A. CHESTERFIELD-EVANS: In your submission you say that during your confinement you were prescribed medications and procedures which were deleterious to your health and to that of your baby. Could you describe these procedures and medications, and do you feel that your medical treatment was different because of your marital status?

Ms FARRAR: Yes. I have already alluded to the abdominal X-ray which I had to confirm the size of my baby or whether I was expecting twins. I am mindful that this period was pre-ultrasound, which almost every woman has these days. However, I was given routinely 200 milligrams of pentobarb every night. I was routinely given 30 milligrams of amylobarbitone three times a day. This occurred from the time when I was admitted to Crown Street throughout the whole of the time I was there and also in Waiting Patients and at Lady Wakehurst. I was also given dexedrine. However, dexedrine does not appear on my medication charts. In fact, there are no medication charts for Waiting Patients or Lady Wakehurst. However, I knew what I was prescribed because I asked a pharmacist friend what the tablets were. It was printed on the label but at 17 I was not privy to the information about them that I am now. But I was told that they were for appetite control, a weight suppressant.

I consider the prescription of amphetamines to a pregnant woman at that stage was certainly deleterious. I was also prescribed stilbestrol to suppress lactation. I have the dosages here. I think I was given something like 60 milligrams per day of stilbestrol. This continued - I do not know; I can only go on my hospital records - for the two weeks post-partum. I was also described as having mild pre-eclamptic toxæmia. This was on the basis of a blood pressure on admission of 120 on 80 and slight protein in my urine. The reason I mention that is because sedatives were often prescribed during those days as a means of reducing women's blood pressure antenatally. This has been an explanation that has been given to me by midwives during my research. I was also prescribed a chlorothiazide diuretic.

However, when my blood pressure dropped to 80 on 60 and 70 on 50 the medications continued unrelentingly. I have that from my hospital records and subsequent information. So I think that, all things considered, certainly in Crown Street I was prescribed medication which I consider would have been unnecessary. I do think that I received different treatment in 1965 because I was unmarried and I consider that I received different treatment from married women in 1971. But it was qualitatively different from the treatment I had received in 1965 when I was also unmarried.

The Hon. Dr A. CHESTERFIELD-EVANS: Do you think you got the barbiturates and the dexamphetamine because you were unmarried? Do you think you would not have got those medications had you been married?

Ms FARRAR: No, I do not. As I said, I was told or have been led to believe subsequently that amytal and pentobarbitone were described as antihypertensive agents for women with PET. On prima facie evidence here I did not have PET and yet I was prescribed these doses. I cannot conclude for what other reason I would have been prescribed those medications. I do not believe

that I was overly anxious. I certainly was not any more anxious than any other woman in my position. Administration of those medications occurred right up until delivery, even to the point where I was given another 400 milligrams of intramuscular pentobarb straight after my son had been delivered, in addition to the oral doses at that time. This seems to be an enormous amount of sedation to be given to a healthy, normal woman who is delivering a healthy, viable baby. I have spoken to other woman who have subsequently delivered children and who were married and who were not given these doses. In 1971 I was not given that degree of medication.

The Hon. Dr A. CHESTERFIELD-EVANS: In the early seventies the amount of sedatives given to women with the most minimum of symptoms, flabbergasted me in obstetrics because they would not have been used in any other discipline. As a medical practitioner at the time I was amazed. I thought the obstetricians were backward. That was an opinion of a student who saw inconsistencies between departments. This Committee has heard evidence that there are differences between married and unmarried pharmacotherapies, if you like, but there has not been any quantitative evidence on the situation. It would not have surprised me personally in the sense that it was a matter of easing the pain, and the sedative was regarded as a good thing, so it was not necessarily given with malice. You may well be right that there was a difference. I am inclined to think that there probably was, but I cannot be any more sure than that.

Ms FARRAR: We need to investigate that further.

The Hon. Dr A. CHESTERFIELD-EVANS: I believe it needs further investigation.

The Hon. H. S. TSANG: Would you please tell the Committee about the reunions with your first two children and the impact this has had on you and your family?

Ms FARRAR: My son knew my name from the order of adoption. He was taken for adoption in 1965 so my name actually appeared on the order of adoption, and his adoptive parents were privy to that information. He was not told that he was adopted until fairly late in his life, whereupon he told his adoptive mother he would like to find me. She was able to give him my name. She knew where I worked. There was a rather strange sequence of events and coincidences. In 1990 he got in touch with the social worker at the Royal Hospital for Women, who was then able to trace my records, get in touch with me and ask me whether I wanted to effect a reunion, which I did. My reunion with my son and his four brothers and sisters was, I suppose, fairytale stuff until October last year, when I received a letter from him, an outpouring of anger, grief, resentment and telling me that no further communication would be appreciated or returned.

When the Adoption Information Act came into effect in 1991, I felt that it was very important for my first two children to know each other because up until that point they may not have known another relative. It was important for me that whatever happened between me and my children, my son and daughter were able to find each other. On the very first day I made an application for my daughter's birth certificate. It was very easy through the telephone book to find out where she was and I crosschecked her name on the electoral roll to verify it. My first-born son made the overtures to her and had the first meeting with her. Subsequently - I was still married to my children's father at that time - I had another son and daughter during the marriage. On the Queen's Birthday weekend in 1991 my four children and their two parents were together for the first time. That was a very important time for me. The reunions with my children allowed me to get out of a marriage which I had been maintaining until the time that I met my children again, which I believed somehow I would.

It was also important that my two children in the marriage met their full brother and sister. The supreme irony is that everyone has different names, despite the fact that we are all so intimately connected. My first son and first daughter have remained in contact. My daughter has found my activism and my attempts at change very difficult to contend with. So when she was married in January this year neither I nor her younger brother and sister were invited to her wedding. However, her older brother was, which I guess is something. The reunion has been both wonderful and heartbreaking. For me it has been a reopening of old wounds. However, it has also been very difficult for my two younger children because they are displaced. My daughter from my marriage is no longer a first born. My daughter whom I lost to adoption is no longer a first born, as she presumed, in her adoptive family. My first son, whose adoptive parents later had a son of their own, never thought that he had any brothers or sisters. So this whole issue has thrown relationships up in the air and they have come down in a very higgledy-piggledy fashion.

The Hon. H. S. TSANG: What measures do you consider might assist people experiencing distress as a result of past adoption practices?

Ms FARRAR: First and foremost, there has to be an acknowledgment from Parliament that, regardless of which political party was in government at the time, the practices of various government departments - such as the Child Welfare Department, Health Department, Department of Youth and Community Services, Health Commission and Department of Community Services - caused subsequent pain and devastation to many people. There should be a fund from which people affected by adoption practices can claim reimbursement for medical and legal expenses. There must be training of specialist counsellors and mental health workers in the specific area of people experiencing distress as a result of adoption practices. There must be free and unlimited counselling for mothers by expert practitioners in adoption grief work. I am not suggesting that these are necessarily social workers, and certainly not social workers who participated in practices in the past.

There must be free access to the records from the Births, Deaths and Marriages and free search and assistance. There should be unlimited funding for support groups run by those affected by adoption for those affected by adoption. There should be a centre for research into adoption and its effects with a flow-on to other areas of family separation and dislocation. There must be a

commitment that the unprofessional, illegal and unethical adoption practices of the past will not be permitted to recur. I do not believe that financial compensation for those people affected by unprofessional, illegal or unethical adoption practices can ever be enough. Too much would not compensate and too little would be an insult. So no amount of money would compensate a mother for the loss of her child. Finally, I would like to see the abolition of adoption as it stands. Other measures that are in place, such as guardianship, can provide for the security of children. With the abolition of adoption, this inquiry and certainly the activism of mothers would not have been in vain.

The Hon. D. F. MOPPETT: Would you briefly describe your doctoral research on adoption? Are you able to describe any of the preliminary findings from that research that may be relevant to the terms of reference of this inquiry? In particular, have you done any empirical research into the differential treatment of married and unmarried mothers and the different regimes of medicine that may have been prescribed to them?

Ms FARRAR: At the outset, I have to say that my study is a qualitative study, not a quantitative piece of research. I have not conducted surveys or interviews with hundreds of mothers. I was given stories, unembellished and unsolicited, from 31 mothers. I chose this particular route because from my study of secondary sources of mothers' stories - I studied more than 300 mothers' stories in various formats - certain themes kept recurring. These were the themes of maltreatment, I suppose, and uncaring practices. They may have been unethical or illegal as well. I had read about these practices occurring in the United Kingdom, the United States of America, New Zealand and here.

I wanted mothers to write their stories about their experiences. What did I find? Of course, I found the same themes resonating, such as refusal to allow them to see their babies. In fact, many nurses have been implicated in actively preventing mothers from seeing their babies. There was other evidence from mothers, who shared their hospital records with me, who had been given large doses of sedative drugs. There are other instances where consent was achieved under coercion and duress - absolute coercion, not just coercion through the withholding of information, which was the case for me. Along with the mothers, I also interviewed midwives about the other side of hospital practice. My conclusion is that while I do not know how married women were treated, certainly I believe that unmarried women were treated in a most inhumane way. Because of the nature of my research I have not done a comparative study between married and unmarried women, so it is a qualitative study.

The Hon. D. F. MOPPETT: One of your key recommendations was the abolition of adoption and perhaps a more active seeking of guardians, for example. From the way you speak to us I gather that you are well read and that you would be aware of the common practice of families becoming the guardian of an orphan child or a child in necessitous circumstances. In that reading, not all of those guardianships worked out particularly well.

Ms FARRAR: Not all adoptions worked out particularly well either.

The Hon. D. F. MOPPETT: You seem to think that is a solution, perhaps in a different social setting to what we learned of it from the nineteenth century, for example.

Ms FARRAR: I have a great problem with adoption in that an amended birth certificate is issued which totally wipes out a child's genealogy. Of course, with guardianship that does not happen. A parent applies to a court for a guardianship order until the child turns 18 and other arrangements can be worked out in terms of access visits, et cetera. That has been compared with open adoption where there are access visits. However, one mother with whom I am familiar sees her daughter once every six months. That is just a mockery, just a sop. The mother is still alienated. She gets to see where the daughter is living, but it is still an absolute mockery. First of all and paramount, a concerted effort should be put into sex education and contraception for young women. Secondly, there should be greater provision for termination of pregnancy without the difficulties that are still involved, which I will not go into because that is another story.

Thirdly, mothers who find themselves with a child and are able to continue their education could perhaps have living arrangements provided for them. Every arrangement should be made so that the child can be retained with his or her mother. In fact, in 1890, an American, Henry W. Thurston said, "There is no reason to separate a child permanently from its mother in order to provide what it needs temporarily." That is a very wise maxim that we would do well to heed. Could I add something? There is an important matter I mentioned in my submission. One of the mothers in my research who shared her hospital records with me found that her baby had been transferred to the Children's Medical Research Foundation Unit, which was adjacent or fairly close to the adoption nursery at Crown Street. She consulted me because she did not know what the hospital records meant in terms of her son.

Her son had been given doses of phenergan which were inappropriate for a three-day-old baby. She was still the legal guardian of her child at that time because she was too ill to sign a preliminary consent to adoption, one of these typed-up documents. It appears that because her son had been earmarked for adoption that somehow or other as a normal newborn he was taken to the Children's Medical Research Foundation nursery. The paediatrician at the time [...] produced a wealth of papers on cardio-respiratory function in neonates. There is no suggestion about where he got his control groups from or his specimens. I am concluding perhaps that for a child who was taken there for no other reason and given these doses of Phenergan, it seems that it certainly merits quite a deal of inquiry. This particular woman made further inquiries with the Children's Medical Research Foundation and they not knowing her story or why she was calling were almost flippant about the practice.

The Hon. Dr A. CHESTERFIELD-EVANS: What year was that?

Ms FARRAR: Hers was 1966. Interestingly, my son's nursery records had been on microfiche. However, when I finally got the hard copy my son's nursery records from 1965, which is when this practice apparently was continuing as well, were missing. You get very suspicious and cynical after a while.

(The witness withdrew)

17 June 1999

Room 814/815, Parliament House, Sydney

At the request of the witness, the name of the witness has been withheld. This witness will be known as WITNESS D.

WITNESS D, sworn and examined:

CHAIR: The witness would prefer not to give her name. However, the Committee has her full name, occupation and address. You have received a summons and you are conversant with the terms of reference of this inquiry?

WITNESS D: Yes.

CHAIR: You have made a submission which you want included in your sworn evidence?

WITNESS D: Yes.

CHAIR: Do you wish to make a statement before we commence questions?

WITNESS D: Not particularly, no.

CHAIR: Will you tell the Committee about the circumstances surrounding the confirmation of your pregnancy in 1962, for instance, how old you were, how you felt, and with whom you discussed your situation? We have asked this question of all our birth mothers.

WITNESS D: It is an obvious question. I guess I was just 16 when I found out that I was pregnant, so obviously I was 15 when I became pregnant, which had its ramifications. How did I feel about it? I really did not think I was, I suppose. I guess I was in denial for quite some time, which really did not help me when it came to the point. With whom did I discuss my situation? I was not living with my family; my family had separated many years ago. I lived with a 75-year-old great-aunt, who was a spinster and who had never had children, so when I came home to her and told her I thought I was going to have a baby she just totally freaked out. Basically she contacted the parish priest, because we were Catholics, and marched me down there and said, "Do something with her. You have to do something with her because she can't stay here. She can't have a baby." Everything was, "You can't." The father of the child was only a year older than I was and when I told him he basically could not cope with it either. He left town and went to live with his sister somewhere else in another town.

CHAIR: Where?

WITNESS D: Tamworth, actually. He went and stayed with his sister and totally got away from it all. His older sisters were very supportive of me. However, they all joined together - great-aunt, his sisters, his father and stepmother - and said, "Go out. Off you go." So off I went. I went to the parish priest. He said he knew of a place in Sydney where I could stay. By then I was sort of quite pregnant, when I think back on it, because of all of the denial and hiding it, which I did quite well. I became quite an expert at hiding this pregnancy. I was going to work every day in bigger and bigger clothes. I was really, really sick. I could not hide that. But I was really, really sick. They put me on a train to Sydney.

CHAIR: "They" being the aunt and the sisters?

WITNESS D: Everybody basically put me on a train from Tamworth on my own and I got off at Central, and someone from St Anthony's met me at Central station and took me to St Anthony's Home. I was just, well -

The Hon. Dr A. CHESTERFIELD-EVANS: From Tamworth, you said?

WITNESS D: Yes. I had never been out of a country town before. I landed at St Anthony's. It was really interesting, because once I let my guard down and accepted the fact that I was going to have a baby, I sort of became very large very quickly. I got there just after Christmas and my son was born on 6 April, so really, I thought I hid it quite well. When I actually got down there and relaxed as much as I could my pregnancy sort of blossomed. He was a very large, healthy baby when he was born. That is how I got there.

CHAIR: Did you return to Tamworth?

WITNESS D: Yes, I did.

CHAIR: Did you return to your friends and family?

WITNESS D: Yes, I did return. I really had no option in any of this. I was hustled off and taken away and told, "Out you go." When the time came for me to restart my life I was told, "You go back." So back I went with all of this having happened in the space of four or five months. I had gone down, had a child, had him adopted, convalesced with my aunt in Newcastle and then was sent back to Tamworth to get on with my life.

The Hon. H. S. TSANG: Almost as if nothing had happened?

WITNESS D: Yes, as if nothing had happened.

The Hon. Dr A. CHESTERFIELD-EVANS: To pretend that nothing had happened?

WITNESS D: Yes. And I really pretended nothing had happened for quite a few years, because I just locked the whole thing out. I had to.

CHAIR: Were you at school, or had you left school?

WITNESS D: No, I had left school. I was in my first year of work. I had left school after the intermediate.

CHAIR: Did you go back to the same job?

WITNESS D: Yes.

The Hon. Dr A. CHESTERFIELD-EVANS: How did you explain your absence?

WITNESS D: The people who sent me down there were very clever at organising everything. They got me leave of absence. They did everything. Like I said, my old aunt, who was a real mover and shaker, did everything. She organised my leave from work. She had my boss up at the house. I worked as a telephonist on the telephone exchange and she organised all of that. When I came back she organised my job back for me, so I had my job back. I just walked in on a morning shift one morning, sat down and started answering the calls again, and nobody really acknowledged - they all said, "Hi, how are you going?"

The Hon. Dr A. CHESTERFIELD-EVANS: As though you had had a slightly longer holiday than usual?

WITNESS D: Yes.

CHAIR: You had been away for five or six months at that stage?

WITNESS D: Yes. One person whom I mentioned in my submission, one of the girls, came down to visit me while I was at St Anthony's. She came down to see me. I still probably do not know why or how or anything, but she came down and took me out for a day. I believe it was quite genuine. It was not to sticky-beak or look at me. She just genuinely came down.

The Hon. Dr A. CHESTERFIELD-EVANS: Did she tell the others?

WITNESS D: No, she did not, but I am sure they all guessed. I lived in a country town and I am sure that any 16-year-old girl who was missing for six months -

The Hon. Dr A. CHESTERFIELD-EVANS: At that time?

WITNESS D: At that time, back in the 1960s, I think it was fairly obvious what had happened to them.

The Hon. Dr A. CHESTERFIELD-EVANS: Will you tell us about the treatment you received during your time at St Anthony's Home for Unmarried Mothers, and in particular will you comment on the prenatal treatment you received from both the medical profession and the staff at St Anthony's?

WITNESS D: When I first got there I did not see a doctor for quite some time. I had seen one doctor back in Tamworth who confirmed the pregnancy. When I got morning sickness it was so bad that I went to the doctor and he said, "You know you are pregnant?" and I said, "I suppose I do, yes." That was the only time I had seen a doctor. Then when I went down there, I must have been there for two or three weeks before I was lined up in like a supermarket queue, when I think back on it. You used to go and see this Dr Pete - I cannot remember his last name - but the story was that he was a Macquarie Street specialist. I had no idea. However many girls were there, 20 or 30, would line up and go in and he would examine you and you would go back out again. You never knew what he had done. I had no idea about childbirth or how this baby was going to get out, how it was, whether it was going the right way or anything. We just used to line up. He would sort of lie you on the couch, prod you, say, "Grunt, grunt" and off you would go again, and you would see him again in a few weeks when he came back.

The nuns certainly were not doctors and I do not know whether any of them were trained nurses. They were kind enough if you were not well and stuff. They did not beat you around or anything like that, but they were always very sanctimonious about you. A couple of them asked me how old I was when they felt a bit more familiar with me. I particularly remember one nun said to me when I told her I was 16, "You have been a naughty little girl, haven't you?" I just thought, "Wow!" I had never heard a nun say anything like that before - I had gone to a convent - "You've been naughty little girl, haven't you?" One particular person who was there who was not a nun, Sister Scarse was her name, was a lovely woman. She was like a nursing sister. I think she oversaw the children in the orphanage part rather than the girls, but she used to take an interest in the girls as well. She was very nice. The

nuns, well, they were nuns back in the 1960s and they were surrounded by all these naughty little girls who were pregnant.

CHAIR: Were you the youngest?

WITNESS D: I was one of the youngest.

The Hon. Dr A. CHESTERFIELD-EVANS: Did they turn their eyes from you? Some of them said that they could not bear to look at you.

WITNESS D: Some of them were like that, some of the old ones. I found that the young ones were more curious about you, but the old ones were just like, "My God!"

The Hon. Dr A. CHESTERFIELD-EVANS: The devil is walking around.

WITNESS D: And they would love you to go to mass and do all of that stuff. I found myself going back to mass. I found myself at confession, confessing to what I had done, and I had no intention of doing that. But I felt like there was a lot of pressure and like it was easier to live there if you went to mass and confession. It was almost like you got extra. I do not think you did, but it felt like it was more comfortable if you just went along with them by going to mass and confession. I went and confessed the sin; the mortal sin I was told. It was a little better I guess if you went along with them rather than opposing them, but not many people opposed them really. You just really did not have any options. You were just there. You were just herded around. You did not have any individuality. Everyone swapped maternity smocks and shoes. It was like living in a boarding school but everyone was largely pregnant. It was like living in a boarding school with just lots of girls but everybody was pregnant. It was really weird. When you think back on it, it was weird.

The Hon. Dr A. CHESTERFIELD-EVANS: But it was normalised by being there?

WITNESS D: Yes, it was normalised because you were surrounded by your peers who were just like you were. And they changed my name while I was there. They did not call me Dianne.

The Hon. H. S. TSANG: Was that to protect you, in a sense?

WITNESS D: I would like to think that is what it was, but no, it was because there were two Diannes. So they decided we could not have Dianne 1 and Dianne 2.

The Hon. Dr A. CHESTERFIELD-EVANS: So what did they call you?

WITNESS D: Frances.

The Hon. Dr A. CHESTERFIELD-EVANS: Was that just a name picked out of the air?

WITNESS D: Well, they said, "Pick out a name", and I could not think of a name. Then I thought of my grandmother's name and I thought, "I'll just be Frances, that'll do." That was really queer because I sort of took on a different identity in a strange sort of way.

The Hon. H. S. TSANG: When I went to a Catholic school and was baptised, I did not know anything about Christian names and the priest gave me Henry. I stuck with that for the last 50 years. I went from A for Andrew to H.

WITNESS D: So I became Frances. If there were two girls of the same name they would usually help you choose another name so everybody had a different name. There were two Annes: We had dark Anne and office Anne. One worked in the office and one had dark hair. They could not distinguish between the two Diannes because we were both dark, so I became Frances.

The Hon. Dr A. CHESTERFIELD-EVANS: What contact did you have with your baby son in the four or five days after the birth?

WITNESS D: That was the best part of it actually because Sister Wilfred, who was a nun there at the time and who ran St Anthony's - I have no idea why, but when you went to St Margaret's she allowed you to have your babies with you. You had your babies with you. You gave birth to your babies, you were put in a ward with lots of other married mothers. St Margaret's had a long ward with four beds there, three beds there and then a corner with three walls around you and that was the St Anthony's bed. I am sure it was the St Anthony's bed because it seemed to be where everybody landed. You had your babies with you. They were brought in with all the other babies for their feeds and everything, only we bottle fed them and the other mothers there all appeared to breast feed. We had our babies.

We took the babies back to St Anthony's and they were taken down to the nursery, which was a building adjacent to the main part where the mothers were. This was where it got a bit muddly because if your baby was down there and you went home you had to go and say goodbye to it. You did not have to, but you would go and say goodbye to your baby or if your baby left before you did, they brought the baby up to you to say goodbye to it. I thought that was fairly humane when I think of other people's stories, and I have spoken to a lot of people about this.

CHAIR: St Margaret's knew this particular sister was handling things that way. Does that mean the birth experience was also

different?

WITNESS D: My birth experience was horrendous because then we became part of St Margaret's Hospital. When we went in we became St Margaret's patients and the people from St Anthony's were separate, even though they knew that is where you came from. When I think back on that, I was treated appallingly during John's birth. It was dreadful.

CHAIR: Treated differently from married women?

WITNESS D: Well, when I had my next child I was married and I was treated quite nicely thank you. Look, if they treated the married women like they treated us, they would have had complaints every day.

CHAIR: What specifically was it like for you?

WITNESS D: They had nuns there, and my experience with the nuns at St Margaret's was very different from that with the nuns at St Anthony's. I was left in labour. I lost track. I went to hospital twice. I went into labour to start with. I had a couple of days in there and just contractions and stuff. They said nothing was happening so they sent me back to St Anthony's where I continued just to labour, just the first stage low-grade contractions, but nonetheless they were happening. I was there for about three more days before they decided they had better take me back in there, which they did. I saw two girls from St Anthony's come in, have their babies and go again while I was still waiting. Then when it got to the really final straw, when they must have thought nothing was going to happen, there was some sort of anaesthetic. I have no idea what sort of anaesthetic or what it was, but all I can remember was this nun saying something about, "You'll have to knock her out," something like that, and I can remember a pillow and then I remember waking up and it was all over. I found out later it was a forceps birth, but I cannot remember anything except to say I had stitches, I was back in the ward and they brought my baby in to see me. But it was a horrendous experience. It was a traumatic experience.

The Hon. Dr A. CHESTERFIELD-EVANS: Was it painful?

WITNESS D: It was awful.

The Hon. Dr A. CHESTERFIELD-EVANS: This was for the three days; presumably the birth was not painful because you were under anaesthetic?

WITNESS D: I was out to it, but the lead-up to it was traumatic because I did not know what was going on. Nobody told me anything. It was like you were an idiot. Because you were 16 and unmarried you were an idiot; you would not know anyway. But nobody told me anything. I knew nothing about the birth process, to be quite honest. We were not educated in anything like that. Nobody told you anything. But the girls who had their babies and came back to the home would then tell the girls back there what it was like. So you had all these stories about, you know, went in, two hours, born. You think, "Wow, that would be great." Went in, 20 hours, born, not so good. So you had all these different experiences told to you, but then your own. Mine was just horrendous. I was 16. I was this tiny, weeny little girl. I do not know how many stitches I had. I had an eight pounds 12 ounce baby. It was like, my God. I am sure they should have given me a caesarean.

The Hon. H. S. TSANG: If you were married the doctor would have advised you not to put on weight?

WITNESS D: Well, somebody. I do not know, but I think they just would have managed the birth a whole lot better. I am sure I would have had to have a caesarean. That was the worst bit.

CHAIR: Do you want to tell us about the birth of your second child and the differences?

WITNESS D: Well, by then I was married. I had a private doctor. My second son was born in Hornsby hospital and I was just fussed over. Once again I had an enormous baby, he was nine pounds 14, but because I guess it was handled differently, I just felt like - well, I was a married woman by then and I had lots of support and I had a good doctor. Yes, I had no problems having Michael. It was just a whole different experience. But I remember being terrified going through the doors that night I went in to have my second son thinking my God, this whole thing is going to happen again. But it did not because I was much more relaxed too and I had some knowledge about what was going to go on and I thought, well, it is my second baby so maybe it will not be so bad, and it was not.

The Hon. Dr A. CHESTERFIELD-EVANS: Would you explain how you came to make the decision to adopt? Did you receive any information on alternatives?

WITNESS D: The answer to that is no, absolutely not. I did not even know what "adopt" meant. I had never heard of the word really. It was just an assumed thing that if you went to St Anthony's and you had a baby, you did not leave with the baby. It was just assumed that is what happened.

CHAIR: But presumably some women changed their minds and did leave with their babies?

WITNESS D: They were a couple of renegades.

The Hon. Dr A. CHESTERFIELD-EVANS: Did you hear about them before you had your baby adopted?

WITNESS D: Afterwards, while I was still waiting to go home. The boyfriend of one girl came and said, "There is no way she's going to have this baby adopted." He literally kidnapped them almost. He came in and took her and the baby. They went. I do not know where they went but you can imagine what sort of a debacle that caused. The nuns ran through the place like nazis looking for them. The girl and her boyfriend had gone down to the nursery, taken the baby and gone. I do not know to this day if she had signed the adoption papers at this stage but they went. Nobody got any courage out of that, though. Most of us had nobody to do that.

CHAIR: She had the boyfriend?

WITNESS D: Yes, who literally came and took them away. Back to your question, I had no idea what adoption was and it was just assumed because in Tamworth, when I saw the parish priest, he said, "You will give your baby away when you are down there and you will just come back home again." So I guess I knew when I got there that I was going to give my baby away.

The Hon. Dr A. CHESTERFIELD-EVANS: Was that traumatic?

WITNESS D: The most traumatic thing you would ever do in your life, especially when you have them. You do not imagine it when you are pregnant but it is after you have them that you think, "How do I give this baby away?" All the way through my time at St Anthony's I kept receiving letters from my great-aunt, with whom I lived, and my boyfriend's sisters. The three of them wrote all the time saying to me as part of the brainwashing, "You can't bring the baby home. You must sign the papers and then you come home. There is nowhere for you and the baby." That is it.

CHAIR: Did that mean they felt you might want to keep the baby?

WITNESS D: Oh yes, I am sure.

CHAIR: But you had not articulated that?

WITNESS D: No, but they were all females and three of those females had had children, and even though my aunt was then unmarried, she had had a child from her previous marriage, so they had all had children and they knew the feeling of what it was like to have had a child and knew I would want to bring it home. I tried once.

The Hon. Dr A. CHESTERFIELD-EVANS: To bring it home?

WITNESS D: Yes. When my aunt came to pick me up to take me back to Newcastle to recuperate from my nervous breakdown, as the family called it, I took her down to the nursery to see John and I thought, "This is it. She's a softie. She has got four children. She loves babies. I will take her down and I will sell him to her." I took her down, made her pick him up and nurse him and thought, "This will be it, this will be right." I had signed the papers by then but I thought that did not matter because it is only a piece of paper. We can take him if she decides she wants him but she would not. She said, "Put him back. I have had a letter from the aunt and I have been given strict instructions not to take the baby home." We left without the baby, of course.

The Hon. Dr A. CHESTERFIELD-EVANS: In your submission you said that you are concerned about the taking of consents. In particular, you were not provided with a copy of the consent form. Can you describe from recollection the way in which your consent to adoption was obtained?

WITNESS D: It was after I came back from St Margaret's. I had been back at St Anthony's I guess for a couple of days and I was recuperating. All the offices in the front of the home were very lavish, and they had what was called a parlour, and you never went into the parlour. However, the people who were in the know, the girls who had already signed the papers knew that if you were called to the parlour you knew you were going down there to probably sign the papers. We had no idea what the papers contained or anything like that. I was 16 and I was traumatised. I went down to the parlour and there was this lady that I assume now was the social worker from the Catholic adoption agency. She just said, "You have decided to have your baby adopted." I said "Yes," I did not think there was anything else I was going to do with him and she said basically to sign on the dotted line, and I did.

The Hon. Dr A. CHESTERFIELD-EVANS: She did not explain it. She just said, "You know you are adopting," and in a sense when you said "yes" she more or less said, "You know you are losing your baby and the sooner you sign the less we will talk about it."

WITNESS D: We did not talk about it at all. There was no talk, no counselling, nothing. I can remember just signing it, jumping up, crying, running upstairs, where I was consoled by some of the other girls who had had their babies a few days before I had. It was like she came in once a week and everyone signed and that was it basically. I never got a copy of it or anything. I should have but I was 16 and I had no idea, not a clue about what was going on.

The Hon. H. S. TSANG: That would be the first document you ever signed?

WITNESS D: I would imagine so. It was a legal document and surely somewhere along the line we would have got a copy of it but we did not. I cannot recall anyway. I never left there with any paperwork at all.

CHAIR: A lot of other mothers have made the same point.

WITNESS D: Have they? I did not know then about the 30 days. Some of the girls later told me back there was this 30-day

thing.

The Hon. Dr A. CHESTERFIELD-EVANS: You did not know anything about the 30 days?

WITNESS D: Me?

The Hon. Dr A. CHESTERFIELD-EVANS: Yes.

WITNESS D: Except the one attempt with the aunt, that was all.

The Hon. Dr A. CHESTERFIELD-EVANS: If she had supported you, you would have done it?

WITNESS D: I probably would have actually.

CHAIR: I do not think the 30-day revocation period was in then. I think it was 1967, and yours was earlier than that.

WITNESS D: Yes, in 1963.

CHAIR: Did you express any wishes or were you told anything about the adoptive parents?

WITNESS D: Yes, that was funny. When I first arrived there Sister Wilfred interviewed me across the desk. The first thing she said to me was, "Have you got the measles?" I said, "I don't think so." It was the middle of summer and I was covered in mosquito bites because there had been a lot of mosquitoes and I was not used to them. They love me, had just bitten me and I was covered in red bites. It was the first thing she said to me, not "How are you?" but "Have you got the measles?" I can remember that and I said no and we proceeded. She just want to know very basic details about my family and my son's family and did I want the child to go to a Catholic home and, if I did, was he to be baptised. That was it really. She also wanted to know what I did for a living and what his father did for a living. I guess somewhere along the line she was trying to match up adoptive parents to my baby but, of course, further down the track when I met John and his adoptive mother that became a whole lot clearer as to why she wanted that information. There was not much information at all really. That was it.

The Hon. Dr A. CHESTERFIELD-EVANS: She was going to try to choose a socioeconomic group for your baby?

WITNESS D: It felt like that.

The Hon. Dr A. CHESTERFIELD-EVANS: So that presumably if the father was a labourer they were going to get a labourer and if he was a rocket scientist they would get a rocket scientist?

WITNESS D: Yes, that is exactly what it felt like. I should have said a brain surgeon I suppose, but he was not. I was thinking of the child's grandfather, but of course one is much wiser in hindsight.

The Hon. H. S. TSANG: How did the experience of the adoption of your son affect you, both immediately after the adoption and in the long term? Did you receive any counselling during this time?

WITNESS D: Nothing. I went back home and I talked to a couple of my very close friends who knew what had happened to me but they were the same age as I was. I guess they were concerned that it not happen to them. That was their concern. It did happen to a friend of mine and she ended up getting married.

The Hon. Dr A. CHESTERFIELD-EVANS: The old shotgun wedding?

WITNESS D: Yes.

The Hon. H. S. TSANG: But in the short term you went back as if nothing had happened?

WITNESS D: Yes.

The Hon. H. S. TSANG: But after a while it hit you?

WITNESS D: Yes, absolutely. It hit me about nine months later and I packed my bags and I left home. I went to Sydney and I never went back. I packed my bags and landed back on Central station. I had contacts with a couple of girls from St Anthony's who lived in Sydney and I met up with them again and went to live at Cronulla with a couple of them. Back in the sixties you could get a job just like that. I got work and lived in Sydney where I met my husband. I just packed up one day. I could not handle it any more back home. It was like people knew but no-one ever said anything to me. I always felt like people were looking at me and talking about me. Paranoia had set in and I just decided that I would go. I just said to the aunt that I lived with, "I am going." She said, "You can't." I said, "You sent me last time. I am sending myself this time. I am going." I packed up two suitcases and landed on Central station with the phone numbers of a couple of those girls.

The Hon. Dr A. CHESTERFIELD-EVANS: Did she treat you differently when you came back?

WITNESS D: Not really. I do not know who called the police but the police became involved when I got back home. They wanted the father of my baby charged with carnal knowledge.

The Hon. Dr A. CHESTERFIELD-EVANS: The police did?

WITNESS D: Yes. Two detectives arrived and said, "We believe you were 15 when you became pregnant." I said "Yes." They said, "The father of your child should be charged with carnal knowledge." I did not know what they were talking about. They said, "We believe that you gave birth to a baby girl." I said "Well, you have got it all wrong. I gave birth to a baby boy. Get out of here. I have had enough of all of you". Basically I was so angry. They said, "Just ring us if you want to have him charged." I said, "I don't believe this." It was unbelievable. You go through all that, you come back and the police arrive on your door and want to have someone charged. That never transpired.

The Hon. Dr A. CHESTERFIELD-EVANS: They did not charge him?

WITNESS D: No.

The Hon. Dr A. CHESTERFIELD-EVANS: Did you have any relationship with him?

WITNESS D: He tried to have a relationship with me again when I got back but I was just so angry with him.

The Hon. Dr A. CHESTERFIELD-EVANS: Because he had not supported you?

WITNESS D: Yes, he left, he ran, he took off - chased, I think, out of town by his two older sisters. I found out later they were instrumental in that in case we decided we wanted to have a wedding, wanted to get married.

CHAIR: Yesterday a father gave evidence that he was charged with carnal knowledge but the police made it clear to him that they did not like doing that. He was convicted and put on a 12-month good behaviour bond and that is the reason he did not give his name when giving evidence yesterday.

WITNESS D: I suspect my aunt would have contacted the police.

CHAIR: The witness yesterday said that the girl's father had told the police to do that. Did you keep up a relationship with your aunt and with the boy's sisters?

WITNESS D: Yes, I did because in a funny sort of way she was the only support person in my family. My mother did not know I had the baby until about two years after he had been born. She was out in the country somewhere and she did not know and no-one told her. My great-aunt took total control of the whole thing and that was it.

The Hon. Dr A. CHESTERFIELD-EVANS: Why were your parents so far away from you?

WITNESS D: They had separated when I was about 12 and my brother and sister had gone to live with my father. I chose to stay with my mother but then she went and left me with my great-aunt.

The Hon. Dr A. CHESTERFIELD-EVANS: Why did she leave you?

WITNESS D: She just left.

The Hon. Dr A. CHESTERFIELD-EVANS: Because she could not cope?

WITNESS D: The whole marriage broke down. The two younger children went with dad and I stayed with mum. Then she left shortly afterwards, and left me with my great-aunt.

CHAIR: None of them were in or near Tamworth?

WITNESS D: No, they were not around. It must have been a great shock to her at 75.

The Hon. H. S. TSANG: Could you tell the Committee about the reunion with your son and meeting the adoptive mother? In particular, how easy or difficult was it for you to obtain information about your son? What agencies or individuals were involved in arranging the meeting?

WITNESS D: When all the legislation changed, it took me a while before I decided that I would try to look for my son. During that time I contacted his father. I knew where to find him so I contacted him and said, "I think I am going to look for our son." I just felt I had to find him. He said, "No, don't do that. That's a silly thing to do. You are going to rake up all the past." I thought, "I will, then - because you don't want me to, I suppose." I still felt very angry towards him. I applied for the original birth certificate, which I got. I was so fortunate that part of the family was still in the country town where he had been taken as a baby, which was on the north coast. I cannot believe how easy it was to find him. There were about three entries of that surname in the phone book. I just got the phone book out, and there were three. I picked his sister - I cannot believe it - out of the phone book and I rang this particular number on the north coast.

She answered the phone, and I told a little fib for starters - it was a bit of a white lie I suppose. I introduced myself, and I said, "I have been doing our family tree and your surname has come up in it." She just went on and told me all the members of the family, and she included John in that. Then I had to come clean with her; I just felt I had to. I said, "Well, I know this will be a shock to you, but - " She told me that the three children in the family had been adopted. It was really interesting. I said, "Well, I am John's birth mother." There was just silence on the end of the phone; she picked herself up off the floor I think. She said, "Oh, my God! Where are you ringing from?" The end result of that phone call was that she would ring the adoptive mother in Sydney, have a talk to her and get back to me, which she did, and it went from there. I did it all myself. I did not have contact with any

agencies or anything else. I just followed the book.

The Hon. Dr A. CHESTERFIELD-EVANS: Was there a book?

WITNESS D: There was a little book that came with the original birth certificate, to help you trace the person, or whatever you wanted to do, and the ways to do it so that other people would not be hurt.

The Hon. Dr A. CHESTERFIELD-EVANS: This was from the Department of Births, Deaths and Marriages?

WITNESS D: Yes. It was a proper little pamphlet that came with it. I just followed some of the instructions in there, and then it said you can contact all these other services to help you. I thought no, I will do it myself, and I did it myself. Margot, John's sister, got back to me and she said, "I have rung mum and mum is absolutely thrilled; she thinks it is wonderful. She would love to hear from you. Here is her number." I rang Barbara, and she said, "This is so lovely." She cried on the end of the phone, and I cried. Then she told me about John. She said, "Something happened to John a few years ago and I don't know how he is going to be when we tell him this." John was run over by a car when he was 18 and he sustained a really bad head injury, so he has some residual brain damage. She said, "I will ring him and talk to him about it and see what he thinks." So she rang him in Townsville and told him. She rang me back and said, "He is thrilled. He wants to meet you."

One thing led to another. John came down to Sydney and one morning I got on a train from Newcastle, like I did this morning, and met John and Barbara at the Country Comfort motel, just opposite Central station. It was a very eerie experience because he is the absolute dead spit of his father. It is unbelievable. I very generously rang his father and told him that I had found him. This was the person who wanted nothing to do with it. And, would you believe, he met him the day before I did.

The Hon. Dr A. CHESTERFIELD-EVANS: He had traced him and had not told you about it?

WITNESS D: No. I organised the whole thing. Barbara, the adoptive mother, and John's father had been in touch. She rang me and said, "Is it okay if he comes down to meet John?" I said, "I think that's lovely. I don't have a problem with that. What does John want to do?" She said, "He really wants to meet his father." His adopted father had been divorced from the family for a long time, so he did not have much of a father figure. He met his dad the day before I actually met him. I felt a bit cheated by that, but it was meant to happen and it was good for John.

The Hon. Dr A. CHESTERFIELD-EVANS: How old was John at that stage?

WITNESS D: That was two or three years ago. John is 36 now. He would have been 34 when we met him. As I said, I did it all myself. I followed the rules, I did not hurt anybody, and it worked out fairly well. I have seen him a couple of times since. I have phone contact with him; he rings me and I ring him. Barbara and I are very much in contact. It is a nice ending to an awful story really.

The Hon. H. S. TSANG: What effect has the reunion had on you? How do you think the reunion has affected your son and his adoptive mother?

WITNESS D: As I said, John had a brain injury and this has been fairly difficult for him. But he has been okay with it. But for me, I cannot describe it in words. It is the end to something; it has just fulfilled something for me. I do not go around wondering all these things any more. And I think it has been relatively good for John, and the thing he has really honed in on is his dad, his natural father; they have quite a good relationship.

CHAIR: You said John's sister and brother are also adopted. Have they made contact?

WITNESS D: Yes, they have. Barbara, the adoptive mother is just a wonderful lady. I do not know what other adoptive mothers are like; I do not know any. Barbara encouraged all these children to find their origins.

CHAIR: After you had made contact with John?

WITNESS D: No. Both Margot and Peter had made contact. John was the only one who did not have any contact with his natural parents. The other two had had contact before I had contact. I guess that is why it was easier: because they had already done that.

The Hon. Dr A. CHESTERFIELD-EVANS: Could not John have contacted you?

WITNESS D: He could have, but he does not have the capabilities.

The Hon. Dr A. CHESTERFIELD-EVANS: He is not working?

WITNESS D: He is working. He works in a sugarcane mill in Townsville. But he is just not 100 per cent.

CHAIR: Had Barbara encouraged the others when they were children or adolescents, or was it after the legislation changed?

WITNESS D: When they were about 18, she said. They always knew they were adopted, but when they were about 18 and they were adults, she produced their birth certificates and things and gave them the information if they wanted to go on with it. The other two did, but John was 18 when he had his accident and was in rehabilitation for a long time, and she said he just could not cope with it emotionally. His accident has really affected him.

The Hon. Dr A. CHESTERFIELD-EVANS: Do you consider any aspect of the treatment you received to be unethical or unlawful?

WITNESS D: I do not suppose it was unlawful back then because that was the law, the way things were, but I think the lack of information given to people was pretty unethical. There were women there who were in their twenties and they were not treated any differently from the way we were treated, and we were 16. We were all treated like idiots with no brains: "You are unmarried and pregnant, so you can't have any brains. There must be something the matter with you."

CHAIR: What is your view on the matter, looking back? It is an awful question. Do not answer it if you do not wish to.

WITNESS D: Sometimes I just cannot believe that it is happening to me. It is like a bad dream.

CHAIR: How do you feel about the decision you made and about the life you have led, and so on?

WITNESS D: I do not know. I am sure I could have managed. I am a pretty determined sort of person. I am sure I could have managed. But I had so many things against me. I probably would have arrived at the doorstep at my aunt's place and she would have put me out the door again.

The Hon. Dr A. CHESTERFIELD-EVANS: That sounds likely.

WITNESS D: Not likely - absolutely. She was a strong, stoic old lady. She ruled. "You come into my home under my rules." I had broken a lot of rules before that. She was 76 and I was 13 when I went to live with her. You can imagine what it must have been like for her. But, by the same token, I probably could have managed with him, and I probably would have ended up marrying his father, I suppose. If that had happened, I think it might have all worked out somehow. He and I are friends now in a funny sort of way, and it has my been finding John that has done that I think.

The Hon. Dr A. CHESTERFIELD-EVANS: Did he go off and get married?

WITNESS D: He got married three times actually. I got married once. So John has lots of half siblings.

The Hon. H. S. TSANG: You say in your submission that you believe there needs to be access to unlimited, professional counselling to help women who have been affected by adoption to resolve their loss and grief. Could you comment on these and any other measures that my assist people who are experiencing distress as a result of past adoption practices?

WITNESS D: I feel fairly strongly about this. As I said when I first sat down here when I talked about what I am, I am a qualified social worker now. In my work I come across heaps and heaps of women, and when I get into some sort of counselling relationship with them I find that they too have had a baby somewhere along the line and had it adopted. It is something that lots and lots of women have buried and it is still impacting on their lives, their subsequent children, their marriages, and their ability to get on with their lives. I see that professionally, but I have also experienced it personally.

I had some really bad bouts of depression prior to finding my son. I could never actually marry this up with anything. It was just every now and again I would really go down, and I could never figure out what it was. I have virtually come out of all that since I have had this reunion and I have managed to come to terms with what happened to me. But on the day I came to a hearing down here, when Dr Rickarby and all of those people were here, I just saw all that emotion and anger and everything around me that day, and I felt quite in control and quiet okay about everything that was going on. But there were lots and lots of people there, and I suspect a lot of them were birth mothers. You could just see all the anger and everything. I just wonder how much help any of them have had - I suspect not very much at all. These days you usually have to pay for good quality counselling, and people do not have that sort of money. It is not something that can just be sorted out in one or two sessions.

The Hon. Dr A. CHESTERFIELD-EVANS: Many of them are still angry.

WITNESS D: Yes. I do not feel like that any more. I do not have that anger, I do not get that depression. I have had formal counselling, but not a great deal. The reunion helped me a lot. Maybe I am different from other people.

CHAIR: Is there anything you have said today that the women you are talking about would disagree with?

WITNESS D: I do not know. I was there when the social workers were questioned. I was there as a birth mother, as I am today. I was there also as a social worker, and they were my peers. I thought the questioners were hard on the social workers, who were practising what they were taught at that time, in the 1960s. What I am practising in the 1990s may be seen as wrong in 2010; perhaps unethical. In those early days they were doing what they were paid to do in accordance with their brief, which was to take consents. I suppose some could have given people better information about their rights, and they should have. I guess they were just doing their job. I do not feel angry towards them. Maybe they did not think 16-year-old girls would understand what they were talking about.

CHAIR: You are not suggesting that they acted unethically, or are you not sure?

WITNESS D: I am not sure. I do not know what their brief was. I suggest that anyone who does anything like that, that is give consent to have a child adopted, has to go through a lot. I know about that, because I worked in a hospital. My God, there is just so much they have to do, and so much information and options people have to be given before the word "adoption" is mentioned. In those days there was no alternative to adoption, except the one brave soul who came and kidnapped his girlfriend

and baby. Hindsight is wonderful!

CHAIR: The Committee is grappling with that concept. This inquiry raises many difficult questions.

WITNESS D: I guess it was unethical. Whether it was on purpose I do not know. I hope it was not. Then again, what would some of us have done with more information? I did not believe that there was any other option for me. I was told to go to Sydney, have my baby, leave it there and come home. It was almost like having a litter of pups.

CHAIR: Yet you have made the strong comparison between Sister Wilfred and her attitude to contact with the baby for the first five days, and other attitudes.

WITNESS D: Yes, I think hers was a healthy attitude. It was awful that the baby was taken away, but I at least saw him, touched him, fed him for five or six days, counted all his fingers and toes, stripped him and made sure everything was right, or what I thought was right. I did all of that. I had some idea of what he looked like. I did something else we were not supposed to do: I took photos of him.

The Hon. H. S. TSANG: The Committee has heard that in some births pillows were placed between the mother and the baby.

WITNESS D: Yes, I have spoken to people that that happened to.

CHAIR: You said that St Margaret's was doing that.

WITNESS D: Yes, to their girls, but not to St Anthony's girls. Sister Wilfred must have been a fairly powerful person in her day. She is probably dead now.

CHAIR: Julie Langsworth has read all the submissions, she knows about Sister Wilfred.

WITNESS D: Have other girls from St Anthony's given evidence and mentioned Sister Wilfred?

Ms LANGSWORTH: Yes.

WITNESS D: Was she still practising the concept that mothers should see and hold their baby?

Ms LANGSWORTH: No-one has told stories similar to yours. A lot of people do not personalise their story in that way.

CHAIR: The Committee has heard evidence from a small number of people, but it has received many submissions. Julie Langsworth is the expert on what is contained in the written submissions.

WITNESS D: Sister Wilfred must have been innovative for her time. I wonder what the reasons were behind that; was it to further punish the girls? I hope not. I do not know why she did it. It was an unusual practice for that time. I do not know of anyone else, apart from the girls that I was with, who had that experience.

CHAIR: Other women have said that they were told it was best for them not to see the baby. It is a question of the ethos at that time.

WITNESS D: I strongly disagree.

The Hon. H. S. TSANG: It must be harder when everything is unknown, and the mother has not seen the baby.

WITNESS D: That is right. They did not know what they had given away, whether it had two feet, two arms. I made sure that whoever adopted my baby was getting a perfect product. I suppose that sounds crazy, but some ladies did not even know the sex of their baby. It must be awful to walk away and not even know if you had had a boy or a girl.

The Hon. Dr A. CHESTERFIELD-EVANS: I think the philosophy was: if it was to be done, it was best done quickly.

WITNESS D: Yes, but there have been a lot of casualties.

The Hon. Dr A. CHESTERFIELD-EVANS: Yes, but women signed a form which was marked "BFA", baby for adoption. The baby was kept below the level of the table, not seen by the mother, and pillows or sheets we used to block the view.

WITNESS D: It was barbaric.

The Hon. Dr A. CHESTERFIELD-EVANS: Yes, I agree. That was the standard practice when I did obstetrics.

WITNESS D: So it was not a matter of a woman giving birth, but of a machine churning out babies for people who did not have any.

The Hon. Dr A. CHESTERFIELD-EVANS: No, it was a young girl who made a mistake and should be able to get on with her life.

CHAIR: The people who held that philosophy said that it was for the best for the girl and the baby.

WITNESS D: Yes, I was told that.

The Hon. Dr A. CHESTERFIELD-EVANS: That has been said in evidence. Each of the girls who took part in that consent process has said that she was the business end of what was expected by society; the cutting edge of what had to be done, or whatever it is called.

The Hon. H. S. TSANG: I am pleased that you now feel better about the process.

WITNESS D: I felt better once I meet John, after the reunion.

CHAIR: Even with reunions that went badly there seems to be a sense of a cut-off, a full stop.

WITNESS D: Yes, it is a completion.

(The witness withdrew)

27 July 1999

Jubilee Room, Parliament House, Sydney

At the request of the witness, this evidence was heard by Committee Members only.

ERIKA ANNE BERZINS, Adoptee, sworn and examined:

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

Ms BERZINS: Yes, I did.

CHAIR: You are conversant with our terms of reference?

Ms BERZINS: Yes, I am.

CHAIR: Do you want your submission to be included as part of your sworn evidence?

Ms BERZINS: Yes, I do.

CHAIR: Do you want to commence by saying something or do you want us to go straight into the questions that we have sent you?

Ms BERZINS: I have an opening statement.

CHAIR: Just to be clear, your evidence is being given to us in confidence which means that when we produce the transcript your name will not appear. You will appear as "Witness 3".

Ms BERZINS: I actually have no problem with my name appearing in any of the evidence.

CHAIR: Thank you.

Ms BERZINS: I wish to have it noted that I come before the Committee today in response to a request from the Committee and that it had never been my intention to request a hearing at this inquiry. It was a difficult decision for me to make to appear before this Committee as I question the relevance or appropriateness for adoptees to be involved in this inquiry. The inquiry is about practices that led to the separation of birth parents from their children in adoption; therefore, I question the relevance of the adoptee experience to the findings of this Committee. However, in light of the resolve of the Committee to hear from adoptees, I made the decision to appear due to my extensive and ongoing involvement in the adoption community. I also wish it to be noted that any evidence I present, anecdotal or otherwise, is from my personal experience and in no way am I appearing in order to represent any adoption or other organisation with which I am involved. Finally, I have prepared responses to the questions that have been provided, as they are quite complicated and required a lot of thought. I will read out those answers to the questions but I will answer any other questions raised as best I can.

CHAIR: Could you explain to the Committee the nature of your involvement with the adoption agencies and support groups that you outlined in your submission?

Ms BERZINS: By drawing on my personal experiences of adoption, search and reunion, I view my involvement in the adoption community as one of education and support. I also strive to increase the awareness in the wider community of the effects of adoption and the right of all people to information about themselves. In doing this I make myself available in a voluntary capacity to a number of organisations and in a variety of roles. This includes speaking to groups such as inter-country and local adoption preparation seminars for prospective adoptive parents that are run by the Department of Community Services [DOCS]. In this capacity, I speak of my personal experiences, primarily during childhood, of adoption and aspects that did or would have helped me in that experience.

I maintain extensive contact with the Post-Adoption Resource Centre [PARC] which involves assisting in special projects undertaken by PARC, speaking at reunion and information meetings about my experience of search and reunion, and representing adoptees on the PARC advisory committee. I have also spoken at both DOCS and PARC professional development and information days on my experience of adoption, search and reunion to assist professionals within the care industry to understand the implications of adoption for adoptees.

In addition, another adoptee and I jointly established and co-ordinate a social support group for adoptees called Journeys. It is the purpose of this group to provide a casual and informal atmosphere in which adoptees can talk freely among themselves

about their experiences. I am also a member of the Donor Conception Support Group as I fervently believe in the rights of families affected by donor conception to have similar rights to those of the adoption community to information and support services. I am a representative of the Donor Conception Support Group on the New South Wales Committee on Adoption and Permanent Care. These are my primary roles in the adoption community. However, I also carry out other functions as requested on occasion for other agencies and support groups.

CHAIR: What prompted you to get involved in the provision of support and information for persons affected by adoption?

Ms BERZINS: I guess there are really two main reasons: first, because I believe both in the right of any person to have knowledge about their heritage and their history and in the right of access to information that is fundamentally about them; and, second, because I wanted to give something back to the adoption community as a result of the assistance and the support I have received in my own personal journey. I felt that through sharing my experiences of adoption, search and reunion I might be able to assist others in their own journey.

The Hon. Dr A. CHESTERFIELD-EVANS: In your submission, you say you have extensive contact with persons affected by adoption. Are you able to provide the Committee with an overview of what those people tell you about past adoption practices?

Ms BERZINS: In answering this question, I am mainly addressing those experiences of birth parents and, in particular, birth mothers. The reason for this is that both adoptees and adoptive parents do not often speak of past adoption practice in describing their experiences. It is difficult to give an overview of all the experiences I have heard over the years. Each experience is unique and each experience comes solely from the perspective and attitudes of the individual. However, in general terms, women who have spoken with me have talked of common pressures to relinquish their children. The overwhelming pressure came from their own families and the lack of financial support. In some cases, women have spoken of the pressure to keep the pregnancy secret from their own families and friends for fear of the shame and stigma that came with falling pregnant out of wedlock.

Many birth mothers, including my own, have spoken of the nurses and doctors in hospital treating them as second-class citizens, and have spoken of not being allowed to see their baby and the grief that resulted in this denial. Many have spoken of how agency workers encouraged adoption as a means of providing a better life for the child than they themselves could have provided. I cannot recall in any of these conversations a birth mother who has ever attributed just one reason for relinquishment; rather, the heart-wrenching decision was based on a number of these factors, if not all of them. The majority of women I have spoken with over the years have stated that the decision is not one that they wished for themselves but they wished to provide a better life for their children than they were able to provide.

The Hon. Dr A. CHESTERFIELD-EVANS: Could you tell the Committee about your own experience of adoption? For example, when did you discover you were adopted? How did you respond? What are the short- and long-term consequences of adoption for you?

Ms BERZINS: I will answer this question, but I question the relevance of it to this inquiry in terms of the way the question is worded. I will answer it as best I can. Both my birth mother and I believe that adoption has provided me with a more stable and secure life than she would have ever been able to give, though I sometimes experienced that as a hard life and one in which much sadness prevailed. Despite my knowledge that I did have a more secure life than I could with my birth mother this does not take away the sadness that resulted in not sharing in her life. I was told of my adoption at the age of three when I asked my parents why I looked different from them. I do not remember this. They told me that I had another mother and father and that they could not take care of me, and that was how they became my mother and father. The first time I remembered understanding what it meant to be adopted was when I was seven. It was not something I found unusual or strange. It was simply an awareness that the method in which I came into the family was different to that of my sister who was not adopted. It was no great revelation; it was simply the way it was.

I do not think that adoption can ever be described as having short- or long-term consequences for the adoptee. It is a lifetime status. It does not end when we become adults; nor does it end when we search or have a reunion. Rather I think that the experience of adoption changes throughout our lifetime. How that changes and affects the individuals is a huge question to which I could not do justice in the limited time available. Perhaps a more appropriate response is for me to give a brief outline of my experience as a child and my experience as an adult exercising my right to information. My own experience of adoption as a child was that I never found it to be strange or unnatural. It was, and is, the only life I know but what it meant for me was that I had to assimilate adoption into my life. As a child with no prospect of legislation ever changing to enable me to answer questions, I had to learn to accept that there was a part of me I would never know and that there were questions that may go unanswered for an entire lifetime. It also meant that I dealt with many issues not normally confronted by children or teenagers and that I had to deal with those issues and to find my own identity from sources known and some unknown. It also meant that from time to time I felt sadness for not knowing my birth mother or anything about her.

As an adult in reunion, adoption meant that I again had to redefine myself, having gained a new knowledge. It meant that I had to find a position for all these family members in my life and that I still had to deal with unanswered questions and secrets, and their insecurities as well as my own. However it also brought enormous value to my life to be able to share in my birth parents' lives as well as the lives of my adoptive parents and each of their families. One of the difficulties I have discovered in recent years is that there are always issues arising which serve as reminders of just how tenuous relationships with birth parents can be, no matter how positive the reunion is. This has been a very brief answer to a very large question. I think that the most important consequence

of adoption for adoptees is that it is a lifetime status in which we were incapable of having any control. I continually re-evaluate the role of adoption in my life as I experience more of life and with an ever-growing knowledge of myself.

The Hon. Dr A. CHESTERFIELD-EVANS: Do you think the fact that you knew it from day one, or as soon as you could consciously conceptualise it or accept it, made it easier on you than if it had been dropped on you later?

Ms BERZINS: Yes, certainly. It was the knowledge that I guess I grew up with, so having been told that from such a young age meant that I was able to grow into and with that knowledge as I gained the ability to reason.

The Hon. Dr A. CHESTERFIELD-EVANS: It was as though you had been given to another family for a reason you did not understand, but for a reason.

Ms BERZINS: For a reason I did not know - Yes. Not necessarily did not understand although I did not know what those circumstances were; I surmised what they were - having been told so young enabled it to be a fairly natural thing from my experience, because it is the only experience I know. I do not know what it is like to experience not being adopted, because that is my life experience. But it was, I believe, a lot easier to deal with.

The Hon. Dr A. CHESTERFIELD-EVANS: It was better than having your life based on a con, as it were, where you discovered when you were 15 or so that you were adopted?

Ms BERZINS: Yes. I really cannot imagine the heartache that that would cause, to discover at a later age.

The Hon. Dr A. CHESTERFIELD-EVANS: But you have been working with people who have that experience?

Ms BERZINS: Yes, I have. I have had contact with people who have that experience.

The Hon. Dr A. CHESTERFIELD-EVANS: Did you receive counselling, either at the time that you were told of your adoption or in the longer term?

Ms BERZINS: I certainly did not at the age of three. I guess it is really only in the last couple of years that I have received counselling, but that has been as a result of a specific incident that has occurred in my life. Although adoption is not directly related to that incident, it does play a role. During this counselling many issues have arisen, some of which are directly or indirectly related to adoption and my relationships with my various families. Adoption is, and will always be, a part of who I am because it is such a fundamental part of my life experience, and as such adoption will quite often play a part in my attitude to values and belief systems in daily life as well as in response to life's stresses.

The Hon. Dr A. CHESTERFIELD-EVANS: Did you attempt to locate your past records, and did you experience any difficulty obtaining them?

Ms BERZINS: The only difficulty I experienced in accessing records was the time delay in the early period following the introduction of the legislation. I was able to gain access to all records that I applied for and that were available to me under the Adoption Information Act. I did, however, experience enormous difficulty in locating my birth mother.

The Hon. Dr A. CHESTERFIELD-EVANS: How old were you when you tried to obtain those records? Was there a period when you tried to obtain them but you could not by law?

Ms BERZINS: No. I never attempted to get records. I was always aware that I was not able to get records until the legislation came into effect.

The Hon. Dr A. CHESTERFIELD-EVANS: Did it bother you that you could not obtain the records because the law said so?

Ms BERZINS: Yes, probably a little. I guess I had an interest in questions in my own mind that I would have liked answered, but I was brought up with the knowledge that I would never be able to access that, so I had already dealt a lot with that in my teenage years; I had to learn to accept that I would not have that knowledge. After Victoria changed their legislation in 1984, I made inquiries of how I would go about searching if that is what I wished to do. But at that point in time I had not made a decision about whether I would search or not.

CHAIR: Had your birth mother made any attempt to find you?

Ms BERZINS: No.

CHAIR: So you made the contact?

Ms BERZINS: Yes, I initiated the search and made the contact.

The Hon. D. F. MOPPETT: In your submission you explain that to learn that you were stolen, as you put it, or that your birth mother had been coerced into relinquishing you would result in considerable heartache. Could you elaborate on that?

Ms BERZINS: Yes. The first thing I would like to say is that, in order that my response to this question is not taken out of context, I would like to use the words "illegally removed" in place of "stolen". It was a very generic term I was using in my submission to explain certain practices. I do believe that there is an area of thought in the community that adoptees would

somehow find the circumstances of their adoption easier to accept if it was not the conscious choice of their birth mother. That the knowledge that their birth mother had been coerced or that the child had been illegally removed would make adoptees feel better about being adopted. That they were not rejected by their birth parents. I can see how being told this may help adoptees who experience feelings of rejection. My fear is that there are other issues raised by being told that the separation from one's birth mother was not legal.

I thought long and hard about what it would be like to learn that it was not my birth mother's choice to relinquish me, and that I had been illegally removed or that she had been coerced or had given consent under duress. As this was not our experience, I can only imagine. I think that I would feel a sense of divided loyalty between my birth families and my adoptive families, feeling pressure to give more of myself to my birth parents to make up for their past losses. I think I would experience a sense of guilt, albeit irrational, in maintaining the position I give my adoptive parents in my life as my family. I also think that there would be an added guilt of never having questioned my birth mother's ability to control or have choice in our separation.

I feel sad that relinquishment has caused my birth mother so much pain, and for the effect of that decision on her life even though it was her choice. I think had I been told that it was not her choice, I would have experienced feelings of overwhelming sadness, anger and grief and a huge sense of loss at having what should have been naturally ours taken away. Comfort for both of us is drawn from the knowledge that all parties to my adoption made the best decisions that they could at the time. Both my birth mother and I are grateful at having an opportunity of sharing in one another's lives from now on. How much harder would it be to form a relationship with my birth mother in reunion when I serve not only as a constant reminder of her loss but of a period where control was taken away from her? How would my relationship with my adoptive parents change with their learning that their gain was a result of another woman's denial to a child?

Even in my own experience of adoption and reunion, the issue of lack of choice has touched me through my birth father. He was not aware of the pregnancy, much less of my birth and adoption, until the day before he met me. This, coupled with his own history and cultures, created enormous anger and heartache for him. It has affected our ability to maintain a relationship because he finds it difficult to acknowledge that I have another family, including a father. His anger and sense of loss has caused him to become a victim in our reunion and to overtly blame my birth mother for his loss. Although information can help adoptees to understand their adoption, the circumstances that led to the adoption do not change or take away the fact that our experience is still one of being adopted. Knowing our story may affect our perception of ourselves, our behaviour, and our relationships in our life. However, nothing that is learned in hindsight alters the fundamental fact that we are adopted.

The Hon. D. F. MOPPETT: Your response centres on your own experiences, although you have touched on general matters. The next question relates to your contact with other people who have been in that situation, whether you are able to relate to us their experiences in that regard and whether you could suggest any measures which might assist those who feel hurt or dispossessed because of this concept of having been stolen.

Ms BERZINS: It is a difficult question for me to comment on. Specifics around past adoption practices are really not discussed, partly because the relevance to their experience is less than that that affects adoptive parents or birth parents. In my discussions I guess sometimes adoptees question the validity of the story that their birth parents are giving them around the relinquishment or the separation, particularly where the birth parents do not wish to have ongoing contact. Again this makes it very difficult for me to comment on this question. With what I imagine to be the enormous pain and grief associated with such a discovery, I really cannot imagine what measures would assist them other than the counselling and support services that are already available.

The Hon. D. F. MOPPETT: Can you explain to the Committee your experience of reunion?

Ms BERZINS: Again this is a large question and time does not really enable me to give you a true explanation of "reunion". In brief, I began searching about 12 months after the Adoption Information Act came into effect. Initially my search was one of curiosity and of a wish to have some questions answered. I did feel, though, that I could go on and live my life without knowing. But as I gained more and more information during the search, it became more of a yearning to find out whether my birth mother wished to meet me or not. It was a very long and difficult search, with the usual searching methods proving fruitless. Eventually it was quite by accident that I came across some information that enabled me to locate her. I approached PARC, who mediated the reunion, and after some time I met both my birth parents together. They had not seen each other in 20 years either.

It was a very happy and rewarding experience, and the relationships that developed have been very important to me. It has been a very difficult road, with many ups and downs and certainly an emotional rollercoaster. However, up until the past year or so I shared a very close relationship with my birth mother and her family, but due to a particular incident the relationship has more recently experienced difficulties. I have not been in contact with my birth father or his children for a few years now, primarily due to his inability to accept that I have another family. The search and reunion have been a very important part of my life, it has been an experience in which I have grown enormously as a person, and it has enabled me to feel more grounded in the world.

CHAIR: What measures do you think would assist adoptees experiencing distress due to past adoption practices? Would you comment particularly on reunions and counselling?

Ms BERZINS: I do not know if I am really in a position to suggest measures that relate directly to adoption practice that would help adoptees. Past adoption practice is really only one part of the adoptee's experience, and in some sense one that is way beyond the adoptee's control anyway. So it is difficult for me to suggest things that would be helpful with that one particular issue.

Rather, I guess I can comment on measures that might be helpful for adoptees in dealing with the many issues surrounding adoption, including any distress. I believe that currently available support services such as individual counselling and group therapy assist adoptees in dealing with their experience of adoption. More funding would enable those services to be extended to address a larger range of issues, for example, groups run for specific issues or minority groups, such as people facing rejection either in reunion or just feelings of rejection, dealing with loss, trans-racial issues and assertiveness.

From my own experience of reunion, and for those of the many adoptees I have spoken with, the vast majority have found that reunion helped them in their own personal discoveries. It has helped many to define their identity by defining the origin of their traits. It has helped many to know the circumstances around their adoption and has provided many with valuable relationships. For many adoptees, including myself, reunion is an important part of the adoption experience and value can be drawn from it, but it is not everybody's wish to have a reunion.

CHAIR: For people who were adopted in the past, the secrecy of past adoption practices was very different from the experiences of today. I suppose we are trying to tease out the relevance of those past adoption practices in the hope that similar experiences do not occur in the future.

Ms BERZINS: It is still very difficult for me to comment on that, because it is simply our experience. As people who have lived the system, we really do not have anything to compare it with.

CHAIR: But in your activities as members of the different committees, support groups and so on, you must feel that there is something different to compare your experience with?

Ms BERZINS: I guess on an intellectual basis, yes. And certainly the practices that are occurring today are very much different from those of the past. But again it is still difficult, particularly with adoptees, because they really had no conscious awareness of the practices. They are really the result of a practice, as opposed to being involved or being a victim of practices or encouraged by practices, either in a positive or negative way. They are simply a result of practices that involved adults and a lot of other people. In terms of my discussions with adoptees, practice is really more of a minor role in terms of their whole experience.

CHAIR: But those past practices, which produced the effects in adoptees that you are describing, then in turn impact on the birth mothers at the point of reunion, for instance, or the acquiring of information, so that circle continues, does it not?

Ms BERZINS: Yes, I agree with that. But in terms of what services are already there now, they are providing for that, because it has always been the case that because of the secrecy and because that was a common experience amongst adoptees and birth parents, that has been addressed from day one in the counselling and group services that are available now.

CHAIR: Not from day one, not going back to when the children are born?

Ms BERZINS: No, day one from the Adoption Information Act.

CHAIR: The Committee is looking at past practices and their effect. As you say, the focus is very much on the mothers. There is a circular effect from the way in which the adoptees have reacted and what they have been able to find out, reunion and counselling services and all the things we are asking you about. Those in turn have an impact back on the mothers.

Ms BERZINS: I am not sure that I can say any more than I have said. In the adoptees' experience I do not know that past adoption practice can be treated as an isolated part of the adoption experience of the adoptee.

CHAIR: You have partly answered our final question, commenting on the adequacy of existing services giving your experience of counselling and so on. Do you have any suggestions for improvements or comments on specific gaps?

Ms BERZINS: Firstly, I do not have any experience in counselling, nor have I directly received counselling from any of the adoption agencies as such. Other people affected by adoption have related experiences to me. Also, with my association with a number of organisations, I can make some suggestions for improvement. I believe that the services currently being provided for adoption are of a high quality and standard of professionalism. From my dealings with the agencies and support groups I believe that there is a wealth of knowledge and experience. There is a commitment to continued learning and an openness to listen and learn from those who have lived the system. This is very important not only in acknowledging the individual experiences but also in providing for the needs of those affected by adoption from the past, in the present and also in the future.

In suggesting improvements and identifying gaps, there are some areas that need to be addressed such as people that are personally affected by adoption who also suffer from mental illness or intellectual disabilities. There is a need for professionals in the adoption field who also have extensive experience in these areas. I also believe that further funding is required in order to provide training and support services in country New South Wales. Those in metropolitan Sydney benefit from being able to access resources with relative ease. In country areas there are rarely professionals trained in or with the knowledge of adoption and adoption-related issues. Therefore country people are reliant on phone counselling and written material from Sydney, and a very occasional visit from Sydney professionals. Finally, adoption work and post-adoption work are a female-dominated area with few, if any, male counsellors or social workers. Since males are often confronted with different issues from females, access to male professionals would be useful. Initiatives must therefore be undertaken in order to encourage male professionals to become involved in adoption issues and the provision of adoption services.

The Hon. H. S. TSANG: Do you think that adoptive parents could ever provide the kind of care that you feel would be equal

to that given to the brothers and sisters who are the natural children of adoptive parents?

Ms BERZINS: I am not sure that I understand your question.

The Hon. H. S. TSANG: As an adoptive child, given the best care by adoptive parents, do you feel that because you know your past that it is very difficult - you are handicapped so to speak?

Ms BERZINS: I do not feel handicapped.

The Hon. H. S. TSANG: I mean, there is something worrying you.

Ms BERZINS: Yes, it is a very difficult question. I do not feel disadvantaged in any way by being adopted. In some sense it has given me a lot, but I have also lost a lot. But I have no comparisons. That is what my experience was. I do not know what it is like to be raised as a biological child with my birth parents. I can see some differences between my sister's relationship with my adoptive parents and my relationship with them, she being their biological child. But that is as far as I can say. I certainly do not feel any disadvantage, and in some sense I have probably benefited more in some areas.

The Hon. H. S. TSANG: You are special.

The Hon. D. F. MOPPETT: I was a bit like Mr Tsang. I tended to gather from what you have said from your experience that from the point when those changes were recognised in the Adoption Information Act the concept of adoption as it had been known up until then was completely superseded and that the word "adoption" could no longer be applied. Up until then it had implied almost an attempt to make an organic union of the family, whereas now the link to the birth family is encouraged and maintained. It becomes a rather different relationship from what people had at least envisaged as adoption in the past.

Ms BERZINS: The Adoption Information Act put in place the infrastructure but in my experience with dealing with adoptees and from my experience as an adoptee there were always questions there. I was raised to believe that my questions would never be answered, that I had no right to know, that I had been given a better life by not knowing. The implementation of the Act and the change in the legislation came about partly as a result of societal changes. It also created societal changes and attitudes as well. I guess it made it okay for me to voice things that I had felt but had been estranged from because it was not socially acceptable. I am not sure whether that answers your question.

The Hon. D. F. MOPPETT: It is a very difficult question. I am speaking to you not directly but as a result of your experience. This inquiry tends to be self-recruiting: The people who come along are the ones who feel aggrieved. This is why I like to speak to witnesses about it, because it is no good just being my anecdotal experience. It always surprises me how many people did adopt children in that period - certainly living within a reasonable radius of where I live in the country. I would say that perhaps a quarter of them have been interested in finding their origins. Others, knowing that they could do that, have rejected that concept, perhaps through fear of a painful experience. I cannot attribute any reason to those who do not seek information. What has been your experience? Do you think that sort of proportion -

Ms BERZINS: That is a very big question. There are a lot of reasons. It is also important to recognise that it is an individual decision. All adoptees do not want to search. Some may simply be interested in knowing more information. Some may be interested in not knowing anything. But it is very much an individual experience. In situations such as this, and in situations that I research, certain areas are misrepresented simply because of the people who come forward. In most cases you are asking for volunteers and not demanding that a cross-section of society be assessed. So it can certainly be misrepresentative. I could not put it down to figures. I can give ideas as to why some people search and some people do not. But it is very anecdotal and generalised. It is a very individual decision.

The Hon. D. F. MOPPETT: But your professional contact is basically with people who have started on the process of seeking more information. You would not contact the ones that do not.

Ms BERZINS: Yes, I am more likely to be in contact with those people who do go on to search or who have questions or needs within the community. At the same time, in the seminars I do with DOCS I also speak to a lot of people who are considering adoption. They are people who are considering parenting a child through adoption. That is another side I see as well, but that is in the very early stages, when they are thinking about it.

The Hon. H. S. TSANG: Madam Chair, could I pass on my experience to you? I have a sister who was adopted. I made several attempts to get in touch with her. I met with her parents and her. We went out together and she definitely knows that I am her brother, but she feels that she is very stable and she does not want any more contact. She moved further away - in fact she migrated overseas. So sometimes when you try to get in touch it can drive them away if they feel that they are stabilised.

Ms BERZINS: Stability is a big question around adoption. It is not whether you are a stable person or not that determines whether you do or do not search. There are an enormous number of factors that result in the decision to search. Again, it is a very individual thing. I do not necessarily think that security or stability or a lack thereof -

The Hon. H. S. TSANG: Her stability in terms of the relationship with her parents and so on. It was very stable. She feels that stirring up things might not be the best practice.

Ms BERZINS: In my experience and from speaking with many adoptees they also have very stable and secure relationships

with their adoptive parents but they choose to search for their own reasons.

The Hon. H. S. TSANG: Thank you very much.

Ms BERZINS: I would like to make a closing statement. I think it is really important that we do not ever judge the past by today's standards. That is not to say that I do not believe that there should be accountability where there are very clear-cut lines. However, I think that the era, the social climate and the impact of societal views must also be taken into consideration in looking at any practices or systems from the past. Although legislation is put in place to ensure that particular standards are complied with, legislation is open to interpretation and then can be clouded by societal moral standards and values of the day. Who is to say in 20 years time that we will not look back on today's standards and practices as being lacking?

Although I believe that there were few occasions in which ethics and legalities of adoption practice could be called into question, I do not believe that it is to the extent that was publicised in the lead-up to this inquiry. We can learn from the past in providing for the future needs of those affected by adoption. However, I question the helpfulness of apportioning blame to any one segment of society when there have been so many influences and factors contributing to birth parents and their children being separated through adoption. I would like to say in closing that though I have had difficulty in answering some of the questions I hope that I have been able to provide you with some information at this inquiry.

(The witness withdrew)

MAREE KYLIE KEY, Psychiatric Nurse, and

JUDITH ANN ROSCOE, Public Servant, sworn and examined:

CHAIR: Ms Roscoe, did you receive a summons signed by me?

Ms ROSCOE: Yes.

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

Ms ROSCOE: Yes.

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

Ms ROSCOE: I am appearing in the capacity of a mother who had her child taken from her for adoption.

CHAIR: Do you want your submission to be included as part of your evidence?

Ms ROSCOE: Yes. I have made two submissions and I would like them both included.

CHAIR: Would you like to start with a statement or should we proceed straight to the questions we have prepared?

Ms ROSCOE: I am happy to go straight into questions.

CHAIR: Ms Key, in what capacity are you appearing before the Committee?

Ms KEY: As an adoptee.

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

Ms KEY: Yes.

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

Ms KEY: Yes.

CHAIR: Would you like your submission to be included as part of your evidence?

Ms KEY: Yes.

CHAIR: Do you want to make any statement or shall we proceed straight to questions?

Ms KEY: I think we will go straight to the questions.

CHAIR: We have had a request from the media to take photographs without sound. Is that all right?

Ms KEY: Yes.

Ms ROSCOE: Yes.

CHAIR: The media are aware of the rules about not focusing on individual faces in the gallery and I am sure they will respect

that. Judy, could you explain to the Committee the circumstances surrounding the confirmation of your pregnancy in 1961? For instance, how old you were, how you felt about the pregnancy and who did you discuss it with?

Ms ROSCOE: When I suspected that I was pregnant I went to a doctor not attended by my family and he confirmed that I was indeed pregnant. My parents were very strict Catholics and the thought of telling them was very frightening to me. So I did not tell them at that point. I told my boyfriend and we talked about getting married. We even went and saw the priest at North Sydney. I am not sure why, but he advised us not to tell my parents until I was about three months into the pregnancy. So, as I was not in the habit of questioning what priests said, this is what I did. I worked at a bank near my home and eventually told my mother during a lunchbreak. I guess this gave me an escape once I told her. My mother's reaction was much as I had expected: very negative, although I do not remember what she said. I feel that I have blocked that out. At some stage I was allowed to meet my boyfriend in a local park, with my parents nearby in a car, to basically tell him it was finished - that was my parents' view, not mine. I was very upset when he turned up drunk. I had not seen him in this state before. I do not judge him on that; he was only 18 and he had a lot on his shoulders too.

My mother sought advice from the local priest. I was told by my parents to resign from work and my mother took me to see a social worker at the Catholic welfare bureau. The conversation was mainly between my mother and the social worker, and as an end result I was offered a choice of going to Saint Anthony's or a Catholic family in the country somewhere. I chose Saint Anthony's because it would mean I could still see the father of my baby, although I had been told that I could not see him again. I was very young, 16 years old, and having grown up in a family where children were to be seen and not heard, I was not able to fend for myself. I had been taught not to question authority and found it impossible at that stage to do so. This was a predicament that still fills me with remorse and guilt to this day - the fact that I should have stood up for myself and my daughter. However, much of what I have heard from others seems to indicate that even if I had it would not have made a difference.

The only other people I discussed the pregnancy with would have been my sister, who, although she was concerned about me, from memory, was understandably mainly concerned about how my parents would react. At no stage did I contemplate giving up my baby, and I was not asked whether this was my intention. I continued to see the father of my baby up until after she was born. Approximately two weeks after I told my mother, I was taken to Saint Anthony's. My mother wanted me out of sight before I started to show.

CHAIR: In your submission you explain that once you were at Saint Anthony's giving up your baby for adoption was just considered the right thing to do. Can you tell us something about the advice the staff at the home gave you and, in particular, the counsel that the priests provided?

Ms ROSCOE: The culture at St Anthony's was all geared to giving up your child. The girls there, naturally enough, talked amongst themselves. They talked about how when you went to the hospital you would not be allowed to breastfeed your baby, and indeed it was general opinion that you would not be allowed to keep your baby. So it was clear from day one that I would be up against it and yet I firmly held on to the belief that I would keep my baby. I remember when one of the girls there had a baby with a hole in the heart she was encouraged to keep her child as nobody would want a baby with a medical condition. She took her baby home with her. All the girls envied her and almost wished that their child would have something wrong too so that they would be allowed to keep their child.

During my stay at St Anthony's awaiting the birth of my child I was not asked once my plans for my child. In fact, I did not receive any individual counselling at all. I remember sermons delivered by a priest when we were told that good girls were unselfish and gave up their babies to couples who could give them what was described as a Cinderella-type existence. We were told that we were good girls as only good girls came to St Anthony's. The bad girls, we were told, went to the Salvation Army home. From memory the social worker came regularly. I cannot remember whether it was once a fortnight or once a month. However, I cannot remember once being asked if I intended to keep my baby. The meetings were assembly-line affairs when we all queued up and saw a social worker one by one. From memory discussion was limited, medical records were checked and that was that. Again, I should have been more assertive but I was not capable of that at that time in my life. During my stay at St Anthony's I would lie in my bed and talk to my baby. I would reassure her that I would not allow them to take her away from me. I desperately wanted to keep my baby.

CHAIR: Did you say before that you stayed in touch with the father of the baby?

Ms ROSCOE: Yes, I did.

CHAIR: Did he visit you?

Ms ROSCOE: Yes, he did.

CHAIR: Can you talk at all about the procedures at St Anthony's or the attitude of the staff to his visits?

Ms ROSCOE: Most of the time I met him outside the home. We were allowed to go to the shops or go for a walk or whatever we wanted to do and most of the time that is what I did. I can only remember him coming once to the door and I cannot recall what the attitude was. That particular meeting was quite traumatic for me and I do not remember. I do not think it was well regarded but I really do not remember.

CHAIR: Did you receive any information about any alternatives to adoption?

Ms ROSCOE: At no stage was I given alternatives to adoption. I kept waiting for this to happen but it never did. I know that Sister Antoinette said in her testimony that prior to 1965 girls that were at St Anthony's were able to keep their babies and stay on there for six to 12 months. If that was the case it was a very well kept secret. I was never told that it was an option and if I had been told it would have been one I would have chosen. I only became aware that financial assistance was in fact available at that period of time last year. I know I was very young and it would have been very difficult for me to keep my child. However, I do believe that with the right support it would have been possible. I always believed that my child belonged with me and that I was the best person to bring her up, and I still believe that very strongly.

The Hon. Dr A. CHESTERFIELD-EVANS: Do you consider you received unethical or unlawful treatment at St Margaret's Hospital? If so, could you briefly provide details?

Ms ROSCOE: Yes, I do believe my treatment at St Margaret's was both unethical and unlawful. As I stated in response to previous questions, I was never once asked prior to or after admission whether I intended to keep my child, yet the hospital proceeded to treat me as if I had made the decision to give up my child. My baby's file is notated "not to go to breast". This is without any discussion. When I went into labour I was taken by ambulance to St Margaret's Hospital, Darlinghurst. I remember the nurses being cross with me because they said I had come in too early. According to my records I was getting five-minute pains and was fully dilated at that stage. I was left alone to go through my labour in a stark labour ward with little more than a bed and a clock. I was young and frightened, despite this no comfort or reassurance was given to me. A little compassion in a Christian hospital would have gone a long way.

I have no memory of giving birth to my daughter, and until I gained the hospital records I did not know the time of her birth. I believe I was drugged for the birth as I remember waking up and seeing my baby in a bassinette. I could just see the top of her head from my bed. Soon after a nurse came and wheeled her away. I was not game to ask if I could see her. I was later placed in a ward with other married women who were not having their babies taken from them. They would bring me my baby to bottle feed. As I do not remember having any problems with breast milk, I can only assume I was given drugs to dry up the milk. One memory that still causes me considerable emotional pain is the fact that at one stage during my hospital stay they cleared the ward to be painted, leaving me in it. I was, and still am, an asthma sufferer but any physical suffering is greatly outweighed by the emotional pain I suffered at that point. This treatment certainly contributed to an already low self-esteem and feelings of unworthiness. I had turned 17 about one month before.

The Hon. Dr A. CHESTERFIELD-EVANS: Could you explain the circumstances surrounding the signing of the consent?

Ms ROSCOE: When I had been back at St Anthony's for a few days I was asked to go down to see the sister in charge [...]. I went to her office determined that I would not sign the adoption papers. She asked me whether I intended to keep my baby and I told her yes I did. Although I cannot remember exactly what she said at that point the conversation to me, I feel, was quite one-sided and consisted of reasons why I could not keep my baby. I certainly gained the impression that I would not be allowed to keep my baby no matter what; that she would be taken from me despite my intentions. I was fearful that if that happened without me signing the papers she would end up staying at St Anthony's without me. There were 12-month-old babies there who could not sit up due to emotional deprivation. I did not want this for my child. I also did not want her in and out of foster homes. However, if I had been offered a short-term fostering arrangement with visiting rights, allowing me to get myself into a position to keep my baby, I would have jumped at this alternative. I know I was very young but this was very clear to me.

I ended up signing the papers. This was done without a witness present. My daughter was taken from the home the next day following a threat by her father to abduct her from the home. When I said goodbye to my daughter she was all dressed up in clothes made by the mother who was to adopt her. However, it was hard to appreciate that through my tears. I remember at the time that I had a very strong feeling that I would see my daughter again, a feeling I could not explain. My mother refused to give me support. She came to the home while my baby was there and I begged her to come and see my baby but she refused. It was made very clear to me that taking her home was not an option.

At this time and for a considerable period after the birth of my daughter I was under considerable psychological pressure from the father of my child who at that stage was not presenting as a stable personality. That was a lot for someone who had just turned 17 years old to cope with. I was certainly not in a position to make an informed and mature decision of such a mammoth nature at that time. Despite this I was never at any stage offered any counselling. I was basically just told to go home and forget that it ever happened. How do you do that? At the time I signed the papers I was told I had 30 days to change my mind. I was not told that I had a right, valid in New South Wales until 1965, to reclaim my baby up until the adoption had been finalised. I was told beyond the 30 days no court in the land would give my child back to me.

The Hon. D. F. MOPPETT: Kylie, what are your experiences as an adopted child? How and when did you find out that you were adopted? How did you cope with that information at the time?

Ms KEY: I was very fortunate in that I was brought up by my adoptive mother with the knowledge of my adoption. I do not remember the first time I was given that information. My first memory of my awareness of it was when I was about six years old. I was a very shy child and I had a lot of difficulty establishing friendships at school. I remember finding some solace in the fact that I had been chosen by my parents and thinking that this must somehow make me special. In hindsight I believe I exaggerated this belief to fairytale proportions throughout my childhood and in early adulthood. I was always terrified that no-one would want me and any situation which would require me to be chosen, such as sport or dancing and things like that, would place me in an acute

state of anxiety. Needless to say my interest in sport suffered from this and I have never participated in group sports of any description.

When I was in first form my difficulties with relationships was once again challenged when my best friend felt, quite rightly, that she wanted to spread her wings and form other relationships. This was just too much for me as I believed that the others really did not want me around and that I was in some way substandard. My mother was quite concerned about me at the time and took me to see the family doctor who suggested I read a book called *Self Help For Your Nerves* which I realised very early on was focused towards people who have suffered from depression or experienced a nervous breakdown, as the author called it. I was 13 years old at the time. Oddly enough that was a double-edged sword in that it reinforced to me that there was indeed something wrong with me but it also allowed me, for the first time, to discover my strength as I resolved that I would not be like that.

I spent a rather rebellious period flitting around from friendship to friendship and generally misbehaving to a point where I would believe that I had gone too far. I felt extremely hurt and misunderstood if I got into trouble. Then I would spend an enormous amount of time trying to prove what a good person I was. My mother was always very generous in giving me any information she could about my birth mother. She told me my birth mother had become pregnant at a very early age and she loved me so much she gave me away. She told me that she had nothing but respect for her. My birth mother loved me so much she gave me away! How many people could say that? She gave me away because she loved me! Love is rejection, love is being left and love is being abandoned.

The Hon. Dr A. CHESTERFIELD-EVANS: From your description of your experience there was no other counselling other than by the general practitioner. At that time would formal and informed counselling helped you to adjust to the situation?

Ms KEY: I will just answer the questions I have prepared as that would be easier for me. Over the years I have found that my ability to sustain intimate relationships is limited and agonising, to say the least. That has caused me to make some very poor decisions in regards to men which have resulted in some rather serious repercussions to me. I feel that is all due to my adoption and being taken from my mother. As a result, I have sought counselling on several occasions. Once the issue that drove me there has been resolved in some way I have always been left with a feeling there is something very powerful that has been driving me to place myself at such high risk of harm, ill treatment and rejection. I have often spoken to my counsellors about the belief that there is a very bad core inside of me, something wicked and beyond the contempt of the society in which we live. I would say all this with the clear knowledge that I am a very good person, with a high degree of integrity and standards, yet I could not shake the feeling that there was something very wrong with me.

I have tentatively raised the issue of my adoption a number of times with a number of therapists and counsellors and found that the issue has been very quickly pushed to one side as a non-issue. I have also tended to see it as a non-issue for me. After all, I found my birth mother and the issue was therefore seen as resolved. I live in a society which has constantly reinforced its belief that adoption is a wonderful gift to adoptees for which we should be eternally grateful. Just take a look at the cabbage patch dolls of a few years ago - children could send away for their adoption certificates - and why not adopt a road and clean it up?

To be an adoptee is a funny thing. You see, everyone has a right to their feelings and their distress but you. Your birth mother, quite naturally, has her pain and issues to deal with, and then there are your adoptive parents who have taken you selflessly into their homes and their hearts. You do not have any rights to feel any pain or loss. To acknowledge this pain is selfish. You do not have any rights to be dissatisfied with the situation. The only recognition my adoption has received as a possible source of my problems has been from my herbalist. It is thanks to her that I have been able to acquire and read a book called *The Primal Wound* by Nancy Verrier. This book has made a big difference to me because, for the first time, I know that I am not alone with the issues that I have. I can address my adoption and be sure, yes, it has left its mark on me.

I did attempt to get in touch with different adoption support groups for some assistance following the reunion, however the literature at the time indicated that these groups were focused on tracing the adoptee or the birth mother. It seemed that once the reunion had taken place, that was that. I also contacted Centacare about 10 years ago, at a time when I felt that perhaps by locating my father that that might somehow make a difference and assist me in resolving some of my struggles. I was greeted with disbelief and asked why would I want to meet him since I had met my mother. They were very unhelpful and it certainly did not occur to the woman I was talking to that I may have needed some counselling, although I can see now that that is exactly what I needed on the issues of adoption, that I was looking for some answers as to why close relationships had been such a struggle for me.

The Hon. H. S. TSANG: Judy or Kylie, could you explain to the Committee the circumstances surrounding your reunion? For instance, who made the first contact and what comments do you have about the process?

Ms ROSCOE: For years after my child was taken for adoption the possibility of reunion started to emerge. I read everything I could lay my hands on about reunions and adoptions. I was reluctant to put my name down at this stage as I believed it would probably not be a good idea to disturb my child during her teen years. One Christmas we went to Sydney to spend it with my mother and I told my husband that I would like to put my name down on the register as a first step to finding my child. He fully supported me in this and a few days later we did this. Kylie was 18 years old at this stage, turning 19 a little over a month later. It was only 10 days or so later that my cousin came to Canberra with a letter from his brother, a welfare officer in Newcastle. This letter contained the news that my daughter was looking for me - I might add, with the support of her adoptive mother. I received the letter when my cousin met me for lunch. I had to go back to work as my work required me to attend court that afternoon. I still

do not know how I got through that day. I might add, the two events - placing my name on the register and receiving the letter from my cousin to say my daughter was looking for me - were entirely unrelated, pure coincidence. We were both looking for each other at the same time. I rang my cousin as soon as I got home to tell him I definitely wanted to meet my daughter.

Kylie and I talked on the phone a few times - which was quite an amazing experience - exchanged photos and, finally, met a few weeks later. We met in my cousin's lounge room, and, after an enormous cuddle, talked and talked and talked. I spent a week in Newcastle at this time and we could not get enough of each other. Each day was charged with emotion. It was very draining. We were completely absorbed with each other. Unfortunately, I took my younger daughter with me as I felt it would be good for her to be involved in the reunion but, on reflection, she must have felt very out of it. I feel that for me the process was a very good one and I know that my daughter does not necessarily share my feelings on this, so I am talking for myself. It was good to have a few weeks prior to the meeting to talk to each other and to get to know a little about each other's lives at that point.

My cousin's involvement for me in the reunion was good as he was able to provide some support. I believe meeting in his lounge room provided the ideal meeting place. I knew that although Kylie and I had a wonderful biological and emotional basis we would have to work at building a relationship. Of course, this turned out to be true and it took us many years to do so. Our reunion was not a panacea, magically fixing everything that had gone before. For me it had raised feelings in me that I had not allowed to surface for years. I lived in fear for a long time that Kylie would not want to see me again. To lose her twice would have been more than I could bear. It has taken us many years - and I believe we are still working on our relationship - to arrive at the wonderful relationship we have today. However, I still grieve for the loss of my daughter's childhood even though I am exceedingly grateful that we have found each other and have such a good relationship.

The Hon. H. S. TSANG: Kylie, could you tell the Committee about the involvement of your adoptive parents in the reunion with your birth mother? For instance, how did they respond to your meeting? Did it affect your relationship with them?

Ms KEY: My father died when I was six, so my mother was the only parent involved in my reunion. My mother and I are emotionally very different people. She is quiet, undemonstrative and emotionally distant, both through character and circumstance, although I know she loves me very much and would do anything for me. This emotional difference caused a substantial strain on our relationship, particularly in my teenage years and early adulthood. My mother actually got the ball rolling in regard to my reunion with Judy. My younger sister was a State ward and had regular contact with the Social Welfare Department. When I was 16 my mother asked the welfare officer visiting our home if there was something we could do to locate my birth mother as she thought this would help me in some way to be happier. She said the welfare officer asked her if she knew my mother's name - incidentally, she had also shown me my adoption papers, she was very good with all that stuff. When she replied yes and told him her name he looked at her with amazement and told her that was the name of his cousin.

My mother passed this information on to me and I was very excited but for some reason - I do not remember why - I waited until I was 18 before I went to see the man who turned out to be my second cousin, asking him to put me in touch with my birth mother. He gave me what was kind of an interview or a test in order, I think, to see if I wanted to get in touch with Judy for the right reasons. I obviously passed that test and I was reunited with her. My mother was informed and involved with every step towards the reunion. I was very concerned that she not be hurt by what I was doing. She has been extremely supportive all the way through under what must have been very threatening circumstances, particularly through the honeymoon period early after the reunion when I actually did try calling Judy "Mum", but I very quickly decided it just did not work. You see, Judy is Judy - my mother, indeed, but not my mother at the same time.

My mother has always tried to make Judy feel welcome. However, her jealousy - which she would strongly deny - of Judy's and my close relationship has sometimes gotten the better of her and she has often been unwell when Judy has come to visit, which has required some attention from me. I have tried not to hurt her. The divided loyalties between my adoptive family and my struggle to become part of my birth family have often been misunderstood. As much as they try, my adoptive family's view of my birth family is not always understanding and at times a little critical. What can I say: they love me.

The Hon. H. S. TSANG: Kylie, in your submission you say that being united with your birth mother was not a fairy tale ending but a beginning. Could you explain to the Committee the different stages in the development of your relationship with your birth mother?

Ms KEY: This is for me the most difficult and involved of all the questions you have asked me today. There is so much to say that I am not going to be able to cover it all. What is important to me in answering this is that I hope that I can convey the difficulty of being an adoptee on an emotional level. To me, meeting Judy was a birth. It was the beginning of a journey of discovery about who I truly am, not what people expected of me or wanted me to be but the true me. It has been a very difficult time and it has taken me a lot of years and hindsight to understand the struggle. I believe the emotion behind me has been so strong and at times destructive that denial and dissociation from these feelings has been the predominant tool for me.

I would now like to talk about my immediate family of Judy and my two brothers and my sister. After meeting Judy, I visited her in Canberra and they came to Newcastle as often as I could manage, usually once or twice a year. I was welcomed into the family although I always felt it was under some duress, because out of love for Judy I was welcomed into it and I never really did feel a part of it. This was for a number of reasons. For my part, my view was very focused on Judy and developing a relationship with her. We had very little time together and I believe the time we did have was by rights mine. I resented the constant intrusions, particularly from my sister, who, out of her insecurities, found it difficult to give us very much space. I was very selfish about this

- I realise that now - but I believe it was in response to my needs. I believe we had to fight for any time we had together.

After the initial niceties I did not believe that my brothers, and particularly my sister, had any real interest in me at all. I did make some attempts to be part of their lives while I was at their home. I remember going out with them one night to a pub, thinking that if we did something social it might bond us in some way. I remember them just going off with their friends who I did not know and being left in the corner and feeling overwhelmingly rejected and feeling that they were not interested at all. A lot of concern was placed by different family members on my sister's difficulty in dealing with the situation. The situation we are talking about here is my existence. When I met Judy's husband's sister she told me, almost as soon as meeting me, how difficult it was for my sister and I basically received the message that I was an intrusion in my sister's life and causing her a lot of distress. It was very hurtful.

Once again, I believe that everyone's issues seemed to be of importance but mine. It was like I always had to be grateful. It seemed that I was the cause of the pain. I have felt that I have had to spend a lot of years apologising to my sister for my existence, and it has only been in the past two years that I have decided I will no longer do this. When I visited over the years I was never asked any questions about my life by my brothers or sister. I was just expected to slot in while they talked about their common history, both recent and past, which, of course, was not mine. I reached the stage where I decided I no longer wanted them in my life and actually turned down an invitation to my brother's wedding in the belief that he did not care if I was there and was only asking me for Judy's benefit anyway. As a result I received a very strong abusive call from my sister telling me how much I had hurt him and how selfish I was. I found this really confusing. In fact, the whole thing has been very confusing at times.

I had no idea that it would be causing him any pain at all. I decided at that stage to make further efforts. My brothers and I now have quite good relationships, and we are getting closer. My sister and I remain cautious of each other but we are getting on better than we have in the past. Judy has had a difficult time with me over the years as I have struggled with my need of her, my lack of trust and the anger I sometimes feel towards her. When my feelings become too overwhelming I will distance myself from her. She has suffered through this a number of times. The first time I remember was when I gave birth to my daughter. Emotionally, I just could not understand how she could give me away when I felt the love I felt on seeing my daughter. I would not let her touch her, and we had very little contact for about 12 to 18 months. Judy was intuitive enough to give me the space I needed. I know how hard this must have been for her.

I had a conversation with Judy about 10 years ago when I told her that I realised that she gave away a baby and what she got back was an adult. I told her that I believed this was not good enough, that I was not good enough, that I was not the baby that she loved, and that is how it has always felt, as if I could not make up for it. And that is not because of Judy, that is because of me. To me, Judy is home. We are fortunate because we have persisted through the difficulties of dealing with the emotions of those around us, and particularly the emotions belonging to us. I believe that denial is as powerful as the anger at being given away by your own mother. Intellectually, I have always understood and appreciated what she did for me. Emotionally, I am only now, after 18 years, coming to terms with it and healing. It causes me great concern that, through a lack of awareness, trust and a fear of rejection and further abandonment, adoptees choose either to deny their birth mother or to give up on the relationship. I believe it is the only way that we adoptees can be whole once more and finally return home.

The Hon. D. F. MOPPETT: Could you explain to the Committee the reaction from family members, including your mother, other children and friends, to your decision to reunite with Kylie?

Ms ROSCOE: When I found Kylie not everyone was happy. During the reunion we not only had to deal with our own emotions - which were very intense at that time - we also had to deal with all the emotions that were going on around us. It made it very difficult. I will start with my other children. At the time I decided to look for my daughter my husband and I decided to tell the other children. I do not know why I had not told them previously, although I had hinted to my young daughter on a number of occasions that she had an older sister. However, events, thank heavens, overtook us, and I told them the night I received the letter which, of course, was only about 10 days later. My eldest son, born 19 months after Kylie, was quite distressed at first as he thought he was my firstborn. He was very withdrawn for a few days but he was fine after that. My second daughter was initially very happy but she became threatened as time went past. My younger son was fine and took it in his stride, or appeared to, and he still seems to feel that way.

My mother and my brother came to stay shortly after I found Kylie. When I told my mother she became very angry and carried on about what people would think of dad. He had died about eight years prior to this. She accused me of killing him. I could not cope with her anger and went out into the backyard and left my husband to deal with it. When I told her I made it clear that it was no longer going to be a secret. I was going to tell all our relatives, and introduce Kylie to them. A few months later my husband and I threw a big party for her in Newcastle and all my relatives and friends were invited. Kylie's adoptive sister also let me know that she was not happy about it and that she could not give up one of her children. One of the women at work told me quite bluntly that I had no right to interfere in my daughter's life.

To this day, I find that a lot of people cannot comprehend that I love my daughter, Kylie, every single bit as much as my other children. They seem to think that I should love her less because she grew up with someone else. She is my flesh and blood; she is part of me; I carried her inside me for nine months; but they still believe this. The lack of common history I believe was a major stumbling block for Kylie in establishing other relationships within her family. I have watched my daughter struggle with her relationships, both in our family and with others, and generally have a difficult time. I have tried desperately to be there for her and support her when she needs it. It distresses me deeply to feel that I contributed to this in some way. I do not wish to imply that

the difficulties with her brothers and sister were all of her own making; it was obviously difficult all around. I feel that that lack of common history is just so important - growing up together. The difference that it makes just cannot be underestimated.

The Hon. D. F. MOPPETT: Judy, in your submission you say that you have been unable to find counselling services that adequately meet your needs. Could you elaborate on this and explain the nature of the counselling that you require? For instance, was there counselling available for your mother and the other children that you have just referred to?

Ms ROSCOE: Every now and then things seemed to get on top of me and reached a crisis point. This was usually combined with a bout of physical illness. A couple of times I tried counselling in an attempt to resolve the issues relating to having my child taken from me. I believe that they are issues of unresolved grief and post-traumatic stress. I have found that counsellors want to deal with every other aspect of my life but they steer away from the adoption issues. I believe that this is because they do not understand how traumatic it can be to have your child taken from you. I have described it to them as the most significant event in my life and have told them very clearly that I want to deal with it, but still they will not. It is critical that counsellors who understand the issues be made available. The best counsellors will be the ones that have gone through this experience themselves, and can therefore provide the empathy that is required.

Counselling was available to my children through school counsellors. My second daughter did avail herself of this a few months after the reunion. I went and saw the counsellor with her once and the counsellor suggested some family counselling. However, my husband was not really open to counselling and I did not see it as an option at that time. In retrospect, it might have been a good idea to follow through with this. I am really not sure what counselling was available to my mother. However, even if it was available I do not believe that she would have taken advantage of it. She was of the old school and did not particularly believe in counselling.

CHAIR: As the years have gone by did your mother change her attitude at all?

Ms ROSCOE: My mother died about 11 years ago. Although she accepted Kylie, and probably loved her in her own way, I do not believe that she really changed her view on the whole thing. I base that on the fact that Kylie actually came to see her at the time she was dying of cancer. Basically, she said to my mother that she did not want her to feel guilty or upset about what happened and my mother said that she did not feel guilty.

Ms KEY: Not at all. Now, in hindsight, I think she probably should have felt a fair degree of responsibility. But I was concerned at the time that she was dying with cancer and I did not want her to die feeling bad about what she had done.

CHAIR: Did you ever find your father?

Ms KEY: No. I suppose, in a lot of respects, I have reached a certain point. I have looked to a certain degree, and I think about the repercussions of it - the fact that there is a whole other family associated with it, a whole new set of emotions to deal with - and I really had to question why I was doing it at all. So it is not that I would not one day like to meet my father. Really, I have probably barely been coping with the rest of it. It has not been the time.

CHAIR: What measures do you consider might assist mothers and adoptees experiencing distress as a result of these past adoption practices that we have talked about? For example, are there any aspects of the reunion process that could be improved or modified to assist people who experience distress?

Ms ROSCOE: Firstly, I believe that an agency needs to be established to assist mothers, fathers and their children to find each other. This should include financial assistance, where this becomes necessary, in the search. I believe that finding each other is a vital part of the healing process. I believe that counselling should be made available free of charge to all those affected by adoption, and that pretty well that includes my other children and my mother if she had been alive. It affects us all. As I have stated before, this should be available through counsellors specially trained to deal with adoption issues. I believe that this is best done by counsellors who have been through the trauma themselves. Support groups could play a useful role. It can be extremely helpful to talk to others in the same position as you and to know that you are not the only one feeling this way. Where illegal acts have occurred and can be substantiated, I believe that criminal proceedings should be taken against those persons responsible. I have heard of a lot of cases where outright cruelty occurred. It is not enough to say, "That is what it was like back then." Justice should always be an issue, no matter what the conditions.

Ms KEY: From an adoptee's point of view I believe that the acknowledgment and awareness of issues that belong to adoptees is the only way to make a big difference. Adoptees need to be given the right to have these issues and to deal with them, both before, during and after reunions with their birth mothers. They must be given the right to have their place, their history, their home and themselves. They deserve and desperately need some focus and attention given to their pain and the damage done to them. Without this, I believe that the ability to have successful reunions will be dramatically reduced.

CHAIR: Do you think an apology made by relevant government agencies and private adoption agencies would assist people who are affected by past adoption practices?

Ms ROSCOE: I do not believe that a sincere apology can be obtained. I am doubtful whether it would make me feel much better. Saying sorry cannot give me back my daughter's childhood or erase for either of us our pain and suffering. What I would like to see is the practices of the past exposed for what they were - illegal and unethical and downright cruel. A lot of people do not understand what it is like, and still think it was just a matter of the mother giving away her child for some quite selfish reason. Of

course, this is not so and it needs to be made clear. I would like to be absolutely reassured that what happened to my daughter and I and many others will never happen again. I do not believe that you can take some someone else's child, and make it someone else. It is not possible to do this.

Taking children from their mothers should be an absolute last resort. When this is necessary, every effort should be made to have the child looked after, maybe on a temporary basis, within the child's family. A child has an absolute right to know where they come from and to information about their family and heritage. This should never be withheld. I have thought about the compensation issue. I do not want compensation because no amount of compensation could make up for what has been taken from me - the right to be a mother to my child in the real sense of the word - a rearing mother, a mother who has reared her child and has had the childhood which is so precious. In summary, apologies are empty words. Actions to remedy things in the future are worth much more than that.

Ms KEY: I agree with that and I support that. My concern is with "I am sorry". I know how difficult it is for governments to do that at times. Although I realise it is important to some people, I get very concerned that people will get stuck because of the realisation that those words might not be forthcoming. I would actually rather see some action take place about remedying some of the pain and acknowledging some of the issues that need to be looked at. That is how I feel about it.

(The witnesses withdrew)

MARGARET WATSON, Adoptee, sworn and examined:

CHAIR: Have you received a summons signed by me?

Ms WATSON: Yes.

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

Ms WATSON: Yes.

CHAIR: You have made a submission which you wish to be included in your sworn evidence.

Ms WATSON: Yes.

CHAIR: Do you want to say anything to start with, or will we begin with the questions?

Ms WATSON: I have prepared a response to the questions that I was sent.

CHAIR: We will go straight into the questions?

Ms WATSON: Yes.

CHAIR: You explain in your submission that a Crown Street hospital social worker privately arranged your adoption. Could you explain to the Committee the circumstances surrounding your adoption in December 1950?

Ms WATSON: Yes. I need to preface my response by stating that what I am about to say or the following information came from my birth mother, my adoptive family and my Crown Street medical file. I was born in November 1949 in Crown Street Women's Hospital to a single woman who was then aged 22 years who had arrived in Australia as a child migrant. On arrival in Australia she was placed into the care of the Fairbridge Foundation in Western Australia. It is my understanding from her information to me that she also spent some time in the care of a Catholic establishment where she described conditions and treatment of the children as being extremely harsh. She ran away from this establishment and boarded with a Perth family until joining the army from which she was medically discharged in Sydney due to severe bronchitis. She commenced a relationship which she hoped would result in marriage and which resulted in my conception. Her partner deserted her on learning of her pregnancy. My birth mother was without any family in Australia and it was her intention to keep me following my birth.

A Crown Street doctor suggested to my birth mother that he and his wife adopt me. My birth mother refused this offer and another when the same doctor suggested that my birth mother go and live with him and with me, and that she could be employed as the housekeeper of he and his wife. [Social worker 1] was a hospital social worker assigned to my birth mother and she was a friend of my adoptive family. Following my birth mother's rejection of the doctor's offer, [social worker 1] continually criticised my birth mother for her personal and financial inadequacies in supporting a baby. Prior to and at the time of my birth, my mother was in receipt of a sickness benefit for severe bronchitis. No advice was given to her on other benefits possibly available to her to support herself and the baby. I was breastfed by my birth mother in hospital following my birth and one day [social worker 1] informed her that she had a family who wanted a child and that I was going to be that child. I was removed from my mother.

With this and subsequent actions, I believe that I was stolen from my birth mother. My birth mother left the hospital nine days after my birth. I was informed by adoptive relatives that my adoptive parents then collected me from Crown Street hospital

when I was six weeks old. I have obtained my medical file from the hospital which contains the document stating, "Mother and baby discharged together on 28 November 1949. Baby weaned from breast onto lactogen." At no time was I discharged from hospital with my mother. This document begs the question: Why would a baby being breastfed and discharged with its mother be weaned from the breast onto a formula? I consider that document was completed to conceal the private arrangement organised by [social worker 1] for my adoptive family whom, I am sure, would have been reliant on [her] actions and totally unaware of any probable illegalities in the situation which involved my birth mother not giving her consent for my adoption. [Social worker 1] later became my godmother and I had to endure many holidays spent with her following her retirement. I was instructed to address her as Grandma [...]. We did not get along. We had a major personality clash. I am sure that her role of godmother was as a reward for her procuring me for my adoptive family.

CHAIR: Can you explain, particularly given what you have just said, the signing of the consent document for your adoption as told to you by your birth mother?

Ms WATSON: My birth mother stated she did not give consent, nor did she sign any documents connected with the giving of her consent to my adoption. It was her intention to keep me with her and my medical file documents her request to see me the day following my birth. Within a year of my birth she married a man who was not my birth father. However she informed him about me and he accepted that. Following their marriage, they travelled from their home in Melbourne back to Crown Street hospital to reclaim me. They were informed by hospital staff that I had been adopted and it was suggested that they forget about me, go away and commence a family of their own. I was informed by a staff member of the Supreme Court that a signed adoption consent form dated July or August 1950 was on my adoption file. My birth mother stated she signed no such consent document and was in fact residing in Victoria at that time when it is alleged to have been signed and completed. My adoption became final in December 1950.

CHAIR: Do you want to say any more about that? What you have told us is all that you can tell us really?

Ms WATSON: That is right.

CHAIR: That is all you can tell us about the implications?

Ms WATSON: I do not have a copy of my adoption order. I have not seen the documents.

The Hon. Dr A. CHESTERFIELD-EVANS: Do you believe it was forged?

Ms WATSON: I can only go on the information I was given and the information that is in my medical file, which I clearly feel covers up the fact that mine was a private adoption.

CHAIR: And there were the inconsistencies between being discharged with your mother and adoption some months later?

Ms WATSON: Yes, absolutely.

CHAIR: Can you describe the manner in which you discovered that you were adopted?

Ms WATSON: Yes. My husband of 12 years left our marriage in 1990. Two weeks after separating, he informed me he had known for those 12 years of my adoption, having been told about it by my adoptive father a few days prior to our marriage. This information was not imparted to me in a kind or supportive manner. It was delivered in hostility and anger and, I think, as a way of my husband relieving himself of the burden he considered this information to be and had chosen to carry for 12 years. I acknowledge it was always the responsibility of my adoptive parents to disclose this truth to me. My adoptive father did not request that my husband keep this information a secret from me. At the time it was disclosed to me both my adoptive parents had died. I can only assume that my adoptive father could not bring himself to tell me the truth due to his failing health, advanced age and the fact that I was his only remaining family member. That may have caused him to fear and believe that I may have rejected him with the telling of the truth.

CHAIR: How did you respond to that news of your adoption? What do you think are the short- and the long-term consequences of adoption for you?

Ms WATSON: My immediate response was one of shock and overwhelming sense of betrayal. There was also a feeling of disbelief while at the same time knowing that this information about me was correct. I think in a deep spiritual and psychic level I had always known the truth because I do not bear any resemblance to my adoptive family and had grown up with feelings of not belonging in that family as there was no-one who looked like me. I had also asked my adoptive parents on at least two occasions I can recall if I had been adopted and they had said no that I was not. My sense of betrayal on receiving the news about being adopted was highlighted when, on contacting family members and family friends, all of them confirmed that they had known about my adoption all my life. I felt like my life and marriage had been built on lies of omission. In the short term I had great difficulty trying to reconcile this truth about myself. I was grappling with the ending of my marriage which I had not wanted and I was faced with my identity of 40 years disintegrating simultaneously.

I went from being a highly functioning and competent wife, mother and professional person to one who had trouble getting upright each day to face the day. I became seriously depressed. I lost 10 kilos in a short time. I was unable to eat. I experienced panic attacks and was eventually diagnosed with post-traumatic stress syndrome. I rode an emotional roller coaster with feelings of rage, fear, anger, terror, despair, worthlessness and, for the first time in my life, I seriously contemplated suicide. Also at the same time

I was attempting to keep my young sons, who were then aged five and 10, on an emotional even keel as they were distressed by their father's departure and then they had to face the changes in their mother.

In moving from the short to the long term, I have chosen to involve myself first in counselling for about 18 months and then five years of intense psychotherapy. This has not been an easy journey. However, it is one that has brought me enormous challenges, personal growth and insights into myself and my behaviour and my place in the world. It has also been extremely necessary to rebuild and find my new sense of identity and who I am. My therapy has facilitated a greater sense of healing, integration, acceptance, strength, self worth, and inner peace. I have also discovered that a lifelong free-flowing sense of anxiety I have experienced from time to time, which has always been intensified when I am separated from those I love, is the direct result of my removal from my birth mother. I have also formed the opinion that adoption is not the real enemy.

Adoption is the final act in the most profound and damaging process, that is, the severing of the unique bond between mother and child. It is in that first and savage separation of mother and child that the foundation is laid for what in so many people affected are future emotional, psychological, physical, somatic and relationship difficulties which I have already heard described this morning. It is a wound and a gaping hole of the heart and soul that many mothers and adoptees carry for the rest of their lives unless they seek and receive appropriate assistance. I think it is barbaric to remove or steal a child from its natural mother and then expect that child to bond or re-attach to another woman or other care-givers without any resulting trauma or difficulties. In my situation - and I believe it was as a result of being left in the hospital for six weeks following my birth - I had a very difficult relationship with my adoptive mother. Despite all my physical and material needs being attended to, I never felt loved by her or even loving towards her. I believe that we failed to bond and attach with each other. Having said that, my experience with my adoptive father and grandmother was completely different, as I always felt their love, approval and acceptance, and was able to reattach to them with mutuality and reciprocity.

The Hon. H. S. TSANG: Could you tell the Committee about your 2 ½-year search for your birth mother?

Ms WATSON: I discovered that I had a very strong obsessive streak with my search. Given the circumstances of my adoption revelation, I was left feeling extremely fragile and vulnerable, and I think I disintegrated pretty much to a very child-like state where I just wanted a mother to pick me up, look after me, and make life okay again. The search was extremely frustrating, time-consuming, lonely and emotionally and financially draining. It began a year prior to the Adoption Information Act being proclaimed in 1991, so I was only able to access my then non-identifying information from the Department of Community Services. It seemed that there was one shock after another, as I learned my birth mother was French, possibly Jewish, and possibly an evacuee. As I had been raised in an Anglo-Saxon Protestant family, this information was very difficult to comprehend and integrate.

I constantly felt I was living in a story that belonged to someone else. Armed with only my birth mother's two names, I followed my intuition and began searching the electoral roll of the State Library. I also approached organisations and Jewish welfare organisations which had brought children and people to Australia as evacuees after World War II, and I spent three days in Canberra in the archives searching immigration and shipping manifest records. I was also greatly assisted by the efforts of Bob Miller, who was then the Deputy Registrar in Births, Deaths and Marriages and well-known for his humanity and expertise to those attempting to navigate a search. When the adoption laws changed I was delighted to receive my original birth certificate, and at last I had some more complete information with which I could search. However, I was still unable to find my birth mother through the usual channels, as I was later to discover that she had changed her first name and had married and this had taken place interstate and I was only searching in New South Wales at that time.

I also wrote to the Department of Births, Deaths and Marriages in Marseilles, France, her place of birth as stated on my birth certificate. However, a response from there was also unable to find a record of her birth. Finally again, through relying on my intuition and after reading an article about the forthcoming ABC documentary *The Leaving of Liverpool*, I contacted the Child Migrant Trust in Melbourne. A researcher there assisted me in my search and felt my mother's two names were English, although her surname was French. He contacted Births, Deaths and Marriages in Nottingham, who did a search and found her birth registered in London. Her birth certificate was then forwarded to me by the Child Migrant Trust, and a week later the ABC documentary *The Leaving of Liverpool* was screened.

This was followed by my birth mother also visiting the offices of the Child Migrant Trust in Melbourne to request that they obtain a birth certificate as she had never had one. The person she first spoke to at the Child Migrant Trust was the researcher who had assisted me. He immediately realised who she was, and she was invited to have an interview and to return the following day. It was during her second interview that she revealed having had a child taken from her. The Child Migrant Trust was able to tell her that I had contacted the trust and was searching for her. Our reunion followed that. It was quite miraculous.

The Hon. H. S. TSANG: In your submission you say that the first six months after the reunion you experienced a honeymoon phase. Could you explain to the Committee the different stages in the development of your relationship with your birth mother?

Ms WATSON: We were both overjoyed to find each other and to have a reunion. The feeling was similar to falling in love: of wanting to constantly be with and know everything about the other person. There was a lot of discovering to do. After all, we had 42 ½ years to catch up on. We found that we had a lot of likes, dislikes and personal standards and principles in common and that we shared a great love of music, dancing, reading, even down to a love of eating salmon. The greatest joy for me was to look into her face and to see someone I resembled and therefore to know where I had come from. My birth mother's greatest sadness

was that I had never known about my adoption, and she was extremely distressed at learning about how I had been told.

Within the first six months of the reunion she and her husband visited my sons and me in Sydney, and it was very touching to see the acceptance my sons showed them both. Three months later the relationship seemed to change after the boys and I visited them again in Melbourne. I think my birth mother had difficulty dealing with the emotional confrontation of her past revisiting her. She also continually told me, "They have done a good job of you", referring to my adoptive family. I think this and similar comments showed her lack of self-esteem. She would often speak to me of the poor treatment she received in Crown Street Women's Hospital which had caused her to feel shame and disgrace at her circumstances.

Despite our verbalisations that we wanted to maintain regular phone contact after that visit, phone calls would only be initiated by me. I could not understand her distancing, and for the first time I felt angry and rejected by her behaviour, which was without any explanation from her. There was a five-year period when we did not see each other and I would phone her on Mother's Day and at Christmas. While she seemed pleased to receive my calls, there was never any explanation as to why she did not contact me. I last saw her in December 1997. My last conversation with her was in November 1998, when she was quite ill and I offered to visit her, which she declined. She died in January this year.

The Hon. D. F. MOPPETT: You explain in your submission that, "My adoption into a good family, despite it possibly being illegal, gave me a decent, loving upbringing amongst caring people who instilled in me the values I consider important." With the knowledge you now have of your mother's circumstances, do you think that she did the right thing for herself and for you?

Ms WATSON: I do not think she had a choice; I think the system made a choice for her. I do not believe she was in a position to oppose the dominance of [social worker 1], whom I experienced when I was growing up to be very authoritarian and bossy. My birth mother also had no advocates by way of family members or partner to support her in her desire to keep me. I think the whole experience for her was devastating. After she left the hospital she travelled to Wagga Wagga, where she met her future husband. I believe that the experience indelibly affected her health. She had major health problems, and she also developed an excessive use of alcohol. My half-sister recalls growing up with her mother frequently crying for no apparent reason, being very distracted and seemingly unhappy. My birth mother had already lost her own family of origin, and the loss of her first born probably continually triggered those other losses. So I do not think the situation was the best for her.

Having said that, ever since I learned of her existence as my mother by birth, I have only ever felt compassion for her and never experienced anger at her for not keeping me with her. Perhaps it was due to learning of my adoption in mid-life, as hopefully I had had a broad range of life experiences and compassion myself, and as a mother myself I was better equipped to understand her situation. Having had my own children, I just cannot imagine the emotional suffering she must have experienced at having her child taken from her. I also think her emotional suffering, grief and loss were enormous for her to carry for 42 ½ years before our reunion. I had only known for 2 ½ years, and that was traumatic enough for me.

As for myself, this is a very difficult question to answer as I only have the experience of being raised in my adoptive family and can only speculate on how life may have been had I remained with my birth mother. I was an only child of elderly parents in my adoptive family, and I longed to have siblings. To find after my reunion that I had a half-sister and a half-brother, a brother-in-law, and several nieces and nephews was as much a joy as it was a heartbreak, as I had missed out on being involved in such a large part of their lives, and it has not been possible to make up for all the lost time. Overall I would have to say, with the exception of the difficult relationship between my adoptive mother and me, my upbringing contained many positive opportunities and experiences which provided a solid foundation for my life. I am left with a multitude of questions that I would like the opportunity to ask my adoptive family members. However, this is not possible as they are dead. Apart from a few distant cousins, my sons are now my only close family members.

The Hon. D. F. MOPPETT: You have mentioned the traumatic circumstances in which you became aware that you were adopted. Could you specifically comment on the impact that that knowledge had on you after 40 years of thinking otherwise than that you were adopted?

Ms WATSON: It was a major identity crisis. For four decades I had had an identity; I had grown up with a history that I thought belonged to me. And then I found that, even though that was where I spent my formative years, actually it was all a lie, that I was genetically connected to other people. In terms of the secrecy, it is ironic, because I was raised to be very open and honest. So the revelation of my adoption felt very bitter, knowing that those who had raised me had been very covert and secretive. I have always been unable to tolerate dishonesty, and I am only interested in knowing the truth. No matter how unpalatable the situation may be, I would much prefer to know the truth and then deal with it. In retrospect, I think growing up surrounded by such secrecy has finally tuned my intuition, which I greatly rely on. I also think that the secrecy aspect in adoption totally negates the human rights of such affected adoptees whereby their entire familial, genetic and medical histories are eradicated and replaced with lies.

The Hon. D. F. MOPPETT: You are attempting to locate your birth father and relatives of your birth mother for the purpose of establishing your complete family and medical history. How have you gone about this, and what problems, if any, have you encountered?

Ms WATSON: I have been searching half-heartedly for my birth father during the past 9 ½ years since learning of my adoption, and I do not have the passion or zeal to find him as I did to find my birth mother. I think that is possibly because he was aware of me and he rejected my mother and rejected knowledge of me. So I do not want to put myself in the position of setting myself up for more rejection and abandonment. However, I would like to find him to try to put the remaining pieces in the puzzle

in terms of genetic, medical and family details, and I think I owe that to my sons. In my view this situation with adoption is cross-generational; it does not simply stop with the birth mother and adoptee. It simply flows along if people do not have access to their history, which they should have.

I only have a small profile and a name of my birth father, and again I have had assistance from Bob Miller, who has been helping me to search. We have both been searching on and off, but to no avail. I have come to a place where I think I may have to accept that I am not going to find him. And time is running out; he would be in his late seventies. My purpose in attempting to find him would be to complete the family and medical history from his side, and it is also possible that I may have half siblings on his side as well.

Following my birth mother's death I commenced corresponding with one of her half sisters who resides in Wales. She was located following the reunion of my birth mother and me by the Child Migrant Trust. This lady's life has also been overshadowed by a lot of sadness and grief related to the loss of her family of origin consisting of parents, grandmother and three other siblings. From what she has been able to tell me, it seems that both she and my birth mother were placed in an orphanage when their family split up. It appears that my birth mother may have been taken from the orphanage and transported as a child migrant to Australia via South Africa, thereby losing permanent contact with the rest of her family. So this aunt is not able to fill in many of the gaps either.

The Hon. D. F. MOPPETT: What measures do you consider might assist adoptees experiencing distress as a result of past adoption practices?

Ms WATSON: Every person has a different story and experience. I can speak only from my experience and describing what has worked for me. My journey in the past 9 ½ years from pain and distress to healing, integration and peace has been possible only due to my involvement in and commitment to the psychotherapy that I have involved myself in. I made the choice to engage in that method as I wanted to move from living in pain and suffering and to get away from being a victim of my circumstances. I wanted and needed to reclaim my life and be in the driver's seat. I cannot change my history or the story of my beginning. However, I believe it is my responsibility to give myself the best of the rest of my life, and that is now my philosophy. I would also have to say that in my situation I had enormous support from a large network of friends who have been just incredible. They supported me right the way through since learning of my adoption and through many dark days and nights of the heart and soul when I was searching, and matters since then. People in my circumstances need a lot of understanding and support.

In the early days, because I was quite afraid that I was losing my mind with all the emotions I was experiencing, I devoured every book I could find on adoption and searching. However, while many of these were helpful, there were none available on the unique situation of the late telling aspects of adoption and its devastating impact on a life and identity. I believe that those who learn in mid life of their adoption have a very different experience and reaction from those adoptees who grew up with the knowledge. As my own contribution to this situation I have spent the last five years writing a book, which is due for publication, which specifically addresses the emotional impact of the late telling.

I also acknowledge the professionalism, knowledge and support of the staff of the Post Adoption Resource Centre, who also helped facilitate my reunion, with the Child Migrant Trust. They have been of great assistance to me. I have been involved in various support groups and information groups that they run. It is very heartening to see the willingness of people attending those groups and sharing and learning from the experiences of everyone there. There is a need for an increase in services, particularly for birth parents or birth families. We have heard here today about the impact on other children in families when reunion takes place. That was certainly the case in my family. I have a half-sister and half-brother. My half-sister knows of me. My mother never told my half-brother because she was afraid of his reaction. So a level of secrecy and lies still exists, which puts me in a very difficult situation. My half-sister felt very much that her position in the family had been displaced by learning of me. The tentacles of adoption touch many and the impact of the losses and grief involved is cross-generational. We are not dealing just with the initial people involved; it flows over.

Something I get a lot of interest from is an e-mail service run from within America. One is specifically for what they call in America late discovery adoptees. It is about people learning late in life of their adoption, sending e-mails for suggestions and help on how they can deal with the situation and how they can search. The situation in America is very different from here. I would like to see something established Australia wide along those lines whereby people could get support and help from people who have walked the same journey. It is a very specialised area and it requires specialist attention and treatment, particularly in the health and welfare professions if services could be set up from within those organisations by people who have walked the path and know what it feels like. I was greatly heartened by hearing the evidence of Dr Rickarby last year or earlier this year. He struck me as being a medico who really knew what he was talking about in terms of the impact, the loss and the bereavement that people touched by adoption have to live with and have to deal with. He is a great specialist in that area. Finally, one of the most important outcomes from this inquiry would be a finding and a public statement acknowledging the abuses of human rights and suffering brought about by past practices in adoption which have terminated the mother-baby bond.

CHAIR: Given what you have stressed about cross-generational effects, is it possible for you to comment on the way in which your sons have been affected by this type of thing?

Ms WATSON: Yes, it is a very good question. It has taken up a lot of my time dealing with the emotional impact of the learning of my adoption. There have been times when I have felt quite guilty. Because of my emotional state I have not been able

to support them emotionally to the extent that they have required. I have had my own level of distraction and emotionality that I have had to deal with. Having said that, they have been very supportive of me. They were very excited in the early days of the search, and very excited to find that they had a nana and a grandpa. They were accepted very well by my birth mother and her husband. Both of them have since died. So they have had to come to terms with a lot of loss in their own life as well.

CHAIR: Did your adoptive parents die when they were too young to -

Ms WATSON: No, my adoptive mother died 26 years ago and my adoptive father died 11 years ago.

CHAIR: So they remember him?

Ms WATSON: Only one of them remembers him. It is cross-generational because it does a lot of fragmenting. Being adopted into a family in which my adoptive mother was 39 and my adoptive father 45, I always had much older parents than my friends. Also, not having any siblings, I am now left in a position in which I do not have any extended family. That is very hard on my sons as well.

(The witness withdrew)

At the request of the witnesses, the names of the witnesses have been withheld. These witnesses will be known as WITNESS E and WITNESS F.

WITNESS E, Clinical Nurse Specialist, and

WITNESS F, Scientist, sworn and examined:

CHAIR: Witness E, you are appearing before the Committee as a mother?

WITNESS E: Yes.

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

WITNESS E: Yes.

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

WITNESS E: Yes.

CHAIR: Do you wish your submission to be part of your evidence?

WITNESS E: Yes. Actually, I do not want the original one to be part of it. I am actually going to put in an edited version, which is almost complete.

CHAIR: Therefore, technically you do not want the submission of the Committee has received to be part of your evidence?

WITNESS E: Not this one, but there is one that is very similar.

CHAIR: Do you therefore want to make a submission in relation to your first submission before we proceed to questions or do you want to just go through the questions?

WITNESS E: I think I will just go through the questions. I would actually like the second submission included.

CHAIR: Witness F, in what capacity are you appearing before the Committee - as a friend?

WITNESS F: Yes.

CHAIR: You have received a summons issued under my hand?

WITNESS F: Yes.

CHAIR: Do you know the terms of reference of the inquiry?

WITNESS F: Yes.

CHAIR: You have not made a submission. Do you want to make any statement or will your evidence be a matter of following up anything Witness E says?

WITNESS F: Yes.

WITNESS E: Could I just say one thing. I do not actually mind my submission being referred to now. It is just if it is made

public, there was just a bit of the wording I wanted to change.

CHAIR: That is fine. Can you tell us about the circumstances surrounding the confirmation of your pregnancy in 1982, for instance, how old you were, how you felt about the pregnancy and with whom you discussed the situation?

WITNESS E: I was 19 at the time of conception and I believe I was 19 when the pregnancy was confirmed because it was confirmed quite early, but I may have been 20. I was living with my boyfriend at the time. He was the only one I discussed the situation with initially. At around 12 weeks I discussed it with another friend, who was a youth leader of a Christian group that I was attending, and later in the pregnancy, much later, I discussed it with one more friend. They are really the only people. I did not want to be pregnant. I had no desire to be a parent at all. I think I was in a state of denial and I was quite shocked. For the first 4 ½ months. Because I did not have it confirmed by a blood test, I had actually talked myself into believing that there was a 50 per cent chance that it might actually be a phantom pregnancy, even though that usually happens when you want to be pregnant! I had planned on a cycling trip and I thought perhaps I did not want to cycle up those hills so much that I talked myself into being pregnant. So, I do not think I had actually accepted it as a reality too quickly.

CHAIR: When did you accept it? I suppose that is explained in your answer to our second question. In your submission you say that prior to the birth you had decided to give your daughter up for adoption and had contacted the Anglican adoption agency. What factors contributed to your decision to have the baby adopted?

WITNESS E: Do you mean just prior to the birth or after the birth as well?

CHAIR: You answer it as you please, and if you feel you want to distinguish between the two times, please do so.

WITNESS E: Sure. There is a definite difference. Prior to the birth, because I did not have any desire to be a mother whatsoever, I actually decided to go ahead with the adoption after I decided not to terminate. So, to me they were the only two options at all for me. I did not consider at all keeping the child initially. Later in the pregnancy, I was probably about seven months and I was looking for somewhere to live. We were wanting to rent a house up the coast and there was one that we looked at and they said no pets and no children. That was the first time that I had even a twinge of thinking, "I might want to keep this child."

After the birth the reasons for giving her away were very different. I gave her away because I believed it was best for her. I wanted desperately to keep her then. Because I had made a rational decision earlier and I did not have anything to challenge that apart from the way that I felt and my emotions, I eventually decided to go ahead with it. I felt inadequate to be a mother, which I realise now that lots of first time mothers feel that. I was not educated enough to know at the time that those feelings often come with the first pregnancy. I was not financially secure. I was just living week to week. The father of the baby and myself were not intending to continue the relationship.

CHAIR: Can you tell us about the treatment you received from the Anglican adoption agency and the information you were given about adoption and alternatives? When did you first talk to them?

WITNESS E: I cannot recall when I first spoke to them. It would have been once I decided not to terminate. I spoke to them before I went on that cycling trip and I just arranged a few things and they gave me some information with regards to the consent, the signing of it five days after the birth, the 30-day revocation period. It was more just a matter of practical goings about the adoption than anything else. I do not recall anything else being entered into at the time.

CHAIR: Did you have only one meeting with the agency before the birth?

WITNESS E: I do not recall. It would have been only one or two. It was not many. It was just enough contact to organise the ins and outs of the adoption. I cannot remember whether they suggested or a friend that there was a home for unmarried mothers I think in Turrumurra that I went to see. I was initially going to stay there because my boyfriend was going to be moving to the USA. I did go and see her too. I decided not to stay there because the regulations were very strict and I thought her manner - it was not at the Anglican adoption agency, they were very polite - she was demanding to know everything about the father and at the time the father did not want anything known. I just thought it was too controlling, so I decided not to go with that option. I do not think I had much other contact with the adoption agency.

CHAIR: So, through to the birth you had the support of friends and only friends, and stayed at home?

WITNESS E: Yes. Basically just my boyfriend and this other close friend. The friend I told in the latter part of my pregnancy was not at all supportive of me giving my child up for adoption. She did not believe that if I loved my child that I would be able to do that, but I knew that she was wrong. So, I would not exactly call that support.

The Hon. Dr A. CHESTERFIELD-EVANS: In your submission you say that the treatment your doctor provided while you were in labour was illegal and unethical. Could you please tell the Committee about that treatment? Do you have any idea why the doctor treated you in this way?

WITNESS E: I am trying to find a polite way to say it. I had been seeing a doctor in the few months prior to the birth and he seemed polite and informative and answered all my questions. When I was in labour I had been asking for the father of the baby to come over to be there for the birth. He had been admitted to the hospital three days prior after a motorbike accident. The nursing staff had said that he would be able to come over and be with me, that they had called him and that he was on his way. They kept saying that and then I realised that they had not even inquired of his surname. When I inquired further, they said, no, surgical

patients are not allowed in the labour ward. I became upset at that point. Probably a minute or two later my doctor walked in.

Sorry, I need to go back a little bit. I had not informed my doctor prior that I was giving my baby up for adoption. I just did not want to be treated any differently and I did not see what it had to do with the antenatal care that I would be getting or the delivery. I had no idea that there would be any other impact to this other than a physical nine month sort of thing. When I was admitted to the labour ward I did tell one of the nurses when she was completing the questionnaire that I wanted to express the milk and have the breast milk fed to my baby rather than breastfeed myself. She asked why and I told her it was because I was intending to put her up for adoption and let her know that I had not told the doctor. I asked her not to pass it on, which she did pass on, which was fine.

When the doctor first came in to me, this is before I got upset about the father of the baby not being allowed over, the first question he asked me when I was in labour was, "Are you keeping the baby?" I said, "No, I'm not intending to keep the baby." The next time I saw him was when he came in when I was upset about their lying to me and not allowing my boyfriend over. He did not ask what I was upset about, he just spread my legs and started to examine me. One of the nurses said, "That's not what she's upset about". I was asking him not to touch me, not to come near me and I was pulling my legs together. He did not listen to either myself or any of the nurses, he just demanded that they hold my legs apart and at least three were around the bed so they held my legs out and he said he was just seeing what the baby was doing. I continued to yell at him and scream - it was screaming, I guess - and just asking him to leave me alone. He said he was just seeing what the baby was doing.

Then I saw through my legs that he was coming at me with a long piece of wire and he broke my waters. He did not tell me that he was about to do that; he did not ask me if he could. He then put a drip into my hand and arranged for some fluids to be put up. I asked him what they were for and he said that they were just to keep me hydrated. Later on the father of the baby was allowed over, probably because of the fuss I created, and the father asked one of the nurses what the fluids were for. They said it was to induce the birth. So the doctor had given me a drug. When I specifically asked him what he was putting up he told me it was just to keep me hydrated, and it was not what the fluids were for at all. He was inducing the birth to get a move on with the labour, I guess.

I do not believe that the baby was in any danger when he came and assessed me in that way. I think it was probably illegal and a highly unethical thing for him to just come in and treat me like that. I do not know whether it was because he had just found out that I was giving the baby up for adoption but I did notice a change in his manner. Afterwards he was more polite, but arrogant. He had a condescending tone to the way he spoke to me since then. It was smiles but there was a tone there that I had not noticed earlier but I could not say for sure whether that is just the way he operates when he is in action.

The Hon. Dr A. CHESTERFIELD-EVANS: If the doctor's personal view was that you should keep your baby he may not have been hiding it very well. However, you were getting the care you needed to have your membranes ruptured and it may have been standard practice to hasten the labour with some syntocinon or whatever was used.

WITNESS E: I do not think it was then. I am pretty sure it was not standard practice to do that. It was only if there was trouble or if it was needed. I was emotional at the time, I was not physically in any distress. I was in labour but it was not very intense at that stage. I do not believe at all that it was even just normal practice because the ante-natal classes that I went through informed us of everything.

The Hon. Dr A. CHESTERFIELD-EVANS: Do you allege that you were given syntocinon or whatever in the drip because you were going to give up your baby - and that was not standard practice - and he had less interest in you and he wanted therefore presumably to get the labour over with more quickly?

WITNESS E: Yes, but I could not say for sure because I was never told nor did I look into whether that was his standard practice. From my understanding and from what I had read I do not think it should have been normal practice. I could not say for certain but that is my opinion.

The Hon. Dr A. CHESTERFIELD-EVANS: Did he put the drip in immediately after he ruptured the membrane?

WITNESS E: I do not recall but it was within the same period.

The Hon. Dr A. CHESTERFIELD-EVANS: Within five or 10 minutes, or some hours later?

WITNESS E: No, it was not hours. As far as I can remember it was within the same five-minute visitation and he left after that and did not come back until I was just giving birth to the baby. There was another doctor there then that did most of the delivery.

The Hon. Dr A. CHESTERFIELD-EVANS: Did the nursing staff and social workers encourage you to care for your baby in the days after the birth?

WITNESS E: No, they did not encourage it. Initially I had asked not to be treated differently in the labour ward and they had assured me that I would not. Straight after the birth a doctor - presumably the resident medical officer who was called in to top up the epidural - said, "Would you like to put the baby to the breast?" I decided to put her to my breast to see what it was like, and also I thought it would be a nice way for her to start life. I hesitated for a moment because I did not want to get attached to her but I thought I would just do it the once. I do not think that that doctor was aware that I was giving up the baby for adoption

but he was just called over to top up the epidural at the same time as I was giving birth. What was the question?

The Hon. Dr A. CHESTERFIELD-EVANS: Did the nursing staff and social workers encourage you to care for the baby after the birth?

WITNESS E: No, they then said I could go to sleep. I said could I be woken so that I can express the milk so that my baby gets the breast milk? I wanted her to have the colostrum for the antibodies. They said they would wake me in three hours and I could go to sleep. When I woke up I was in a room on my own upstairs. I rang the buzzer and some nursing staff came in. I said, "Can I see my baby?" One nurse said, "No, I don't think you are allowed." I said, "I was told I would be woken for her feed". She said, "I will go and find out" and she went out and then came back and said, "The sister in charge is at dinner, you will have to wait until she gets back." I said, "No, my child is due for her feed. I want to see her. Can you bring her to me?" She said, "I will just go and ask somebody else." Another sister came back and said, "No, you will have to wait until the main sister gets back from her dinner break." I asked where my baby was and was told that she was in the downstairs nursery. I said, "I was told I would not be treated any differently". Because I did not know how I would initially react so I just wanted to play it all by ear.

I got out of bed and started to walk down the stairs. My legs were still numb from the epidural at this stage and it was a bit difficult to walk. It just felt really funny and one of those sisters actually helped me down the stairs. We were met at the downstairs nursery by a nurse who stood in the doorway with her hands on her hips and prevented our entry. I told her what I was there for and she said that my baby had already been fed. I said, "What was she fed with?" She said, "Formula milk" and I told her that I had explicitly asked for her to be fed breast milk. She said that she knew that but she thought that because I was giving her up for adoption it would be best for the baby to be fed formula milk, so she just went ahead and did it. I told her that I wanted to be in the same ward as my baby and again said that I had been assured I would not be treated any differently just by telling them. Initially I was not going to tell anybody it was just that the question of breast feeding came up so I told them.

She said that they did not have the staff upstairs where I was to be able to attend to any of the baby's cares so that I would have to look after all of her cares myself if she went upstairs. So I decided to do that. I said, "Okay, I will have her with me" because it was obvious that they were not looking out for her best interests and I did not trust them to leave her in their hands. There was another sister on the ward that used to come into my room and if I was cuddling my baby she would take my baby off me, put her back in the crib and would say, "Don't hold on to her". I said, "Why not?" She said, "Because it's best for the baby, that's why" and she would walk out. I would then pick up the baby because I knew it was best for her. I had to push for every bit of contact I had. Most of the nursing staff then came around and helped me with the breast feeding and things like that except for that one sister who would still come in and take her from me every time.

The Hon. Dr A. CHESTERFIELD-EVANS: The ethos of the medical profession and hospital staff would be to take pride in the treatment that actually affects whether a patient lives or dies so that it is no different whatever the situation. Is it fair to sum up the situation by saying that the niceties in the way they do things for public or private patients, or in your case in an adopting or non-adopting sense is a personal observation of yours rather than a medical fact or is it more than that?

WITNESS E: I would say it was even more than that because they were taking away my rights when they had marked the chart "BFA" which they told me stood for "baby for adoption". I had not signed any papers but I had to push to even be able to see her. I am sure that was a part of it, or it was just their old-fashioned way of thinking. I do not think that they were doing the best thing, certainly not by my child, and that is where my interests were at that stage.

The Hon. Dr A. CHESTERFIELD-EVANS: There was some doubt in your mind as to whether you would put up the baby for adoption because you had said you were but you had not signed the papers and you were behaving as if you were not?

WITNESS E: Yes, I was still intending to put up the baby for adoption because that was what was set in my head but every bit of me wanted to be with my child all the time. The reason why I took her from the downstairs nursery was because they were not willing to give her the breast milk. I needed to know that she was being looked after.

The Hon. Dr A. CHESTERFIELD-EVANS: You thought the antibodies were important?

WITNESS E: Yes, at least for the first few days of her life. I had read that they were important and I wanted her to have the best start that she could have.

The Hon. Dr A. CHESTERFIELD-EVANS: Are you able to say what impact this contact with the baby has had on your long-term adjustment to the adoption?

WITNESS E: It is very difficult to say. I have heard other testimonies of people blocking out or repressing the feelings that they had for their child and 20 years on they are having problems whereas I guess I had problems straight away, and I still do, but I think that the joy of having that contact with her and the reality of it sinking in was probably of benefit to me. Even though it was very painful and I knew exactly what was happening, and probably felt more emotional at the time, I still think it was worth it and better for me because it was just an unbelievable experience that I do not think should be denied any mother.

The Hon. Dr A. CHESTERFIELD-EVANS: It seems as though you were better off to have that time than people who never saw their baby?

WITNESS E: I think so. I am getting better as the years go on rather than worse. The first few years I probably cried myself

to sleep and woke up with tears in my eyes and I was a mess and I still am on occasions a mess. I have felt it all the way and I have really, really missed her. I missed her from the start and I missed her before I gave her away. As soon as she was born and I breast fed her there was something different but I do not consider that to have been a bad thing. I see it as a good thing.

The Hon. D. F. MOPPETT: Witness E, you explained in your submission that during the 30-day relocation period you were assigned a social worker. Could you explain what advice and support you received during that period and, in particular, could you comment on the number of times you saw her and the contact you had with other mothers, perhaps to discuss the issue, and whether or not you were advised on the alternatives to adoption?

WITNESS E: In that 30-day period I did contact the adoption agency quite a lot. I talked to the social worker a lot. I spoke to her on the phone because I was living on the Central Coast. I was very undecided and she knew I was undecided. She advised me to make a list of advantages and disadvantages of keeping the baby. I went to visit another mother. I am not sure whether I asked for this, but I may have. I think I asked if there was anyone who initially decided to adopt and then kept the child. I wanted to see how they felt about it. So she put me in touch with somebody. I was always letting her know I wanted what was best for my baby. I was not given too much direction. I was never told that it was considered to be in the best interest of the child to stay with the natural parent unless the only other option was a ward of the State.

I asked time and again what was considered best. I was never told of any long-term psychological consequences on either myself or my child. I explained to her my situation, my financial situation, and things like that. I do recall, I have a vague recollection, mention of extended foster care, but with that we discussed the negative impact that could have on the baby if I did then go ahead with the adoption, because of the baby having that long time in foster care, because they need to be with their permanent carers as soon as possible. That was discussed. That was a belief I probably had myself, but we were discussing that. I could not be certain whether extended foster care was mentioned. I think it was mentioned but it was not given as a good option. There were some negatives to it.

The Hon. D. F. MOPPETT: Some other witnesses have felt that they were not appraised at all of any alternative, but you are suggesting you were at least aware of alternatives and you were advised to try to make up your own mind about advantages and disadvantages?

WITNESS E: Yes.

The Hon. D. F. MOPPETT: We would certainly be interested to hear in your own words whether you thought that appraisal was adequately supported by advice.

WITNESS E: I do not think there was enough advice given. I suppose I would have liked to have been told about some research on the problems that adoptees have. It was implied that I would feel more detached from my child as the years go on. I do not feel at all detached from her even though she is not with me. After one visit to the foster parents to see my baby I went and saw the girl at the adoption agency. I happened to mention that she did not seem like my baby. I meant that she was no longer jaundiced and she looked a little bigger and a little different. I cannot remember if I actually told her that is what I meant, but she said "That is just you detaching from your baby. That will increase with time." I think that was a lie.

The Hon. D. F. MOPPETT: I gather from what you say - and please correct me if you think I am wrong - there was a tendency to reinforce any things that were tendentious towards the conclusion that you should proceed with it, but I have not heard you say that you felt you were under pressure to proceed.

WITNESS E: No, I was not under pressure to decide one way or the other. They never pressured me, but I believe there was a lack of information given that I had actually asked for which could have helped me make an informed decision. Whilst it was my decision, and I acknowledge my large part in it, I do not believe I was given the information I should have been given to make an informed decision. I do not believe it was an informed consent. It was a consent, it was my choice, but it was not informed. There was actually some pressure put on me to make up my mind immediately. It sort of goes on to some of the next questions, but those questions run on a bit. Shall I go on to that?

The Hon. D. F. MOPPETT: Yes, it is all part of a continuum to the point where you got to the Supreme Court to try to revoke your decision. So, please go ahead in your own words.

WITNESS E: Just about every second day I would be coming down to Sydney to revoke the consent. I was so undecided I did not know what I was doing. I would run towards the train, run away from it. I would almost hop on it, I was in that much distress. I think that was obvious when I was seeing the social worker. I had contacted them at various times. I contacted her on the Friday. My 30 days was up on the following Monday and I realised that the Monday was a public holiday. I rang her at ten to four or something from the Central Coast and said, "I have just realised, what can I do if I want to revoke the consent? I cannot get down to Sydney on time." She said, "You can revoke it on the Tuesday." On the Tuesday I came down and again I was undecided and was hovering outside the Supreme Court.

I went in and actually revoked consent on that day. I was standing there crying, pushing it backwards and forwards, not knowing what to do, and the woman behind the desk said to me if I do not know what to do I should put it in, and if I decide to go ahead with the adoption the next day I should just ring up the adoption agency and it would be sorted out. I asked whether

my child would have to wait another 30 days in foster care, because I did not want her in foster care too long before she was settled with whoever her parents were going to be. She said, "No, definitely not." I checked with her twice and she said, "No, definitely not. You can have that extra day but you won't have to wait another 30 days."

The following day I rang up and my normal social worker from the adoption agency was not there – either that or I was not put through to her - and I spoke to someone else on the phone. I said that I would go ahead with the adoption, and the woman on the other end of the phone - I do not know who she was - rebuked me and told me I was being unfair on the child, how dare I change my mind at the last minute like that, that the adoptive parents had been waiting for the child and the mother had left her work and prepared her room and they were so angry. She said how dare I leave the child in limbo like that, and she demanded that I make up my mind immediately and stick to it. She raved on a bit more in that fashion, so from then on I did not have much contact with the adoption agency except when I wanted to visit the baby in foster care.

I again had another 30 days of indecision. I reduced the contact with the adoption agency and with my child because I felt like I had done the wrong thing and that they were looking down on me. I even felt that the foster mother was angry with me too and as much as I wanted to come down and see my daughter all the time I really felt pressure that I needed to make up my mind and stick to it. I still had not made up my mind and stuck to it because I knew I had that 30 days. The fact that it was there and that I still wanted my child left me hovering again outside the Supreme Court on the final day, but that time I did not go in. Whilst there was no pressure one way or the other there was definitely pressure to make up my mind immediately and I think that denied me the option of extended foster care, which I do not think was ethical and probably not legal. Is there anything else?

The Hon. D. F. MOPPETT: No, I think you have given us a very accurate picture of the dilemma you were in.

The Hon. H. S. TSANG: Many women have told the Committee that they were advised to forget about the pregnancy and get on with their lives. What counselling did you receive and what were you told about the long-term impact of the adoption?

WITNESS E: I was never told anything about the long-term impact of the adoption, never. I was never told to get on with my life but I never went back for any counselling. I did see a social worker at the hospital towards the end of my stay and I believe I had a couple of other meetings with her after that. That is about it. I do not recall much about it. I remember she said she had actually given up a child for adoption. I said, "How do you feel now?" and she said she had mixed feelings. That is all I remember about that. So, I was never told to get on with my life, but recently I attended a post-adoption resource centre. Just last year I was trying to prepare should my child want to meet me one day. I decided it was about time to sort things out. This is not totally relevant to the question but it sort of is.

I went to a group there and I was saying that I am now allowed to write once a year to my child. I have been writing to the parents for quite a few years. They were saying perhaps I should ask to be able to write more often. I went in and spoke to them regarding that and they said maybe I should go through the adoption agency rather than write to the parents. I write through the adoption agency anyway. They said if I can get the adoption agency on side and the parents on side, they would be more likely to let me if I can prove that I am getting on with my life. She in no way suggested I should get on with my life but the implication was it was still out there in the adoption agencies or the adoptive parents that that is something you need to do before you are allowed any access or extra access. So, there is something still not quite right there. I definitely was not told to get on with my life but I was told if I could show it there was more likelihood I could get what I wanted, which was a bit more contact with my child.

The Hon. H. S. TSANG: Given that you had decided to have the child adopted prior to the birth and then changed your mind several times after the birth, how do you now view your decision to go through with the adoption? For instance, do you think you did the right thing for yourself and for your child?

WITNESS E: It is actually a very complex question. I never thought I did the right thing by myself but I thought I was doing the right thing by her. So, at the time, because of that, it was the right decision, but had I been informed of everything I asked, no, I do not think it was the right decision. I think it would have been the right decision to keep her for both of us but, having said that, I do not know in her particular case. She seems to be well and happy so it would have been a different life and it is too hard to answer. I do not know.

The Hon. H. S. TSANG: What measures do you consider might assist mothers experiencing distress as a result of past adoption practices? For example, do you have any suggestion about access to information?

WITNESS E: What I would really like is the development of a time machine so we could all go back, but I know that is not very likely. I do have a list here that I put in my submission. If I can just read through it, it might be a little different. I suggest public recognition of unethical and illegal practices; funding for and implementation of further research into the effects of adoption and adoption practices on all parties involved; design and implementation of a campaign to educate the public on the realities of past and current adoption practices and consequences; promotion of honesty and openness concerning adoptions and identities, with laws that reflect this need; feedback of information to adoptees and birth parents at their request, regardless of the age of the adoptee; access for adoptees, birth parents and adoptive parents, regardless of the age of the adoptee; a change in laws to provide open records regardless of an adoptee's age, and active assistance with searches; and funding for the provision of unbiased counselling and mediation for those searching and considering reunions, regardless of whether the adoptee is over 18 or not.

Other things that are required are: sessions for adopted children where they can inquire about their birth relatives in a safe and confidential environment with an informed worker and options of meetings with birth parents in a similar safe environment;

provision and promotion of groups for adopted children both under and over the age of 18 where they are free to ask questions and discuss issues regarding their adoption with other adoptees and professional psychologists; funding for counselling and education of all parties involved or affected by past adoption practices, including adoptees, adoptive parents, birth parents, health workers, social workers and adoption agency staff. If we are able to help our children it will help relieve some of our distress.

The most distress that I suffered was not knowing whether she was alive, whether she was well and whether she was happy. Opening some access and making information available could ease a lot of that distress. I actually found my child when she was six. I got to see her and I spent a bit of time with her. I did not think she knew who I was, but she did know who I was. She held that a secret for another seven years until she felt comfortable to ask her adoptive parents whether they had ever had any contact with me. They then opened up and told her everything that had gone on. I do not think that it is fair that we are locked away from each other simply due to adoption. My grief was totally relieved during the period that I could see her.

CHAIR: Can you tell us how you found her when she was six and the effect that it had on her and you?

WITNESS E: Yes. I cannot really tell you about the effects on her. I have received only one letter from her; I have not received any other letters. She said she was happy. She said that she knew who I was straight away and she said that she had hoped and wished that I was her mother. She said that she was almost sure that it was me. She had been hoping and wishing that I was her mother. She seemed fine about it, although she has not written back, so I am not sure how she is about things now. I visited the initial foster parents one Easter when she was about one and the husband in that situation slipped out some information about the general area she was in and how they went to her dedication. I presumed that they went to a Baptist Church.

I did not feel like I had a choice; I needed a lightning bolt to stop me from seeing her. I had craved her all those years. I had looked and I did not find her until she was six. I recognised her straight away and I saw that her adoptive mother was delighted to see her when she came down from Sunday school, so it reassured me about a lot of things. I eventually taught her dance for a week and had the time of my life with her. We got on really well. Her adoptive mother said, before she realised who I was, that she was not usually as outgoing, that she was really enjoying the concert dance and that she was blooming. Her adoptive mother said that she was usually shy. We got on really well.

CHAIR: You commented earlier that you had made contact with her before.

WITNESS E: At the time that this person gave me this information I tried to block it out of my mind. I knew that I was not supposed to be listening to what was being said. To this day I still do not know what I said to the woman who was there. All this information was revealed and it stayed in my mind. It was as though I really needed to act on it. I was so happy during the time when I could see her. Eventually I got caught and I was again forced into a situation where I was not able to see her. That was double trouble and more distress yet again. At the time that I saw her I was very happy. That is why I believe that open access would relieve distress. For some people it is too late, but it can be prevented in the future if the laws can be changed or if there is an implementation of some sort of access. If there are any concerns there could always be a third party present to make sure that the child is safe. Before I was pregnant I used to see people with their babies in pubs, breathing in all the smoke. I always thought that that was really unfair. I thought that they should give up their children for adoption as lots of people who want children will look after them properly. After I had my baby I thought that I could never put that on anybody. I could not put them through that amount of distress, pain and grief. So my attitude totally changed. Before I believe that I was ignorant. I do not think that should ever be forced on anybody.

The Hon. Dr A. CHESTERFIELD-EVANS: I am a bit unclear on this. You were concerned about pubs and children in pubs. Did you have a drug or alcohol problem? Were you a heavy smoker and you thought that your baby would be affected by being near you? You were in limbo with this boyfriend and you believed that your financial situation was not too secure. But this occurred post-Whitlam when a supporting mother's benefit was available.

WITNESS E: Yes.

The Hon. Dr A. CHESTERFIELD-EVANS: So you could not say that you thought you would be destitute like some older mothers?

WITNESS E: No, not at all.

The Hon. Dr A. CHESTERFIELD-EVANS: You did not have a drug or alcohol problem and it was not as though you were not able to look after the baby from day to day?

WITNESS E: No, I did not smoke. I drank a little when I was a teenager but I had stopped drinking at that stage. I was quite health conscious. There were lots of reasons why I thought she might be affected by me. I did have a history of an abusive family. That was the only thing that I thought could be passed on later. I did not feel at all like that towards her then. I know that that is not me. It would not have been what I did. At the time there were a million fears going through my mind. I wondered whether I would be a good enough mother.

I forgot to mention earlier, when I was seeing the person at the adoption agency, I mentioned that I thought that the feelings I had of wanting to keep her might have been due to a hormonal surge. It took me so much by surprise. I did not know that parents loved their children until I had my baby. I wondered whether the feelings could be due to a hormonal surge, or whether they would go. I do not recall there being an answer. I certainly was not told: "No, this feeling is likely to last forever." I was trying

to base my decision on what was rational rather than on my feelings. In the past I had thought that I really wanted her to be brought up in the best possible environment. I asked for two parents that were committed Christians. I asked for non-smokers; I just had a bug about that. Basically, I just wanted what was best for her. At the time I was not sure that I was best for her.

The Hon. Dr A. CHESTERFIELD-EVANS: You did not have a drug or alcohol problem and it was not as though you could not get a supporting parent's benefit. The problem was that you were single and your boyfriend and you were splitting up. You said that you made a rational decision when you decided to give up your daughter; then you got emotional because of a hormonal surge at the time of delivery. Physically, you were quite healthy and you were living in an environment where you could have obtained the supporting mother's benefit? Presumably you knew that.

WITNESS E: Yes, I knew that.

The Hon. Dr A. CHESTERFIELD-EVANS: What made your decision to give her away so rational?

WITNESS E: I do not know what was so rational about it. At the time, I think I was probably still in a bit of denial that these feelings were real; that I really was a mother. It was an extension of that denial from earlier in the pregnancy that led me to think that the rational thing to do was not to keep her.

The Hon. Dr A. CHESTERFIELD-EVANS: You thought that, because the pregnancy was not planned, you therefore should not keep her?

WITNESS E: I had not planned the pregnancy and I had made no arrangements financially. I was not going to be supported at all by my boyfriend; we were splitting up. That really did not come into it too much. What came first was what was best for her. I thought that, if my boyfriend was not going to be having contact with her, it was not really best for her; she would grow up not knowing her father. As it is, she has grown up not knowing either of us. I was in this head space. I went back to my old way of thinking that it was the best thing to do if I did not have my life sorted out or I was not headed in a certain direction. It was a shock and a surprise to me that I wanted to keep her. I could not understand that surprise so I went on my previous decision. But those feelings did last.

The Hon. Dr A. CHESTERFIELD-EVANS: I am not clear about your contact with her. You said you had her when she was being fostered and then you saw her again at six and you had some contact with her. You then found her through the Baptist Church, you were her dance teacher and you then lost touch with her, presumably for another 10 years, as she is now 16?

WITNESS E: Yes, she is 16.

The Hon. Dr A. CHESTERFIELD-EVANS: So you saw her when she was a month old. How come you did not know where she was if the adoption agency knew? How come you then traced her to the Baptist Church and became her dance teacher? Can you explain what happened and how you got to see her?

WITNESS E: I did not get to see her through the adoption agency.

The Hon. Dr A. CHESTERFIELD-EVANS: The adoption agency obviously knew where she was?

WITNESS E: Yes, but I was not allowed access.

The Hon. Dr A. CHESTERFIELD-EVANS: The adoption agency would not allow you access?

WITNESS E: No, the law did not allow me access.

CHAIR: You said earlier that you got found out?

WITNESS E: Yes.

The Hon. Dr A. CHESTERFIELD-EVANS: Was that when you were a dancing teacher?

WITNESS E: Yes, but it was within the church. I taught at Sunday school for a while. I was in her main group but I did not have her generally in my little group. We also had a bible club. I actually believed what I was teaching, so I was not being totally sneaky.

The Hon. Dr A. CHESTERFIELD-EVANS: You became a bible teacher at that church because you knew that she went there?

WITNESS E: Yes.

The Hon. Dr A. CHESTERFIELD-EVANS: She did not know you were her mother?

WITNESS E: I did not think she knew, but she said that she knew who I was straight away, the moment I was introduced.

CHAIR: She has said that since in a letter that she has written.

WITNESS E: I did not know that she knew.

CHAIR: You said earlier that you got found out. Was that by her adoptive parents or by the church?

WITNESS E: By her adoptive father. He said that he saw something in my eyes. I had been working for a week teaching dance during the bible club and her mother was teaching craft. I knew then that I was in trouble. I was wearing my nurse's uniform as I had come off night duty. I arrived as tired as anything and I realised that she had not twigged who I was. The adoptive parents had information about me. They knew that my name was [...] and that I was a nurse. The only thing that I did not say was that I taught gymnastics; I left that out. I gave a different suburb and things like that. I got on quite well with her adoptive mother. I think I let my guard down a little. I thought that, if she did not realise who I was, I was home and hosed. Before I stayed very separate. I did not talk to anybody; I just went to the Sunday school. I was just there to see her. The Sunday school was actually very boring but I would sit there with a grin from ear to ear because I could see her and I knew that she was okay. I loved it, not because of the style of it or anything. It was not really my scene as such, but I did believe in what I was teaching.

We had a concert night and I had my daughter on my shoulders. The father came up to us and said, "I think it is time to go home 'little froggy'". He picked her up and I thought then that he knew. There were many times when I was at that church when somebody tapped me on the shoulder and said something and I thought they knew. This time I was more relaxed and I put it off as one of those things. Two weeks later I was pulled out of Sunday school. The assistant minister was there with somebody from the adoption agency. The adoptive parents wanted to speak with me as well and they did not want me going there any more. Obviously they thought that she was too young to understand or to be able to cope with a dual parenting thing, so they decided that I should not have any more contact.

CHAIR: And you respected that decision?

WITNESS E: I went along with it, yes. I could understand it from their point of view. I think they were a little fearful as well. But they said that they were glad that they had actually met me. I had prayed for years, hoping to find her. I believe that it was God who led me there. They believe the same thing. They said that a lot of their fears were unfounded. They had fears about what I might be like. They are no longer fearful of what I am like.

CHAIR: But you did not have contact then from when she was six until when she was 16?

WITNESS E: No, they did not want me around. They did write each year and send photos.

The Hon. Dr A. CHESTERFIELD-EVANS: Is that what they were bound to do?

WITNESS E: No they did not have to do that. They were bound to do that only for the first year. I got a photograph of her at seven months and then another photograph at a later stage. I do not think they were bound to do that either. The adoption agency keeps an eye on the child for the first year and after that people are on their own to move wherever they want.

CHAIR: They have chosen to write to you?

WITNESS E: Yes. They were very gracious. I thought that they would be furious but I was willing to be hung to see her. The consequences - I would not have minded if I had been gaoled - were all worth it.

The Hon. Dr A. CHESTERFIELD-EVANS: You were excluded for 10 years?

WITNESS E: Yes. She had just turned eight when I got caught.

The Hon. Dr A. CHESTERFIELD-EVANS: So that was quite a period?

WITNESS E: Yes, for eight years.

The Hon. Dr A. CHESTERFIELD-EVANS: Things change when she turns 18?

WITNESS E: Last year I got my first letter from her, so they have allowed us to write. Initially they said in the first letter - when they said that they had told her everything and that she had asked them - that after discussions with the adoption agency they had decided to keep with the current arrangement of writing once a year. I did not know whether I was able to write to her then or not but I thought it was silly just to write to them when I am writing to them regarding her, so I wrote a letter to her as well and enclosed it. I said that I would leave it up to them whether they gave it to her or not because I did not legally have any ability to access her even by a letter. They gave it to her and she wrote back.

Since then I wrote another letter asking if we could have more regular correspondence or if they had any concerns did they want to meet with me or anything like that. When I went to the adoption agency regarding that, I was told that it was not the adoption agency that had said just once a year, although it had been implied from the letter from the adoptive parents that it was the adoption agency's decision. The adoption agency advised me to write and ask for extra contact. The parents have written back and said that they do not mind me writing more often. At the moment my daughter has not actually written back and they have not said why. They have just said that they were sorry that she had not responded to the letter but that it did not mean that she will not respond to the next. They had no problems with me writing. I do not know whether it was because I was not who she wanted me to be or if I offended her in the letter. I do not know what is going on. I do not get a lot of information.

CHAIR: The information and the decision lies totally with the adoptive parents at this stage?

WITNESS E: I think it actually lies with my daughter at the moment with regard to letters. Meeting would be another thing, but at the moment I guess it is not where my daughter is at. I would like to add that because of the miscommunications that occur

so easily - I do not think they are intentional because I do not really know what is going on with regard to these sorts of things or people's reasons - I am very hesitant to further institutionalise any of this adoption situation because yet again there will be or there could be more miscommunications. It would just leave so much room for error and misjudgment when there are third parties involved. If somehow we could have just open access and leave it up to the individuals and people being brought in when they need to be brought in would be better. I am a little bit hesitant at institutionalising it, if that makes any sense.

CHAIR: The only question we have not asked you is whether you think an apology made by the relevant government and private agencies would assist people affected by past adoption practices?

WITNESS E: I certainly think it would be a start. I am sure there are lots of people who have not started to begin healing and a lot of the anger part of it might be relieved if there was an apology. It makes it open and it makes it real. I think it needs to be followed up with action, however. Law changes are needed and it cannot just be the words "We are sorry". There needs to be some changes to ensure that it never happens again. My experience was my choice mostly; but for a lot of other women who have testified, it was not their choice. Their babies were taken and there needs to be an apology and there needs to be an apology for the lack of information. There needs to be a campaign to make the public aware and to better educate everybody on what is best for the child.

The thing that distresses me most is all the problems that I read for adoptees. I never knew that. I used to pray that she would not feel unwanted. I never knew of all the consequences. I do not know how much damage my decision has done to her. I thought I was doing the right thing for her. That is the most distressing thing. If something can be done to help the adoptees, that would ease our distress. As I said before, the apology definitely needs some follow-up but it would certainly be a great start. I do not know that we will ever get over this pain or the distress, but it can be prevented in the future.

The Hon. Dr A. CHESTERFIELD-EVANS: I am not clear about what you mean by "institutionalised". Do you mean the separation being institutionalised?

CHAIR: You really mean bureaucratised.

WITNESS E: Yes, that is what I meant. I used the wrong word.

The Hon. Dr A. CHESTERFIELD-EVANS: You think that the contact should be direct, full stop?

WITNESS E: Yes.

(The witnesses withdrew)

ROBERT NOEL MILLER, ARC Search Services, sworn and examined:

CHAIR: You have received a summons?

Mr MILLER: Yes.

CHAIR: You are conversant with the terms of reference to the inquiry?

Mr MILLER: Yes.

CHAIR: You have made a submission. Do you wish that to be included in your sworn evidence?

Mr MILLER: Yes.

CHAIR: Do you want to open up by saying anything, or shall we go straight into the questions?

Mr MILLER: I would like to make a short statement. I first joined the New South Wales public service in April 1961 and worked in a number of government departments. In August 1988 while attached to the New South Wales Attorney General's Department I was temporarily transferred to the position which at that time was vacant of deputy principal registrar, Registry of Births, Deaths and Marriages. I was later permanently appointed to that position and I held it until I took a voluntary redundancy in April 1996 following the abolition of my position. I was heavily involved with the implementation of the Adoption Information Act 1990 prior to its introduction on 2 April 1991. I attended many information meetings throughout Sydney and major country centres. From 1991 until 1996, as deputy principal registrar, I was dealing on a daily basis with people affected by adoption. I spent many hours of my own time on weekends and after hours in the registry conducting searches on behalf of clients who had difficulty getting information relevant to their search.

My departure from the registry in 1996 was the subject of media attention and resulted in the Government commissioning a report entitled "A Report on the Provision of Search Services for People Separated by Adoption and Other Circumstances" by Bruce Callaghan of Bruce Callaghan and Associates. This resulted in a tender for the provision of a special search service being called in December 1996 and closed in February 1997. This tender was subsequently cancelled in March 1997 following interviews by myself

and three other organisations on the basis that the original tender needed to be revised. In April 1997 I was approached and offered the opportunity of setting up an interim searching service for approximately three months while the original tender was revised. At around the same time Bruce Callaghan and Associates were commissioned by the Government to conduct further inquiries which resulted in the second report entitled "A Model for Family Identity Searching in New South Wales" being submitted. On 12 May 1997 I commenced operating an interim search service in which I had direct access to the computer records of the New South Wales registry of births, deaths and marriages.

However, while I could accept requests for assistance directly from individuals or organisations, any relevant information I was able to locate was referred back to the registry for further action. This service continued for 18 months until my interim contract was cancelled on 11 December 1998. The new service, which was more restrictive than under the interim arrangements, was awarded to the Salvation Army which was the successful tenderer on the revised tender. The Salvation Army commenced operations on 14 December 1998. I have continued to provide a voluntary information and advisory service and still receive calls from people who are affected by adoption and who are seeking assistance. Over the past eight years I estimate that I have spoken directly with approximately 5,000 people who have been affected by adoption. The majority have been adoptees and birth mothers. However, I have had contact with many adoptive parents and a small number of birth fathers.

I have mediated in approximately 300 contacts and have actually been present in approximately 20 cases of adoptees meeting their birth parent or sibling for the very first time. At no time have I ever taken any particular side of any issue and I have always respected a person's right to privacy if they have indicated that they do not want any further contact. I do not provide any counselling services. When I consider that professional counselling is required, I always ensure that services are immediately available. I have not sought payment for any work I have done in the past or in the future other than from the Government. At present, the costs of the voluntary advisory and mediation service which I conduct are met by me. I have had hundreds of favourable comments referring to me in support of my work and I am aware of only two letters of complaint, both of which were unsubstantiated.

At present I am employed by the Department of Community Services by way of a temporary appointment up until the middle of November 1999 to complete a six months review in relation to searching services. This resulted from a recommendation in the second Callaghan report. As indicated in my submission, I have sighted evidence which would indicate that the form of information was completed by someone other than the birth mother and was merely given to the birth mother for signature. I can refer the Committee to various birth registrations that might confirm some of these claims. I am happy to do so, if that is the Committee's wish. I would ask that the Committee respect the privacy of those involved as they are unlikely to be aware that this information is being brought to your attention. I thank you for the opportunity to make this statement.

CHAIR: You have touched on some of our questions in what you have just said except for some slightly different matters. Between the introduction of the Adoption Information Act 1991 and April 1996, as you have said, you were involved in assisting birth parents to contact their children. You say that you have spoken to possibly 2,500 birth mothers, some of whom gave details of their treatment in the lead-up to the birth. Can you outline to the Committee the types of experiences described to you by birth parents, in particular any indications of the proportion who reported negative experiences and the proportion who reported positive experiences?

Mr MILLER: Sure. I commence by indicating that with all the people I have spoken to, we have not gone into the details of their particular treatment. Most of the information that has been conveyed to me has been conveyed on a voluntary basis during our discussions. I have had mothers indicate to me treatment such as being isolated in separate areas of the hospital, away from the standard rooms that most mothers are in; not being able to see or even hold their child; having to share wards with married mothers who were allowed to have their baby present during visiting hours and having to witness joint happiness by the groups while they just lay there without their baby being present; having pillows placed over their chest during the actual birth; not being told the sex of the child; upon discharge, being told to just get on with their lives and pretend it never happened; being told that their child was already with the adoptive parents only a day or so after the birth.

I have also had people indicate that they were very favourably treated and did not experience any of that. Some advise that they were treated very kindly by hospital staff and that they have actually been given the opportunity to see or hold their baby despite that being against hospital policy. I estimate that I have heard maybe 200 or so negative comments from mothers and maybe 20 or so positive comments. But it should be remembered that this is based on information voluntarily provided and not asked by me during the course of our interview.

CHAIR: With regard to what you have just said about those practices, have you gained a feel for changes over time?

Mr MILLER: Most of the people I dealt with were people who gave birth prior to the late 1970s, even from the mid 1970s on, as a result of the introduction of the Adoption Information Act. I have had no real experience in the practices over the past 20 years.

CHAIR: So you would be mainly talking about women who had babies in the 1960s?

Mr MILLER: I would be talking about women who had babies in the 1950s, 1960s, and up to around 1970, but very early 1970.

CHAIR: Are you able to comment on the experience of birth fathers?

Mr MILLER: I have not had a lot of experience with birth fathers. One point I would like to make is that in our discussions we referred to birth fathers. But the Adoption Information Act only recognises a birth father if his name appears on the birth registration, and they are in the vast majority. In fact, in all the time that I have been involved in this process I have only ever seen two registrations that bore the birth father's name where he was not married to the birth mother. I have one of those available here. I have spoken to birth fathers who have made attempts following the introduction of the legislation, but because they were not on the birth certificate they were not eligible to apply. They had to go through another process to get their name on the birth registration, and that was not always easy.

The Hon. H. S. TSANG: I may have misunderstood you. You said that most of the birth certificates have shown both the birth father and mother?

The Hon. Dr A. CHESTERFIELD-EVANS: Mr Miller said "majority", but I think he meant to say "minority".

Mr MILLER: I meant to say "minority", I am sorry. Of all the pre-adoption birth certificates I have seen - and I have seen thousands - I have only ever seen two that had the birth father's name on the birth registration, where the birth father was not married to the birth mother. I have seen others where they were married, but still very few.

CHAIR: Your submission states that you suspect that many single mothers were not informed that the father's name could be entered onto the original birth certificate. Would you outline the basis of that belief?

Mr MILLER: I have some concerns about a comment made at the last hearing. The question was asked whether there was a reluctance for the birth father's name to appear on the certificate. The response was that they would not class it as a reluctance but it was actually legally impossible. I am not sure that that is correct.

CHAIR: Are you referring to the evidence of the officer from the Registry of Births, Deaths and Marriages?

Mr MILLER: Yes. I have transcribed an extract from a form of information of birth or stillbirth relating to a birth that occurred in 1974. We must bear in mind that over the years the form of information in relation to registering a birth has varied and there have been three Births, Deaths and Marriages Acts that I am aware of - 1899, 1973 and the last one in 1996 - and they have all varied. This particular form of a birth in 1974 states at the top of the form: "This form when completed may be posted or delivered to the District Registrar, but the information must reach him/her within 60 days of the birth of a child or 21 days where a child is stillborn (not born alive)." It then goes on to say: "If the parents of a child are not married to each other, and they both desire that particulars of the father be entered in the register, form RG6/1, obtainable from any District Registrar, must be completed and signed by each parent in the presence of a Justice of the Peace. Parents should consult the District Registrar if either of these forms does not appear to meet the circumstances."

In my time I cannot recollect seeing this form RG6/1. My inquiries with people who have been in the registry for some time indicate that it may have been a blue form, which we have heard described from time to time. I have never seen one, nor have they seen one.

CHAIR: Do you mean you have never seen a blank one, let alone a completed one?

Mr MILLER: I have never seen a completed one or a blank one. This is the information that I have received, and I think it is likely to be correct. Prior to 1970, if a birth was registered that did not contain the birth father's name on it, there is no way the birth father's name could be added after the birth was registered. I understand that this was changed following some minor amendments to the Act in around 1970. In other words, if a birth that occurred in 1965 was registered and the birth father's name was omitted at the time of registration and it was later sought to be added, there was no provision for the father's name to be added. It had to be done at the time of registration. The only way it could be done at the time of registration was for the birth father to acknowledge paternity. He had to sign the form or sign the original register. I have a copy of that document here, which you may want to look at later. After 1970, if the birth father's name was omitted from the original registration there was provision for the name to be added at a later date. But, as I say, that only occurred from 1970 onwards.

CHAIR: Are you saying that it seems that the form did not exist prior to that time?

Mr MILLER: I am referring to a child who was born in 1965 and a child who was being adopted.

CHAIR: Are you assuming that women were not told, or are you saying that you know that they were not told?

Mr MILLER: I do not know that they were not told. But the experience I have is that they indicated to me that they were

not told that there was provision for the father's name to appear on the birth certificate. I also have here copies of the original form of information of birth in relation to a birth that occurred in 1974, where the mother placed the birth father's name on the form, but because he has not acknowledged paternity his name was simply ruled out and the birth is registered without the father's name on it. I have cited that case in my submission. I have also cited similar cases where the mother may have named the child on the original form, and when the original form was obtained a line has been ruled through the name and the word "unnamed" inserted. I do not know who did that; I have no evidence. All I know is that it happened.

CHAIR: With regard to those words you read to the Committee from the top of the form, what you are suggesting is that people have crossed out the father's name because he has not signed anything and therefore there is a prima facie case that he has not indicated his desire for his name to be on the form.

Mr MILLER: The form did not satisfy the legislation. I presume that when the mother completed the form and put the birth father's name in the particulars of the father, she assumed that the name would go on the form. When the form has reached the Registry of Births, Deaths and Marriages, which was the case with the law in 1996 where the parents were not married, if the father's name appeared on the form and he had not signed the form, and there was no provision up until 1996 for other than one parent to sign the form, quite simply his name was just taken off the registration and the birth was registered as a single-mother birth.

CHAIR: So it is a Catch 22 situation? There is no provision on the form for him to sign, and therefore people can assume that because he has not signed, it is not legal?

Mr MILLER: That is correct, it was a Catch 22 situation.

The Hon. Dr A. CHESTERFIELD-EVANS: Is the original form always retained by the Registrar, so that in cases where the original name - either the Christian name of the child or the name of the father - has been crossed out, there is at least a record, which does not necessarily get transferred to the official register?

Mr MILLER: That is correct. It is crossed out on the original form and deleted from the registration, and the original form is then microfilmed and filed at the repository.

The Hon. H. S. TSANG: In the 1970s there was a provision for the birth father's name to be added to the registration. Does it then require the same consent from both the birth father and mother?

Mr MILLER: Both the birth father and mother must consent. The father cannot come in and say, "I am the father." If the mother disputes that, the father's name does not appear. Both of them must agree.

The Hon. H. S. TSANG: The same as before?

Mr MILLER: Yes. They then made provision for births to be added after original registration. It was a minor change.

The Hon. D. F. MOPPETT: In your submission you state that there is clear evidence that the form of information in relation to the birth was not completed by the birth mother but probably by a social worker, who simply got the mother to sign the form. Could you outline the nature of this evidence and how the Committee might obtain such evidence? Are you able to tell the Committee what the consequences of this practice might be?

Mr MILLER: I have a couple of samples, and I am happy to submit those or the details of them. They are three separate forms of information in relation to children by the same birth mother. You can see that she signed the form. In relation to one of the forms, I would indicate that she has completed the form. It is quite clear from looking at the other forms that the writing is completely different on all three forms; that the same person has not completed the forms. To further substantiate that, I can submit another form of information that has been typed on a typewriter. I think the practice in those days - and I worked in the registry back in the mid 1960s as a junior clerk - was that the hospitals accepted the responsibility and put their rubber stamp, and a lot of them typed the form out - the typewriter was still fairly new in the early 1960s - and it was then given to the mother. I am sure that that form there was not completed by the mother.

The Hon. D. F. MOPPETT: Other than signing it?

Mr MILLER: Yes, and given to her for signature. Whether they got the details and then transcribed them, I do not know. I have had mothers indicate to me that after the birth a social worker came along with the form of information of birth and it was a standard practice then to get the mother to complete the child endowment forms. Quite often they found their way to the registry with the form of information. A number of forms were completed following a birth, and the social worker then went to the mother and asked for the details and wrote them down, and said, "Look at the form and sign the form." I am sure that very few, if any, would have read that inscription, in rather small print, at the top of the form.

The Hon. D. F. MOPPETT: What are the consequences of this? I suppose they were not the only forms that were completed in that way.

Mr MILLER: I think in most cases the information as conveyed by the mother was recorded on the form in good faith and forwarded on for registration. Even where there is evidence that the father's name has been crossed out, I believe again that that was completely in good faith and more than likely - and I am making an assumption again - was probably crossed out at the point

of the registration at the Registry of Births, Deaths and Marriages simply because there was no acknowledgment of the father on the form. That is what I would assume. I cannot account for why the child's name would be crossed out and the word "unnamed" inserted. I have seen a couple of those forms, but unfortunately I do not have any samples of them. You must remember that it is three years since I worked at the registry and the documentation I have here has been obtained from files that I am currently working on or have not completed.

The Hon. D. F. MOPPETT: I am a little at a loss as to what can be inferred from this in terms of the Committee's inquiry.

Mr MILLER: That is a fair comment. I would think that it would have been reasonable for the person providing the information, the mother, to assume that the information she provided is the information that would have gone on the registration. It has been changed after she signed the form, and may have been changed quite legitimately because it did not comply with the Act, but she has gone on believing that the child was either registered in the name that she gave or the father's name appeared on the birth form. What came across to me is that when the law changed people were surprised when they got their birth certificate and subsequently made contact with their mother. They said "Why isn't my father's name on the birth certificate?" That can be rather upsetting for some people. Sometimes, because it is blank, it gives people the impression that the birth father was unknown, which is far from the case; it is just that he is not named. There is a difference between not named and unknown, but it is a little hard for some people to identify with that.

CHAIR: So basically you are saying that if the mother had filled out the form herself it would have been apparent who had crossed things out but because forms were often filled in, say, by the social worker it is impossible to tell whether they were changed before or after the mother's signature?

Mr MILLER: It certainly is impossible to tell.

CHAIR: Whereas if the mother had filled it out herself and the change was made in someone else's handwriting there might be a bit more of a presumption that it was changed later?

Mr MILLER: Yes. I guess where the father's name has been crossed out it has been done at some later stage, possibly at the point of registration. Where the child's name has been clearly written in and ruled through and unnamed I think that is highly unlikely to have occurred at the point of registry.

The Hon. D. F. MOPPETT: You would ask for another form if –

Mr MILLER: That is exactly right.

CHAIR: But a social worker could have told a woman, "You cannot put the father's name on this because we do not have his consent."

Mr MILLER: The adoptive parents had the right to change the name anyway. I do not know the practices of then but it would appear to me that some adoptive parents were probably identified even before the birth or shortly after the birth. They may have had their own name picked out. If somebody was aware that the adoptive parents were going to call the child a name other than the name nominated by the birth mother somebody may have just ruled it through. I do not know. But I think that that is unlikely to have occurred at the registry.

The Hon. D. F. MOPPETT: Your submission states that the birth mothers have always been entitled to a copy of the general birth certificate subject to the approval of the director-general of the Department of Community Services. Are you aware of whether birth mothers were informed of this right and do you recollect whether many mothers exercised that right?

Mr MILLER: No, I am not aware of whether birth mothers were informed of this right. I cannot recollect anybody ever specifically telling me that she was told that she was always entitled to a copy of the original birth certificate. Most have said, "I did not know that I was able to get one." Whether they were not told or whether they had to be legally told I do not know. But their claim to me was that they were never told. They have always been entitled to it by virtue of an approval by the director-general of the Department of Community Services. I was surprised by the figure of a thousand but I accept that figure because it cannot be disputed. It is on a file at the registry. Every mother who was issued with a copy of the original birth certificate is recorded on a file. So that figure could be easily checked. It just surprises me, that is all.

The Hon. D. F. MOPPETT: It is not a matter of course. We want to be quite clear about this. It is not that on discharge from the hospital the mother is given a receipt and given the form. She has to apply and get the approval of the director of the department?

Mr MILLER: No. There is a period between the registration of the birth and the adoption being granted through the courts, which may be many months. In that period the mother would have been entitled to a copy of the birth certificate in any case because at that stage the birth was not subject to an adoption, and as the mother of the child that person was entitled to a copy of that certificate. But I doubt whether anybody ever got that. It is interesting that on the form of information there is a statement that says - again, it is probably a little misleading - "A certified copy or extract will be issued after registration upon payment of the prescribed fee". It is written down the side of the page and very few people would have known that. But a copy was obtainable.

I would like to take this opportunity to make the point - this was highlighted when the Act came into being in 1991 - that even if mothers who relinquished a child for adoption signed a consent form and filled in everything properly the child might not

even have been legally adopted, for whatever reason. I know of mothers who waited until 1991 to apply for the child's amended birth certificate only to find that the child was never adopted. They were always entitled to a copy of the birth certificate because their name appeared on it. Maybe those children were placed with a foster family with the intention of adoption but the adoption never legally took place and they were regarded as fostered people. The mother was always entitled to a copy of that birth certificate. What usually happened was that the foster parents, by way of legislation, changed the surname of the child to their name. They usually did that many years after. I have a case here of a child's name being changed on the birth certificate at 17 years of age.

The Hon. D. F. MOPPETT: By a deed poll type thing?

Mr MILLER: Yes.

The Hon. D. F. MOPPETT: Can you provide us with an estimate of the number of such assumed but not completed adoptions?

Mr MILLER: No. I encountered probably half a dozen in the first few months of the legislation. It is hard to say. Unless somebody comes to you, you do not know. It is no different from the case of a child that was placed with a family for fostering with no intention of adoption. By looking at the birth registration you cannot tell whether there was ever any intention of that child being adopted. It is just impossible to tell. It is only from the experience of people coming forward.

The Hon. D. F. MOPPETT: Yes, we have been told in previous inquiries that the registrar is only there as the recorder of information.

Mr MILLER: People go through the process and pay their \$130 or whatever it was only to find that they could have had the birth certificate for the last 18 or 20 years for \$26.

The Hon. D. F. MOPPETT: And had a different relationship with their child.

Mr MILLER: That is right. The ironic part was that because the child was not adopted, if it was a female child they were not entitled to do a marriage search because it is against the access policy of the registry. So they were the difficulties that we faced. We referred a couple to the department and under Outreach the staff simply could not tell the mother there was nothing that could be done for her. We had to go through an added process that no provision was made for in the Adoption Information Act.

The Hon. D. F. MOPPETT: On the basis of your experience in assisting birth parents to find their children can you recommend any changes to current processes for providing information which could assist birth parents who have not yet been successful in making contact with their children?

Mr MILLER: While I was Deputy Registrar of Births Deaths and Marriages I had certain provisions under the Registration of Births, Deaths and Marriages Act in that I could issue, legally, any birth certificate of any person to any other person provided that person paid the fee and satisfied me as to the reason the certificate was wanted. That meant that I could give someone someone else's birth certificate. I did not do that because of privacy provisions. I still have many cases on my books of a mother trying to find a son or daughter and simply not being able to do so. I believe that the Government could do so much more. Let me take the case of a mother who relinquished a girl and now cannot find her. Maybe the girl's adoptive parents are deceased. The girl may be in a de facto relationship and because there is no paper entry of that and she has not given birth to any children she cannot be found. But she might be out there. But there may be an adopted brother or a sister or a relative of the adoptive mother. The Government could do so much more fairly simply in not providing that information to the mother but to do the searches as I did and then pass on the information to an accredited agency for follow-up. Someone could be approached in a discreet manner. That is one area in which something could be done.

There is a slow movement toward doing that. There has been some movement at the registry this year. But my concern is that over the last eight years the Adoption Information Act has been strictly enforced. There is a need for flexibility. I respect a person's right to privacy, as I said in my submission. But the evidence that I have is that if I could not find a person and I used access to the records to find some other relative and an approach was made - without disclosing the reason for the approach; you had to be very diplomatic in doing that - subsequently the person could be found or information invaluable to the client could be found. However, if contact was made with relatives and they did not want the matter pursued you had to respect that. And that is the way it happened. But the evidence clearly showed in the stats that I have that where I have sought access through somebody else in 90 cases out of a hundred they would proceed and there would be contact and an ongoing relationship. I believe that more could still be done.

The Hon. Dr A. CHESTERFIELD-EVANS: Somebody who understood the system and recognised the limitations such as a deputy registrar could suggest that a person inquiring go to a neutral respectable third broker such as the Salvation Army or an adoption agency. I would not suggest that you or anyone else did that but it might be a way of effectively getting around the legislation.

Mr MILLER: I take your point. But the information is given to that accredited agency on the basis that the information is not given to the client until it is established that contact is wanted. I have used information to obtain details on behalf of a client only to find that I cannot find the adopted son or daughter but I can find another adopted brother who has no interest with the birth and does not want any further contact. Unfortunately, then I have to go back to the client and say, "I cannot give you any information." The same would apply to the accredited agency. If it was given to the Post Adoption Research Centre, ISS or the

Salvation Army and they made the contact and it was indicated that contact was not desired I have the confidence that that organisation would not pass the information over to the client, because if it did it would lose its accreditation, and it would not want to do that.

The Hon. Dr A. CHESTERFIELD-EVANS: I think you are saying that there is a case in which the registrar or the staff of the Registrar-General's office cannot give information and they probably then cannot give information which would allow the information to be found out, so if you cannot give somebody's name you cannot give their brother's name, presumably?

Mr MILLER: You cannot give it to the client.

The Hon. Dr A. CHESTERFIELD-EVANS: No, but you give it to an agency on the assumption that the agency can proactively approach both sides.

Mr MILLER: Legally you can give it to the client but policy dictates that you do not. I think we all agree with that policy. Otherwise you would have an open register. The Committee has already been through that. It was thrown out. What I am saying is that the information may be given to an accredited agency for follow-up. That is happening right now, today. It may have taken the registry a while to do it but now it is passing information over to the Post Adoption Research Centre. The registry might say, "This client is trying to find a mother, son or daughter. We cannot find them but we have found another relative. Will you make contact with them and see if you can take it further?" That is happening today. If the centre makes contact with the other person and that person will not pass on any further information or does not want any further contact the agency does not pass the information over to the client.

The Hon. Dr A. CHESTERFIELD-EVANS: When you were doing this interim job which is now taken over by the Salvation Army the it was performing that function, was it?

Mr MILLER: No. I could not relate any information to a client, irrespective of -

The Hon. Dr A. CHESTERFIELD-EVANS: But you are not saying to a client; you are saying it to an accredited agency.

Mr MILLER: I had to pass everything I found through to the registry and the registry would then determine what action followed from there. I could do all the searching. I could search for people the subject of not only adoption or fostering but simple family breakdown. I make the point again that we have concentrated on trying to reunite families separated by adoption and now we have fostering. But there are a lot of people out there who have been separated from their family with no government intervention. There is no provision whatsoever for them. They have been left with their mother's sister or their mother's brother and they have no rights. It is only now that they are starting to do something about that by way of passing information over to the Red Cross or the Salvation Army through their family tracing unit. I know that it is off the point but there seems to be -

The Hon. Dr A. CHESTERFIELD-EVANS: If we were trying to unite families as a point of social policy in New South Wales this would be a good place to start, is that what you are saying?

Mr MILLER: I believe that we could do so much more for family reunification so easily and so simply and at the same time respecting a person's right to privacy. That is paramount and always has been in my book.

The Hon. H. S. TSANG: The Committee has received several submissions from mothers suffering as a result of contact vetoes. Can you suggest any improvements to the contact veto system that may assist birth parents who are suffering distress as a result of long-term contact vetoes.

Mr MILLER: I can. As far as I am aware, and I do not think it has been changed, legislation provides that once the veto has been lodged and the lodger of the veto has been advised that an application has been made, that is where it stays. My understanding is that the Act allows for the director-general to make an approach to the lodger of the veto after the expiration of six months from the lodgment of the veto. I am sure there are vetoes that have existed for eight years and that people may not be aware if they make an approach to the director-general that person can then make a further approach to the lodger of the veto to see whether they still want the veto to be in place.

The original legislation allowed for the veto system to expire I believe in 2000 and something, and that was changed in the review by the Law Reform Commission and vetoes are now indefinite. Vetoes are not as prevalent now. Shortly after the introduction of the Act there were many vetoes. If I remember correctly, 307 vetoes were lodged before the Act came into being. Of those 307 vetoes about 35 people on day one were the original applicants the subject of a veto. My concern is that very few of those 35 people were given an opportunity to write a letter, as is now the case. You get an opportunity to leave a letter with the Department of Community Services which writes to the lodger of the veto and says, "If you are interested, we have a letter here from the person who has applied, and if you want that letter you have only to apply for it."

I am certain that the majority of those 35 people did not get that opportunity. I have suggested that they be given that opportunity, at that has not been met. There needs to be some follow-up by the department. Again, to my knowledge, the department has not done any sort of follow-up from those original tours of New South Wales and metropolitan areas eight years. I did a radio interview in September last year and within half an hour of that interview a mother who had lodged a veto rang me and said, "That prompted me to withdraw the veto. How do I do it?" If there was more involvement by the Government, people were made aware of more information meetings - go to Bathurst, Wagga Wagga and Tamworth - and were given the opportunity,

I believe we could do more.

People were asked to sign the undertaking that they would not make contact. I do not know what advice they are getting. I have no idea. I know the advice I gave them, and I tried to make it as easy as possible. Sometimes people lodged a veto so that they can control the contact. We have since had the introduction of the advanced notice system, which certainly has been an advantage. I feel that a lot of the problems we have now are because of those early days of adoption information when everybody, myself included, was unsure of how things would work. I must be honest, I did not believe the contact veto system would work anywhere near as effective as I believe it has. Sure, there have been breaches, but the people I speak to respect the veto. I am dealing now with people the subject of vetoes.

The Hon. D. F. MOPPETT: Would you care to give the Committee a numerical estimate, based on your experience? The argument was always that in New South Wales, as distinct from other States, the veto was registered but information as to the person's name was available and it did not require much effort if the person was determined to find the relinquishing mother or whoever; they had at least a starting point with the person's name. That was almost certain to lead to contact if the person was determined. But you are suggesting that in most cases people respect the veto registration?

Mr MILLER: I have spoken to only one person who threatened to breach the veto. I immediately notified the department, and that was some time ago. The last time I had contact, that veto was not breached. The veto system can defeat itself. I had a case where twins were relinquished by the mother and adopted by the same adoptive parents. When they turned 18 one lodged the veto, one did not lodge the veto. The birth mother is entitled to make contact with one and not the other, yet they were only 19 years of age and lived in the same house. That caused some difficulty, but it was legal. The sooner we get uniform adoption legislation in Australia the better. I have a case where one guy was fortunate to find his mother because she was born in Victoria. In Victoria you get a full copy of the birth certificate, unlike in New South Wales when you get only an extract. If his mother had been born in Sydney he would never have found her. She was born in Melbourne, he got the birth certificate in Melbourne, which showed the parents' names, contacted the grandfather, who in turn put him in touch with his mother.

The Hon. D. F. MOPPETT: Basically the veto is something to act as a provision to deal with those who were affected by the amended birth certificate regime?

Mr MILLER: Yes.

The Hon. D. F. MOPPETT: Since the Adoption Information Act one would say that at some point in time even the concept of a veto would be outmoded.

Mr MILLER: I think the veto has very limited time left. I do not believe there will be a need for people to lodge a veto in the future.

The Hon. D. F. MOPPETT: That is right. It will have no realm. I suggest to you, and I am sure you are familiar with it, that the normal curve would suggest that in the first five years there would be fairly intense activity and as you get more remote from 1990 and 1991 the number of people interested who suddenly change their minds - those who said, "Look, it was all in the past, I don't want to have anything to do with it" - would be getting pretty thin?

Mr MILLER: That is right. To answer the question simply, any birth mother that has been the recipient of a veto would do one of two things: if they have not had the opportunity to leave a letter, they should approach the department and be given that opportunity and at the same time ask the director-general to make a further approach if they have not exercised that six-month period to make an approach. It may make things easier. At least it might give them some hope. The situation eight years ago may have been that the adopted person was too young or was not ready for contact. Many adoptees out of respect for their adoptive parents say, "I'm not going to do anything now, but if anything happens I'll do it." In many cases the adoptive parents are almost a generation older than the birth parents. They are the sorts of things that can happen. I believe we can do so much more.

CHAIR: But surely anyone in that situation would withdraw the veto?

Mr MILLER: I am sorry?

CHAIR: In those cases you are talking about the people chose, because of their concern for other people, to lodge a veto. If that were the case, they could withdraw the veto.

Mr MILLER: Yes, they can withdraw the veto, but people need to be reminded to do things. It is like anything. I have been reading an article in a paper and somebody has said, "I've been going to do this for four or five years. I saw that article, I heard that interview, now I'm going to do it." They need to be reminded and that is why I think the Government could run some small information programs not only in Sydney but elsewhere.

The Hon. H. S. TSANG: Can you suggest any other measures that may assist birth parents and others suffering distress as a result of past adoption practices?

Mr MILLER: I would love to be given the opportunity to work back in the area and I think many organisations would welcome that. The problem is not with politicians but with bureaucrats. I draw the Committee's attention to recommendations by the Law Reform Commission back in 1992 when it recommended a particular regulation be amended as it prevented the registry issuing full copies because it disclosed the address of maybe the informant on a death certificate. The Law Reform Commission

recommended that that be scrapped. I doubt whether any Minister has even been aware of that recommendation, but some bureaucrat felt that was not appropriate. I believe that if politicians that make the decisions were aware of the problems out there, we might get some changes. But, unfortunately, you cannot get past the bureaucrats. I noticed that more so from 1996 when I was on the other side.

The Hon. Dr A. CHESTERFIELD-EVANS: Can you give us a list of what you believe should be changed and we will see how we go?

Mr MILLER: I most certainly could.

The Hon. Dr A. CHESTERFIELD-EVANS: That would be a good start because there is a huge amount of regulations and legislation and we do not know where to start. It is all very well to start with fine sounding phrases and rhetoric, but that has to be turned into action.

CHAIR: We have been given many suggestions, and we would like yours also.

Mr MILLER: I was asked to do that during that inquiry, but it was thrown out the window. I am happy to give that to you people.

CHAIR: We have been asked to check one thing. If the father's name was included originally, would the father then have had to have signed the consent for adoption and would the father then have had any rights with revocation?

Mr MILLER: I am afraid I cannot answer that question.

CHAIR: We will check that with the legislation, previous regulations and so on. From talking to you on the last occasion the Committee would be willing to receive extra thoughts from you, and would be grateful to receive those copies about which you spoke. It will have to blank out names but perhaps we can discuss that and determine the best way to access the practice without having the names.

Mr MILLER: I am happy to do that.

(The witness withdrew)

29 July 1999

Jubilee Room, Parliament House, Sydney

At the request of the witness, this evidence was heard by Committee Members only.

SHIRLEY ANNE FORSHAW, Clerk, sworn and examined:

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

Mrs FORSHAW: As a birth mother.

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

Mrs FORSHAW: Yes.

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

Mrs FORSHAW: Yes?

CHAIR: You have prepared a submission?

Mrs FORSHAW: Yes.

CHAIR: Do you want that to be included as part of your sworn evidence?

Mrs FORSHAW: Yes.

CHAIR: Do you want to say anything first or shall I go through the questions?

Mrs FORSHAW: Let us just start and get it over with.

CHAIR: Could you explain to the Committee the circumstances surrounding the confirmation of the your pregnancy in 1969? For example, how old were you, how did you feel about the pregnancy and who did you discuss it with?

Mrs FORSHAW: I was 18 years old when I found out I was pregnant and I attended a doctor - I would not have a clue who - after realising my period was missing for quite a few months. When I found out I was shocked, horrified, frightened, confused, thinking, "What am I going to do?" My boyfriend said he would always help me with anything if that happened, which meant an abortion, but I was too late to have that anyway. We were both frightened of my parents, he not having parents. He was taken away from his family at a young age.

CHAIR: When you say "taken away", do you mean adopted?

Mrs FORSHAW: No. He was taken away from his mother and father and lived with his aunt and uncle. I think it was the child welfare that took them away because they were not being looked after properly. He never got on well with his family so he really did not have anybody and we had to sort it out between ourselves and my parents. We decided it might be a good idea to get married.

CHAIR: How old was he?

Mrs FORSHAW: He was about nine months younger than I was. He was only 17 and because of his age we were not allowed to marry so we spoke to my father and said that we wanted to live together and we would marry after the child was born. Dad suggested that we live together, which we did for a short while. I pretended that I was married but it was just too hard on a 17 year old to remain as a family.

CHAIR: You actually had your own house or flat and tried to support yourselves?

Mrs FORSHAW: Yes. My father came down to check things out to make sure it was all right and that sort of thing. My mother was very distant. I did not understand until years later why she was so distant. I went to the Royal Women's Hospital at Paddington with my auntie one day because I knew I had to have prenatal care and the doctor there suggested I see a social worker, which I did, but at this stage I was not adopting my child; I was keeping him or her.

CHAIR: How pregnant were you?

Mrs FORSHAW: I think I was about 10 or 11 weeks when I found out and by the time you get anything done - I was quite angry that he wanted me to have an abortion because by the time I had accepted I was pregnant I did not want an abortion and I was quite mad at him. There was a whole lot of mixed feelings that went through my head.

CHAIR: The doctor said you needed to see the social worker?

Mrs FORSHAW: I did see the social worker but at this time I was not going to adopt. I did not see the social worker then for a little while. I had some friends whom I confided with at work and they were very supportive and they just wanted to protect me and help me where they could. I did leave work eventually. I also confided in one of my neighbours over the road who was really good, and one of my girlfriend's mothers. We used to have all these in-depth chats about the pregnancy that I could not talk about with my mother. She said she was happy but I just had this underlying feeling that she was not and it was something that I just could not talk to her about.

CHAIR: You have partly answered our second question too about how you were seeing the social worker during the early stages of your pregnancy. You said that the doctor just assumed that you were going to have the baby adopted. Did the social worker make that assumption as well?

Mrs FORSHAW: The doctor did not really assume I was having it adopted. He just knew that I was not married at the time, that I was living with my boyfriend and I think he was more worried about how I was mentally, but he did not assume anything. I told him I was keeping the baby, I am sure, and I told the social worker I was keeping the baby. I was getting married later and that was all there was to it. There was no way I was going to have it adopted. My auntie whom I went to the hospital with had had a child adopted as well and she did not want me to see a social worker for that reason but I thought that it was okay.

CHAIR: So people such as your aunt were very supportive of you keeping the child?

Mrs FORSHAW: She knew that I could not but she would have liked me to have at the end of the day as far as over the long term. She would have liked me to have kept the child, yes.

CHAIR: Did the social worker give you advice about adoption and the other options?

Mrs FORSHAW: No, not that I can remember.

CHAIR: Was it just a formality?

Mrs FORSHAW: The first visit would just have been a formality of just getting a general history, background and seeing where I was coming from. It was like an introductory meeting. It was not until after my situation had changed.

CHAIR: Can you tell the Committee about the treatment and support that you received while you were at the unmarried mothers home at the Royal Hospital for Women. First, tell us about the change in your situation and how you came to be at that home?

Mrs FORSHAW: I thought I was trapped; I thought I was trapping the father. I felt guilty, as though I was living a lie. The relationship began to change. We had no money and it was really a big strain. I remember we were supposed to go out one night and he decided to go out with his mates instead and he did not get home at the specific time. I just went troppo and did a bit of thinking in those few hours. Of course, he came home drunk and I thought, "I am not going to live like this for the rest of my life. I am getting out now", so I told him I was leaving and I packed up and went back home.

I came from an alcoholic family where my father drank heavily. He thought the best time to argue was at one o'clock or two o'clock in the morning, waking all the family and neighbours with his yells and shouts. I used to take care of my younger sisters and brothers while this was going on and quieten them down. Then I would go in and have shots at my father and mother for carrying on like idiots. Eventually it would stop, but it went on constantly all the time. Whilst in prenatal, because all of us girls were in the same position we supported one another and were always there when somebody needed us. We had group meetings every week and we had our chores to do. We had outings and craft days. During this period we were examined by many doctors.

CHAIR: How many young women were there?

Mrs FORSHAW: There would have been about 12 to 20.

CHAIR: Coming and going?

Mrs FORSHAW: Coming and going all the time at different stages. We all slept in one room. No decorations or partitions - just a cupboard, bed and drawers. We had a little verandah, a radio, a television and record players. There was an outside room where we did a lot of stuff and we were allowed to use a kitchen that was nearby. We had everything that we needed in the kitchen to be taken care of and fed.

I thought that the treatment we received was acceptable. I did not find it hard or that bad that it made me bitter. A lot of the girls there were of different ages. I always remember waking up one night to a 14-year-old girl rolling herself off the bed all the time because she wanted to come into labour. Things like that would be very disturbing. When someone went into labour in the middle of the night we would all sit up chatting and offering support.

CHAIR: Were most of the other girls around your age?

Mrs FORSHAW: They started at about 14 and I think the oldest one was about 23, but most of them were around 18, 19, 20.

CHAIR: You talked about the friendship and the support. Did you discuss adoption or options with the other young women?

Mrs FORSHAW: They were horrified with me because at this stage I had already made up my mind that I was going to have my child adopted. They just thought that was not acceptable. I explained the reasons why and they had to accept it because that was my decision.

CHAIR: Were the majority of the other women planning to keep their babies?

Mrs FORSHAW: Everybody planned to keep them. Nobody wanted to give them away. At the end of the day, you never had too many choices.

CHAIR: Of the 12 to 20 young women you were with during that time, were all their babies adopted eventually?

Mrs FORSHAW: No, about two of them kept them. The one who was about 23 kept hers and I am sure there was another one along the way who kept hers as well.

CHAIR: You knew that because during that period they came back with their babies and then left with them?

Mrs FORSHAW: They left with their babies period. I think something must have happened right at the end that enabled them to keep their children. Maybe their boyfriend came back or their parents decided it was okay. Sometimes it can be used as emotional blackmail against a parent. You can hate your children but when you see the baby it is okay.

The Hon. D. F. MOPPETT: At that stage of your life a few years makes a tremendous difference to your independence, from being 17, 18, 19 or 20 and being 21, 22 or 23?

Mrs FORSHAW: Of course. The girls of today are so much more aware than we were. We were very naive and immature and very dependent type of people. It was just totally different.

CHAIR: You said that most of the young women wanted to keep their babies and were shocked at your decision. What was the attitude of the social workers and other staff there? Did they discuss options with you? Did you feel they were pushing you in one direction?

Mrs FORSHAW: They did bring options into it but I had already thought of the options. Even though I was an immature person, my mind at that time in making a decision was very mature. I knew about fostering, home placements, adoption and keeping the child. The option to me was adoption because it was more stable and I wanted my child to have a stable environment, not have a foster person for 12 months, another person for 12 months and so forth. I thought it would have been better for the child to live in the same family environment knowing that was where he belonged instead of wondering where he belonged all his life.

CHAIR: Did you feel that the staff accepted that decision and thought it was right or were they neutral about your decision?

Mrs FORSHAW: They accepted the decision but they always used to ask me why I made it. They sort of reinforced everything that I was saying all the time.

CHAIR: Did you feel that they supported your decision?

Mrs FORSHAW: Of course they did.

CHAIR: I ask these questions because we have received different evidence about medical and nursing staff and social workers. Some women have given evidence that they felt under tremendous pressure from staff to make the decision to adopt.

Mrs FORSHAW: I am sure had I been in the same frame of mind as the other girls that I would have felt pressure because the general topic of the meetings was: How are you going to support your child when you leave here? Who is going to help you? How are you going to manage for money?

The Hon. H. S. TSANG: Did the fact that you made the decision early to adopt the child help you to get on with your life? There was evidence from some mothers that they could not make up their mind and then for a long time after wondered whether they had made the right decision. Do you feel that acting rational and making up your mind early helped you to get on with your life?

Mrs FORSHAW: I believe that I was able to condition my mind. I talked my mind into it that this is what was going to happen. A lot of people did not have that time because they did not have the rationale that I had, I suppose. It did not hurt any less. But I think because I had really thought about it and because of the background that I came from there was no way that I was going to bring up a child in that type of environment. I was not able to live on my own, and I felt that he deserved better than that. I did not want to have to make the decision but I had to make one.

CHAIR: Did you have any contact with the child's father after you had left, as you described it?

Mrs FORSHAW: After I left him he used to write me letters begging me to go back to him and I would just say, "No, no, no."

CHAIR: Did he visit you?

Mrs FORSHAW: No. I told him I did not want to see him again, I did not want to hear from him, I did not want to know about him, and that is how I thought it would be. The day I was admitted to hospital with high blood pressure he happened to turn up with my aunt and he was very upset. I found out later that he had tried to kill himself because he realised he had nothing - he had no girlfriend, he had no baby, he had no-one - he was all alone. I saw him and told him what I was going to do and he was absolutely horrified. He wanted me to let him raise the child. A single father in those days was like, you know, you have to be joking.

He put a tremendous amount of pressure on me over a period of about four days. I just turned around one day and said, "You have got no job, which means you have got no money, and you have got no home. No way." He said, "But I will change, I will change." I said, "You have had time to change." He had had three months to change and he had not. So my decision stuck. I feel for him though because he was not allowed to have a say. It was not fair that he was not allowed to have a say, but that is the way it was at that time.

CHAIR: It sounds as if you were more mature than he was. You had thought through the situation and he had not thought about it quite so much.

Mrs FORSHAW: Yes.

CHAIR: Can you explain the treatment you received during the birth of your child and whether you considered that treatment to be unethical or unlawful?

Mrs FORSHAW: I did not find anything wrong with the treatment during the birth. My water broke when I was walking around and I was ushered to bed. The nurse was totally disgusted with me for being out of bed. I remember in the early hours of the morning I was wheeled to the labour room, where there were huge lights suspended from the ceiling. My legs were put into stirrups and a lot of pain began. Anything that we had been taught in our pre-mat lessons about breathing and giving birth was lost in space somewhere. I know I was absolutely petrified. I was terrified being in this great big sterile room on my own.

It got the better of me so much that as soon as the nurse walked out the door I would buzz her back. I would buzz her back sooner and sooner until she did not even make it to the door before I buzzed. She ended up telling me that she was going to make arrangements for a doctor. She tried to keep me calm. I knew I was being a nuisance but I could not help it. The doctor came in later and she said, "Roll over". In went the needle and there was no more pain. I ended up having an epidural. After that I was fine; I just went to sleep. I woke up with a pop, and the doctor peered down at me and said, "Look's like we're having a baby today." I thought how sensible a statement. I just said yes. He told me what he was doing, that he was doing a forceps delivery and stitches. When the baby was born I asked what sex it was. I asked if I could see him and they said no. They confirmed that he was for adoption and I said yes. I suppose when it was over I just got cleaned up and went back to the ward and cried.

CHAIR: When you say you asked if you could see him and they said no did you urge them to let you see him?

Mrs FORSHAW: No, I did not urge them because they turned around and said, "I think it's best if you don't see him. It will be harder on you." I agreed with that.

CHAIR: Had that been discussed in the home? Had it been understood that people believed it was better not to see the baby?

Mrs FORSHAW: It was discussed. It was explained that it probably would be better if we did not see the baby because if we saw the baby we want to hold the baby, and when we hold the baby it is much harder to give away. And it makes their job harder at the end of the day.

CHAIR: Do you think people accepted that view?

Mrs FORSHAW: No, not all the time. I think some people got very upset about it. I know a person who had been married and had an affair and had a child. She was told that she could not have a child; it was being adopted because she had no job and no home and her children were in a children's home. She was told that she could not see her baby. This was a grown woman. I know some people got treated roughly but I did think that it was harder to give a child away after you saw it.

CHAIR: Did you feel that your treatment during the birth was any different from that for other women, in particular married women or women who intended to keep their babies?

Mrs FORSHAW: I do not believe so. It was my first experience so I just took it as what it was. I remember when I had my second child I was exhausted and I told the doctor that I wanted an epidural. Even though epidural at that time, when I had my first child, was new and was heard to be dangerous I still got it done a second time.

CHAIR: Did you believe that you were being treated differently or in an inferior way in relation to everything else about the birth?

Mrs FORSHAW: No. There are always people who are very judgmental. There were sisters, nurses and a multitude of people who did not like you because you were unmarried and pregnant, let alone anything else. I found that it was very ego bashing but I tried not to let it worry me.

CHAIR: I suppose we know the answer to this question but you might want to say more because you have prepared some notes. How did you arrive at the decision to adopt your baby?

Mrs FORSHAW: One was the home life that I had. I knew I could not live on my own. I knew that I would need the support of my mother and father. I would have been living there. There were six children in a three-bedroom house; this would have been seven in a three-bedroom house, so it would have been very cramped. I was embarrassed with the situation I was in. I was just as embarrassed about the neighbours as what my mother was. I just could not do it. I could not bring up a child in that type of atmosphere. If I felt bad my feelings would go onto him. So the choice was made. There was nothing I knew of that the Government gave a single person with a child.

CHAIR: Did you hear about the possibility of receiving an allowance?

Mrs FORSHAW: This was 1969, and I do not think the sole pension came in until 1972.

CHAIR: That is right, but there was in fact an allowance, which was difficult to get.

Mrs FORSHAW: Even if it was an allowance it still would have been a tough existence because you still had to pay rent and buy food. You could not do that on your own; you still had to get a job. I thought that it would be too hard financially. I thought there was enough to worry about without financial difficulties as well as emotional difficulties and society's behaviour. I thought I had made the best decision. I remember even that divorcees had it pretty tough with their children. The benefits for them were not very good either.

The Hon. D. F. MOPPETT: I do not wish to distress you, Mrs Forshaw. You have told us about how you reached that decision leading up to the birth, but there is a critical period for most mothers after the birth of the child when they must face up to these papers and sign a consent form. Can you tell us about that process? Were you fully appraised of the confirmation period that exists?

Mrs FORSHAW: I signed the adoption papers before I left the hospital. I did know that there was a four-week relief period. I do not know who told me; I just know that there was. My aunt may have told me but I would not really know. It was probably the most difficult part of the whole lot. Here I am conditioning my mind, saying that this is what is going to happen and I will be able to do it, but I did not want to do it. I just burst out in floods of tears. I remember there was at least one social worker - there could possibly have been two. They explained to me what was happening as far as the child was going to be adopted and it is for the best. They told me to sign on the line and when I have done that I can forget about it and get on with my life and not think about it again. It was pretty hard to do that.

The Hon. D. F. MOPPETT: At any stage during the period up to the point of signing the papers and then the 28 days afterwards did you ever feel that you would reverse your earlier decision?

Mrs FORSHAW: Yes I did. About two weeks later I could not stop thinking about the baby. My mother kept telling me not to be so silly and to get on with my life. I had been through this great trauma and it was not supposed to have happened; I just had to pretend it is not there. On one particular day I was so upset that I walked up the road, rang the hospital and asked if my baby was there. I thought if he was there I would go down and get him immediately. I do not know whether they told me the truth, whether he was there or not. I am not that pedantic that I will look back at my notes and nit-pick all these bits and pieces. I just believed what they said.

If he had not been there he would have already been prepared to go to another family. This family perhaps would be getting a new baby and they would have been happy. I thought that I could not go down there because these people were looking forward to getting this child and I would upset their world and make them unhappy. I wondered whether it was worth making two lots of people unhappy after I had made this decision for so many months that I could not just renege on it that easily. I do not know how I got home that day. I know I cried all day. My mother offered no sympathy at all. I just had to cope with it the best I could. When I did ring up they asked me if I wanted to see a social worker. I told them that I would think about it. I am not sure whether I did or not. I may have but it would have been only the once because I thought that talking about it was not forgetting about it.

The Hon. D. F. MOPPETT: Can you explain what impact that irrevocable decision had on you in the months and years afterwards?

Mrs FORSHAW: I changed. I was fairly outgoing before - a happy person. I withdrew. I did not know who I was because it seemed as though the old person was not worth knowing because she had to forget what happened beforehand. I started taking bits of people who I liked that I wanted to be and sort of made up somebody. I could not do enough for my mother. It did not matter what she wanted, when she wanted it and how she wanted it - she got it.

With my sisters I became very protective. When they became of a proper age that I decided was right I told them that I did not want to happen to them what happened to me. I told them if ever they had a problem to come to me, because you could not talk about it with my mother. She was never the same. Dad always blamed her 100 per cent because she never told me anything.

In those days sex education came in a packet of Modess, and that was about it, besides going to school and seeing a film once before you left. I did marry and had a couple of children.

With my children, I used to get them to sit down and watch all these soapy movies of people who had lost their child, maybe it was through death or fostering, and I would say, "That poor woman! How must she have felt?" I was always very emotional in romantic movies anyway, but if I cried it was okay. I did the same with their drug education. I would say, "This has happened because she went on to drugs." I was always honest with them. If they asked anything about sex I would always tell them something because I did not want the same thing to happen to them, but I did not let them know about what had happened to me. I still had friends from way back then that I could still talk to.

Some said, "Maybe you should think about finding him." I said, "No, I do not want to upset his life. I am too scared." I grew very untrustworthy; I could not trust anybody. At some stage I grew very indecisive. What I lost in some areas I gained in others, I suppose. You just cannot forget. It is something that you just cannot forget totally. I remember when I had my son I did not want him to be a boy, it is as simple as that. I did not want a son. I wanted another daughter. But he was a son, and it brought back everything to the son that I had given away. Years later I found out that they both weighed the same, they were both the same length and they both looked pretty identical; pretty similar.

The CHAIR: You said you did not want to try to find him, but you eventually had a reunion?

Mrs FORSHAW: Yes.

The CHAIR: Can you tell the Committee about the reunion and the involvement of the birth father?

Mrs FORSHAW: The birth father had married a birth mother and had a child. Because they had this common link they were always going to find their children. After 25 years he decided that the time was right. He knew that it was easier for me to access the information that he required, so he wrote me a letter and, over a period of about a month, telling him about the can of worms that he was opening, not realising the amount of uncertainty and hurt that was going to be involved, I decided to go along with it. I wish I could have said no, but the pain that he was carrying was just so deep that I had to be there for him because I was not there for him all those years ago. So we began a search.

It was very easy to find him. A lot of emotions were swirling around the place because the feelings I had for him were there as though it were only yesterday; it was like before we broke up. I had a whole lot of different things to combat. We found our son and he had had the sort of life that we had wanted him to have. Unfortunately, the reunion with the birth father did not go as well as expected because he was so anxious. He just wanted to go like a bull at a gate. As soon as he got something he wanted to take the next step and the next step. "I will be with you; it is okay." He just thought, "It is finally going to be over. It is going to be one happy little family. We are going to be able to spend time together." It was like he wanted to reclaim his son.

It did not matter how many times I told him that he now has a mother and a father, that he is not going to be considered a father. He found that pretty hard to take. I told him that all I could ever be was a friend, because I could not take away from him what he has already had that I had not been able to give him. I could not expect him to call me "mother". I just would not feel right. My reunion with him went pretty well because I involved his mother and my two children came with me, as he requested. We do not keep in contact very often now, but there has been so much going on in all our lives, as well as his, that I have needed the space and I felt that he did too. I send him birthday cards and Christmas cards and one of these days I will probably go up and see him again.

CHAIR: Was it in 1994 that the reunion took place?

Mrs FORSHAW: Yes.

CHAIR: He was 25 then?

Mrs FORSHAW: Yes.

CHAIR: You wrote in your submission that you made your decision to surrender your child knowing he would have a better chance in life than you could provide. Do you feel now that you made the right decision to have him adopted?

Mrs FORSHAW: I have to say yes because given the times then it was the only decision that I felt was right for him and for me.

CHAIR: Do you think, 30 years later, that has been proved to be the case?

Mrs FORSHAW: I could not have given him half the things that he received. He had two parents who loved him. He had a sister whom he lost. When his parents split he then had only two people looking after him. If one needed to go out the other one would look after him and so forth. He never had strangers look after him or friends and things like that. I believe that I made the right decision. I have to believe that. It is not a decision anybody wants to make, but sometimes you have to do things that you have to do. Sometimes you just have to follow your mind.

The Hon. H. S. TSANG: Perhaps your birth son shares the same feeling that it was a good decision because the adoptive

parents looked after him better?

Mrs FORSHAW: Yes.

The Hon. H. S. TSANG: Does your birth son feel similarly?

Mrs FORSHAW: He was thankful that he was not aborted. He said he was happy that we had given him life. The situation was always explained to him, that there was not any support and that some woman gave him up so that they could have a child. He said that he understood the way it was at that time and that he did not have any bad feelings about us because of what had happened. But I know that there were a lot of people that probably did not have quite so much of a good life when they were adopted, but it happens in families, too, not just adopted families. There is good and bad in everything.

CHAIR: What measures do you consider might assist mothers who are experiencing distress as a result of past adoption practices?

Mrs FORSHAW: I think some of them find it hard when it comes to a search when they were adopted interstate. It seems to take a long time to find anything out.

CHAIR: So that the search processes and help and so on need to be improved?

Mrs FORSHAW: Yes. There should be links between State and Federal governments so that searches within Births, Deaths and Marriages are a lot easier. I believe that is now being rectified. The only other thing I could suggest is for support from the Government for places like Past Adoption Resource Centre [PARC], Triangle and Jigsaw to be funded so that they can support the people who need the support now. There was not a lot of support back then, but if they need it now it should be easily accessed. I do not believe that we should get it all free. I do not think anything is free these days.

But I think that they have to accept what happened in the past, that they cannot change it, but it is not the same now. We were born at an earlier time when we could not keep our babies, and it was more judgmental and harder. They should try to look at it in a positive way instead of a negative way. And that is hard to do, because some people do not have a strong mind and that is where you get all your problems. Society has changed a lot since then. There was a big change, a revolution around our time, and there were a lot of demonstrations and a lot of people decided, "I want to be heard about this, this and this."

They would get up on their soapbox and eventually they were heard. It is only because of the past that the future can improve. Compensation: I do not think there should be any type of compensation. I do not believe that an apology that has been asked for is worth anything. I think you have to look inside yourself and I think you have to look to find the things that would make you happy instead of the things that make you unhappy.

(The witness withdrew)

BESSIE KNOX, Adoption Triangle, sworn and examined:

CHAIR: You have received a summons issued under my name?

Ms KNOX: Yes, I have.

CHAIR: You are conversant with the terms of reference of the inquiry?

Ms KNOX: Yes, I am.

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

Ms KNOX: Yes, I do.

CHAIR: Do you want to elaborate on your submission in any way, or shall we go straight into the questions that have been prepared? You can make a statement if you want to.

Ms KNOX: No, not at this stage. I would just read from my notes.

CHAIR: Could you describe the role and history of Adoption Triangle of New South Wales? In particular, could you comment on the number of members you have in New South Wales and the nature of the support provided?

Ms KNOX: Yes. Adoption Triangle New South Wales Incorporated was set up 1979 as a self-help and support group for adoptive persons, relinquishing parents and adoptive parents. The aims were to include the promotion of mutual understanding between all parties involved in the adoption process. Triangle's biggest task has always been providing support and guidance for people seeking to make contact with someone separated from them by adoption.

The organisation is not a tracing agency but is firmly committed to the principle of allowing its clients to do their own

searching in their own time as they feel ready to do so. Triangle also provides an intermediary service for those who do not feel they can make the first contact. Generally speaking, the organisation runs monthly meetings in major centres such as north Parramatta in Sydney, Newcastle which is our headquarters, Wagga Wagga, Tamworth, Lismore, Wollongong, Albury-Wodonga and Queanbeyan. Adoption Triangle is also represented on the New South Wales Committee on Adoption and Permanent Care.

Since the legislation changed in 1991, the organisation's focus has changed to be more counselling orientated as people seek to unravel the complexities involved in adoption. This can be both pre and post contact and may range from assisting to prepare for a first meeting or to help pick up the pieces if a contact does not work as anticipated. We now have an expanded role as telephone counsellors. Adoption Triangle finds that it is often, for some, the very first opportunity to talk about their adoption situation.

Since 1991, Triangle has seen a decline of financial members as those seeking our help, once having had their needs met, go on their way, never to be heard of again. Appreciative they are, but financial they are not. Financial membership has gone from the hundreds to less than one hundred. Membership is not a prerequisite to telephone counselling or attending a support meeting. The only exception is where mediation is requested. Most of those whom we telephone counsel we never meet. Many contact us by a referral from the department, the Post Adoption Resource Centre [PARC] and other adoption agencies, or sometimes through an information pamphlet.

CHAIR: Has your group collected any statistical data on the number of persons experiencing a negative impact from past adoption practices? In particular, could you comment on birth mothers and adoptees?

Ms KNOX: Official statistics have not been kept but every coordinator has heard stories, most of them from birth mothers, about the grief and anger they have carried with them for 30 or 40 years or more, including the anger at the uncaring treatment from those who should have known better and the unresolved grief that many were forced to bear alone because of the social attitudes of the day. For many adoptees, this is an added and unexpected burden to deal with when trying to build a relationship with a mother they have found. Many birth mothers were not allowed to see their babies. In some cases they did not know the sex of the child. Some were discouraged from naming their child. This caused pain and disappointment to adoptees when seeing their original birth certificate with no Christian name on the form. It sometimes takes quite a lot of convincing by the counsellor that this was not a reflection of the birth mother's feelings for her baby but quite often the result of some very bad advice: "Don't name the baby and it won't be real."

All our groups have listened to distressed birth mothers tell of incidents of having a pillow over their face during the birth and of the pills to quieten them and in some cases confuse and disorientate them. There were stories of not being told of their legal rights, intimidation and, in some cases, of being told that their baby had died when in fact it had not. I would like to quote from a birth mother about her experience. This is exactly as she wrote it:

Adoption was a cruel event and I personally wished it had never happened. You never get the child back and you suffer for the rest of your life. The pain never goes away and you are always wondering and wishing, "If only I could have kept my baby, things would be different now." It is such a stupid saying, "Go home. Forget you had this baby and get on with your life." You can't forget. It's there in your mind and it only takes a little thing like the birth of a child or a grandchild to bring it all back like a great big tidal wave coming in to scoop you up and it's all back again - the pregnancy, the labour, birth and the wondering where the baby went to."

It has been our experience, gained over many years, that this is truly representative of the emotional impact of giving up a baby for adoption. Whilst it is a matter of degree, it would be, from our experience, quite rare for a mother to then "get on with" her life.

Another case is the lady who phoned me and talked for the first time in 41 years of the daughter she gave up for adoption. During the one and a half hours we talked, she cried for much of that time. Her concern was that if she ever did find her daughter she, the birth mother, would not be worthy or educated enough for her daughter. She spoke of the kind solicitor who allowed her to do housework in his home before the birth and who arranged the adoption and told her not to worry about anything as her baby would go to a good family on the North Shore and she would be able then to get on with her life. He even visited her in hospital the day of the birth, had her sign some papers and gave her a box of Winning Post chocolates.

If you can, try to imagine the courage it took this lady to pick up the phone and speak to a stranger of the 41 years of grief she had been carrying. Her last words as she was hanging up were that she felt so much better for having spoken to me. I, however, was feeling rather depressed. We have spoken subsequently on this and she has had limited contact with her daughter but is mostly feeling better about herself since having lightened and shared her burden.

The Hon. D. F. MOPPETT: Part of the previous question was whether you had any statistical data. I think you described it in a more anecdotal way.

Ms KNOX: We have not any official statistics, no. I can just describe it broadly. Sometimes the phone will ring four or five times or more a day and then we might go several days without a phone call. Each of these calls will take at least half an hour and sometimes longer. This goes on in all our groups all over the State. We keep notes where we can but quite often people do not even want to give their names. They just want to talk or get some advice or some help. Quite often we don't get past the Christian name part. I like to give them choices. If they want to give their name, that's fine, or leave a telephone number. Sometimes they do want me to get back to them. I like to give them their choices about what they want to do.

The Hon. H. S. TSANG: You made a statement that some mothers told you that the baby was born dead.

Ms KNOX: Yes.

The Hon. H. S. TSANG: Do we have any submissions about the same matter?

CHAIR: I do not think we do. We had one instance where a baby died some weeks later.

The Hon. H. S. TSANG: It would be interesting if that was a complete lie.

Ms KNOX: One lady phoned me who was both distressed and delighted. She had received a call the day before from her son who was 38 years old - the son that she had been told had died. She never knew that he was still alive and, I guess, adopted. I guess that really did not happen - not legally, anyway. We talked about that - about how she was going to deal with that. She was torn between wanting to rush out and meet him and could not begin to think about him as a person because for 38 years she thought he was dead. She had been rethinking how they were going to have a reunion. He at least was sensitive enough, although I think it was such a shock for him, too. He had wondered why she had never come looking for him. That is at least one incident that I know of.

The Hon. H. S. TSANG: That would be a practice that I think would be completely illegal.

The Hon. D. F. MOPPETT: You mentioned in passing some of the practices which have caused the most concern, but I wonder if you can just focus on them now rather than just in the course of other comments. Can you tell us of practices that have come to your notice that have caused the greatest concern in the whole of this process?

Ms KNOX: In relation to the birth mothers that I have spoken to and those who have been in our group, I think it has been that they were not told of their choices and their legal rights, and just intimidation generally in not even seeing their babies. This has caused such enormous pain over the years, and whilst the reunion helps it does not really take that pain away. It has also been this having to "get on with your life". I think the lack of support that they got from family, social workers and legal people has been the biggest problem; it just seemed that they did not really exist. And they were treated very much like second-class people. I just think it was the general pain of the lack of support and help that was there for them.

The Hon. D. F. MOPPETT: With regard to past adoption practices, are you able to refer to any specific instances which you would describe as unethical or in fact illegal?

Ms KNOX: Once again I can only go on the stories that I have been told; I have not any actual proof of it. Names were changed. "Smith" was a popular name that they were advised to use, and that way nobody would come looking for them. That often made it very difficult for adoptees in searching because when they looked for the name that they thought they were looking for, they found that there was no baby born on that day. Sometimes even the sex of the child was incorrect. We had one such situation in our organisation. There was no girl born to that lady on that day, however, there was a boy born to that lady on that day. So a boy was shown on the birth certificate when in fact it was not a boy, it was a girl.

I think that people who were giving this advice in those days possibly thought they had the best intentions in the world to help everybody, to help this young woman go away and forget that it ever happened and they said, "Nobody will ever come looking for you." Of course, in hindsight it was terribly wrong. This practice of not naming the child has caused a lot of pain, as I said, on both sides, and adoptees feel that they were not worthy of a name. That takes a bit of explaining to them, to not judge until you hear the story.

The word "real" comes up a lot in adoption, and it is a word that I dislike intensely. For example, it was said, "You are not their real child", or, "That is not your real mother", or "She is not your real mother and they are not your real parents", and so on. So adoptees grow up with this feeling that they are not real, and that is why most of them start this search. They need to find out that they are a real person because all their lives they had the label "adoptee", and they never lose that label.

The Hon. D. F. MOPPETT: I wonder whether you would be able to assist the Secretariat in citing specific instances. If the Committee is to go beyond reporting this as anecdotal to actually making a finding that there were illegal practices such as the wrong names being recorded, falsification of documents, or whatever, we must have a little more direct evidence of it.

Ms KNOX: I am not sure that I can actually furnish that. I know that these things did happen, but-

The Hon. D. F. MOPPETT: I am not saying that it diminishes what you are saying. I do not need an answer now.

CHAIR: You may want to think about that. If there are cases such as that, the Committee can ensure that names are not used and things of that nature.

The Hon. D. F. MOPPETT: You have referred to your own personal opinions about this practice of saying, "Forget about it and get on with your life." from your experience with relinquishing mothers, would you care to expand on what impact that has had on their lives subsequently?

Ms KNOX: For some, perhaps in the early days they did, to a certain extent, because that is what they were told to do. But sooner or later it came back that it was impossible. They thought about them every birthday, and so on. But the awful part was that usually there was no-one that they could talk to about it. Families in particular - who I feel have a great deal to answer for - do not

talk about it, so therefore it never happened. It is back to, "What would the neighbours say?", type of thing. If you did not talk about it, it did not exist and it never happened. Not being able to talk to anyone about it just added to the pain. It had to have been the worst advice in the world to give anybody: "You have had a baby, but get on with your life, it never happened, and everything is going to be fine", when in fact it was not.

The Hon. H. S. TSANG: What do your members, including birth mothers and adoptees, tell you about reunion?

Ms KNOX: One constant in reunions is that no two reunions are the same. Some are happy, some are sad, but most settle to the point of being comfortable. For most birth parents it is both a joy and a relief that their child is being loved and cared for. For most adoptees the reunion is a culmination of having an identity, to find someone that they are related to and belong to. This has nothing to do with whether the adoption has been good, bad or indifferent, but it is a need to find themselves, to have a background, to finally be real. It comes as a surprise to those who have been searching and finally make contact that reunion, far from being the ending, is really the beginning.

As counsellors we find the greatest difficulty in helping adoptees with reunions are those who have found out accidentally of their adoption, either by contact or by someone telling them, or, worse still, after the death of a parent. The anger and grief that this type of discovery brings is rather difficult to deal with. Some adoptees are in their sixties or seventies, which makes the task of reunion, or indeed even finding information, nigh on impossible. Whilst counselling helps, it cannot make up for the years of lies and secrecy. This must never be allowed to happen again.

The Hon. H. S. TSANG: What measures might assist persons experiencing distress due to past adoption practices? In particular, would you comment on reunions and counselling?

Ms KNOX: I guess that is where support groups come in a great deal. It is in this area that the support and counselling groups are able to help most. It is in this forum that people are able to talk openly about themselves and know that there is a true understanding of their feelings, not judgment, and, above all, that they feel safe. It seems that the need for support groups will go on for a long time.

I really do feel that this is an area where people can talk about their feelings. Adoption is all about feelings and emotion. Trying to explain your feelings to someone who is not involved in it, whatever side of the triangle they are on, it is impossible for them to understand how you are feeling without you starting to sound like you are obsessive or going a little out of your mind. That is how they feel. It is a relief when they can sit in a group where people nod their heads and say, "Yes, I know how you feel." They know that you know how they feel, and that is huge.

This is where telephone counselling comes in. When someone starts talking and telling you the story, and you say, "Yes, I know how you feel", and they say, "Oh, it is so good to talk to somebody who knows how I feel, instead of someone saying, 'Yes, I know how you feel, because the book says this is how you are supposed to feel'.", in fact all they are wanting to do is to say, "No, you don't know how I feel because you have not walked in my shoes." As far as I and my organisation are concerned, support groups are the way to go.

The Hon. D. F. MOPPETT: For practical reasons many of the Committee's submissions have come from people whose experiences have been in Sydney. To a limited extent the committee has heard from people who have had experiences in Newcastle and surrounding areas. You have made mention of some regional centres. The Committee would be delighted to hear further about the experiences in country centres.

Ms KNOX: They run similar types of things. I guess in country areas support groups are even more important. In country towns, it is very difficult to talk to somebody without everybody knowing everybody else's business. That is why in country towns support groups are able to help quite a lot and people can feel even safer there. Support groups have been going on for quite a long time in country areas. I cannot talk a great deal about what the experiences have been, because their numbers seem to keep rolling in. Every time there have been changes or publicity about adoption, it seems to swell their numbers. But they do fill a very important role in country areas, because it is very difficult in a small country town to be able to talk to anyone. When they have their own groups they feel a whole lot safer.

The Hon. D. F. MOPPETT: I recall that when the Law Reform Commission conducted its review of the Adoption Information Act and held inquiries in various rural settings, including Dubbo, the commission found it difficult to get people who were involved to come along and speak to the inquiry. They felt that in country areas everybody knows everybody, and even though they were go to Dubbo for that inquiry they were very reluctant to do so.

Ms KNOX: Yes. This is why they have coffee mornings or evenings in their homes. Yes, getting them to come to an open forum, particularly then, when that was all happening, was very difficult. I am representative on the New South Wales committee, as I said, and we run community education seminars both in Sydney and country areas. Whenever we advertise in country areas we are overwhelmed by the number of people who come to those seminars. There is a hunger, if you like, out there for information, understanding and a chance to talk to others who are involved in adoption. So it is freeing up as far as people's attitudes are concerned.

We had a very large seminar in Queanbeyan and we were quite overwhelmed by the number of people who came, from both Canberra and surrounding areas. I think that is getting better as people's attitudes change. Certainly in the lead-up to the changes in the legislation it was difficult to get people to come and talk.

The Hon. D. F. MOPPETT: One of the things that we are all conscious of is that there was a particularly relevant period and that gradually time is moving on and people's attitudes, anxieties and fears, inhibitions, and so on, are being modified by the passage of time. I am sure that you would be observing that, in the change in the nature and rate of inquiries that you are having.

Ms KNOX: Yes. I think that the shame, if you like, that everybody was feeling - including adoptees, because they were made to feel that by the attitudes of the day - is lifting. People are realising that they can talk openly about these things and that they will not be judged as harshly as they used to be. And some of the terrible things that they thought might happen with the legislation changes did not really happen that badly or happen like that. So I think people's fears generally have abated and they are feeling a lot more comfortable these days.

CHAIR: Most of the evidence the Committee has heard suggests that girls from the country come to Sydney to give birth - for all those reasons that you have just been talking about, that is, the feelings of shame, and so on. Are you aware of any cases in which there a birth and an adoption occurred in the same geographical region - not necessarily somewhere as large as Dubbo, but perhaps smaller centres?

Ms KNOX: Yes, this did happen quite often with the aid of the church. We found some cases in which the grandmother, I guess - the mother of the girl who was going to give birth - in horror would immediately go, usually to the parish priest, and he in turn would then invariably know someone who needed a child. She was still sent to the city to have the baby. But it did happen in some of the country towns.

CHAIR: But the baby would then go back to the same town?

Ms KNOX: Yes, to the country area. This did happen quite a bit, and it happened in the city areas quite a bit. Usually with the church involvement they would immediately go for help and ask, "What am I going to do?" It was a case of, "Leave it to me. I know somebody who wants a baby." So it would be organised, if you like. But this did happen. Obviously, this made it very difficult.

CHAIR: Because quite a few people would know but the girl involved would not know?

Ms KNOX: Yes. As I said, there are a lot of grandparents out there who have a great deal to answer for as far as I am concerned in relation to their eagerness to push it all under the carpet and this sort of thing. They often instigated where there were no choices for the girl involved. It was a case of, "Yes, you can come back home but the baby will not. So just come home and we will forget all about it."

CHAIR: Do you think that an apology made by the relevant government agencies and private adoption agencies would assist people who have been affected by past adoption practices?

Ms KNOX: We believe that for some an apology would at least be an acknowledgment that what happened to them was wrong. In some ways this would help. But for most it could never take away the pain and the memories, no matter how many sorries are said. It certainly would help but it would not fix the whole thing. I think, frankly, it is the least that could be done.

(The witness withdrew)

At the request of the witness, the name of the witness has been withheld. This witness will be known as WITNESS G.

WITNESS G, sworn and examined:

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

WITNESS G: Yes, I did.

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

WITNESS G: Yes.

CHAIR: I believe you do not have a written submission. We have sent questions to you. Do you want to say something first or shall we just go to the questions?

WITNESS G: No, that will be fine.

CHAIR: Can you tell the Committee about the circumstances surrounding the confirmation of your pregnancy? For instance, how old were you, how did you feel about it and who did you discuss the situation with?

WITNESS G: I was 20 years old. I was scared about finding out I was pregnant. I did not know what to do or where to go. I discussed the situation with a few friends. All their comments were to keep the child and live as best I could with my parents help and the government's help and things like that.

CHAIR: What year are we talking about?

WITNESS G: It was 1992. I was glad I was pregnant but I was not ready to be a mother so I had to look at the options I had. When I found out, I was 5 ½ months pregnant so I lost my choices about being able to terminate. I really only had to keep the baby or to find an alternative for my child. I am sorry -

CHAIR: Do you want to say anything more about that?

WITNESS G: No.

CHAIR: The second question goes straight on from that. At what point did you come to the decision to have your baby adopted and what factors contributed to the decision? You have said a little about that already.

WITNESS G: Not being able to have a termination, I was left with limited choices. I had only heard about adoption and had not learnt anything about adoption. I suppose that it was about two weeks after I found out that I was pregnant that I chose adoption, still not knowing what that meant until I went to speak to someone at the agency to ask, "What is adoption and what are my options?" To me, it was still a fully closed adoption where the baby was taken away and you never saw it and that was it and you got on with the rest of your life. That is not what I was told. I was told about a fully open adoption, being able to have contact in letters. So it made my decision a lot easier about what I did. I could not keep him financially so gave him up for adoption.

CHAIR: At what point did you go to the adoption agency? How pregnant were you?

WITNESS G: I was about six months pregnant. I was very ready right then and there to sign the papers and say, "Okay, once this baby is born you can have him - not a hassle." I was told, "Slow down. You have to wait a few days until after he is born." They gave me information about what happens and how it all goes. There was counselling to help me get through it. I am lost for words.

CHAIR: So you found the information and counselling sufficient for what you needed?

WITNESS G: At the time it was, yes. Looking back now it was probably not. It was very basic, "This is what is going to happen and you will go through these grieving periods and we will be there to help you certain parts of the way. You will just get on with your life and your child will get on with its family and its life. You will have contact and it will just go through the agency and that is how it will go."

CHAIR: Do you believe that the treatment you received before, during or after the birth of your child was unethical or illegal?

WITNESS G: No, not at all. Everyone told me exactly what was going to happen. I had the chance to stay in hospital with my child once he was born. You can do basically what you would do if you were not putting your child up for adoption. So there was nothing unethical or illegal about anything.

The Hon. D. F. MOPPETT: Can you tell us about your recollections of the signing of the papers, the consent form? For instance, who was present at the signing? Did you receive counselling at that time? Precisely what time after the birth of the child did you address those consent forms?

WITNESS G: I signed six days after he was born. He was still in the hospital. I was with my counsellor at the time, who signed the consent forms. She read through them with me and I read them myself. I understood all the consequences of what I was doing. I could revoke my consent at any time up until the 30 days were over. It was just clear English about what I was doing, making sure I understood it and helping me through the emotional time I was actually sitting there and signing the rights of my child away to someone else.

The Hon. D. F. MOPPETT: And you felt comfortable with the support you had with the counsellor that you trusted being present?

WITNESS G: Yes.

The Hon. D. F. MOPPETT: Moving on from that short-term perspective, what in your opinion have been the long-term consequences to you?

WITNESS G: The long-term is too hard to say. I am only seven years into where I am. Long term for me is 20 years down the track. With the open adoption that I have there are not major consequences because each day we take it and it is just who asks what questions. It is too early to say what the long-term consequences will be, if any.

The Hon. D. F. MOPPETT: Are you still satisfied that you made the right decision for yourself and also for your child?

WITNESS G: Definitely. To see him happy and in a loving family and being loved by two people who all they ever wanted was a child. I would not be where I am today if I had not done what I did. So I am really happy.

CHAIR: And for yourself?

WITNESS G: Yes. My career would not be where it is if I had not done what I did. I was not ready to be a mother. As much as I love children, I just was not ready financially or mentally to be a mother. I had seen a lot of my girlfriends go through pregnancies and keeping their children and not being able to survive, not being able to put food on the table for their children. I did not want that. I did not want to live off the Government and not be able to give my child everything that I had had growing up as a child. It definitely was the right decision.

The Hon. H. S. TSANG: What contact did you have with your son in the weeks and months after the birth?

WITNESS G: I had contact with him about three or four days before he went to his adoptive parents. I had about four hours of sitting with him and being able to say my goodbyes to him. At first I did not want any contact because I was grieving and it was too hard. I was notified about two months after he had gone to his family that there was a letter from them and photos. I took them not knowing whether I would answer them back, but to read and find out that he had a loving family made me realise that I needed contact. When he was six months old I saw him and except for 18 months where I did not have any contact, it has been either once a year or every six months that I see him and letters go back and forth between that time.

The Hon. H. S. TSANG: Do you have any contact with your child? If so, could you explain how the contact came about and what you hope for in the future?

WITNESS G: As I said, I have contact all the time now. It is still closed and it still goes back and forth through the agency. For the future, I would hope that it will one day change and it will be more open, with knowledge of more identifying information, and that it will be more relaxed and family orientated but that is purely up to them. That is not my choice.

CHAIR: Can you tell the Committee a little bit about the system? If you feel distress and need to make contact, what restrictions are there and to what extent can the agency, acting as an intermediary, intervene for one side or the other?

WITNESS G: When I have had feelings that something is wrong or I just needed to know if he was okay, I have just rung the agency and they have rung up and usually within 24 to 48 hours, if not a couple of hours, I know that he is okay, that everything is all right and that there is not a problem. Finding out the information is not a problem. They are quite willing to give the information and help me through it because it helps them understand where I am at as well.

With the letters, I will write a letter, it goes to the agency and then they pass it on and vice versa and nothing is censored. In the beginning there were a few times where my councillor rang me and said, "Do you really want to say this. It is not time to say this now. We should hold off". However, it was still left to me as to whether that letter got sent on, asking questions and them asking questions of me. It has all been mediated and looked at and it has helped both of us to get to where we are at today.

CHAIR: Do you know anything about the attitude of the adoptive parents as to whether they would say these same sorts of things about the mediation being worthwhile?

WITNESS G: Yes, they are quite happy. They know it has helped them to be where they are and it has helped my child in knowing that he is adopted and is coping quite well with it. It means that if they have medical questions they can come back and ask me or the councillor and she can ring me and say, "He has got this medical problem. Has anyone in your family suffered that?", which happened recently when he had problems. I was able to give them the family history, which was able to help identify some of his problem.

CHAIR: What measures do you consider might assist people who are experiencing distress as a result of past adoption practices or, in your case, with ongoing adoption practices?

WITNESS G: Being able to have contact with other birth mothers and people going through similar situations. There are groups that can get together but a lot of the time for those of us who work full time weekends are our time and there is not a lot we can do to see people. A lot of them are very structured and it would be better for people to be together in a more relaxed situation. Also, I would have like to have had someone to talk to when I was actually pregnant and said, "You have done this; what are your feelings?" But because of the Privacy Act we cannot do that. I would now like to help other people but I still cannot do that. Knowing and being able to say to someone, "I'm feeling this. Have you felt this before?" would be a great help. I am lucky now that I have some friends who were going through the same thing and we can talk about it, but there is not a lot of that out there. It is very closed in that sense and there needs to be more education of the children of what is going on.

(The witness withdrew)

At the request of the witness, the name of the witness has been withheld. This witness will be known as WITNESS H.

WITNESS H sworn and examined:

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

WITNESS H: I am appearing as a relinquishing mother.

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

WITNESS H: Yes.

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

WITNESS H: Yes.

CHAIR: You have not made a submission. Do you want to make a statement or shall we go straight to questions?

WITNESS H: I have actually written my response and if it is okay with the Committee I would like to read this and if there are further questions members could interrupt me. I have given quite a bit of detail about my family situation at the time of my pregnancy. I do not know how relevant it is but I personally felt it was relevant in my decision, so if it gets boring, could you please interrupt me?

CHAIR: You are aware that if you read everything you have written it will appear in the transcript?

WITNESS H: Yes.

CHAIR: So if you want to exclude details because they might identify someone make sure you do not mention them.

WITNESS H: That is fine. I am aware of that.

CHAIR: Do you want to read through everything you have written or answer questions?

WITNESS H: I have done it in question and answer form.

CHAIR: You would prefer to read it through?

WITNESS H: I would like members of the Committee to ask questions, which I will answer, but questions two and three go together.

CHAIR: Because it is often easier if you say something for us to ask a follow-up question at the time.

WITNESS H: Yes.

CHAIR: Could you please tell the Committee about the circumstances surrounding the confirmation of your pregnancy, for instance, how old were you, how did you feel about the pregnancy and with whom did you discuss the situation?

WITNESS H: In 1983 I was 17 years old and I discovered that I was pregnant. I had known of this fact deep in my heart for quite some time but refused to admit it. I denied that it could happen to me and growing up in a strongly Catholic household discussion about birth control was limited to the context of marriage. I am the youngest of five children, and my brothers and sisters had already left the nest and were making their new lives, building successful careers and relationships. I am a late-in-life baby and the youngest by eight years. By this stage mum and dad were focused on building a house and preparing for their retirement or reliving the halcyon days of their earlier lives when the others were little.

They were children of the Depression and my father served in World War II. My brothers and sisters were wonderful to me and had lived through and lived out many of the changes to society whilst starting at university in the 1970s and living in countercultural environments. They represented a new morality and I aspired to be as I had seen them in their teenage years, rejecting the taboos so evident in my parents' attitudes. Going to a single-sex school meant that I idolised boys and looked for close companionships through sexual relationships with which I was not really equipped to deal.

Whilst mum and dad were good parents to us in most ways the whole family was in a state of flux at the time, even before I dropped the bombshell of my pregnancy. My older brothers and two sisters were married, the second sister only a couple of months before. The first sister had two children, had just sold her business and both sisters were to announce their pregnancies not long after me. The youngest brother had moved out but was struggling with study and still needed mum and dad's support and, as I said earlier, mum and dad were adjusting to these changes.

I would stay down the South Coast with my sister during my holidays and help out in the business. There I would break out, away from the perceived shackles of my parents' control. A visit from my boyfriend down the South Coast led me to confront my changing body and to go to a general practitioner, who confirmed that I was pregnant. He gave me an examination but really did not discuss any options with me. He just asked me what I hoped to do in terms of my career choice and recommended I tell my parents. I was about 13 weeks pregnant. My boyfriend left in search of work up on the North Coast. I did not want him around when I broke the news.

The strict and sometimes volatile regime imposed by my dad meant the news of my pregnancy reached earth-shattering proportions. My sister flew down from Dubbo to help me break the news and she had already told mum on the phone for me. I can still remember sitting in my room looking out the window as my sister and brother broke the news to him in the back yard and feeling sick with shame and regret. I knew that he would see me as a fallen woman. However, I was not fully prepared for his response. He asked me to have an abortion. At that stage I must have been 14 weeks pregnant and I was horrified at this, considering his faith. It was antithetical to everything he had stood for.

I think he was partly motivated by wanting to spare me trauma; to be rid of a nuisance and protected from what he would see as public humiliation was how I described his motivation. Reputation had always been very important to him. He took me to a Macquarie Street specialist, who said that he could do an operation. In my emotional state I perceived the luxuriousness of the doctor's waiting-room as the proceeds of blood money and decided that he was a criminal. From then on my resolve hardened. I would not commit murder. My mother was supportive of this decision and it was never mentioned again. This leads me to the next question.

CHAIR: Tell the Committee at what point you came to the decision to have the baby adopted, what factors contributed to that, what information you received on alternatives, and the desires you expressed about keeping the baby?

WITNESS H: The factors which led me to consider adoption were the alternatives put to me by my family and a sense of betrayal and rebellion which began as the family discussed my options, both between each other and with me. Everyone kept telling me it was my decision and all the advice I received at the time came from everyone with a vested interest, a paternal interest or an ideological position in general. Everyone felt they were doing the right thing in the discussions. The different family members' reactions would have a deep impact on me during this time.

My previously close and idolised brother presented life as an unmarried mother as the role of a pariah on the family and on society. He harangued me with stories about his excursions to nightclubs full of unmarried mothers wanting to snare a father for their child. My parents and brother implied that unmarried mothers lacked education, were dependent on meagre social security handouts and were often in violent and abusive relationships. I was told that by keeping my baby I would seriously restrict my chances of meeting a worthwhile and loving partner. I would also restrict my baby's chances by keeping her. I could not possibly provide the comfortable North Shore existence that I had known. Even though our family was not lavish with money, we lived in a nice area and could always have family holidays. Could I reach the same ideal? I could not.

Apart from that I knew no single mothers who did not fit the stereotype. There were no role models to go to in this area. All my family were in relatively secure monogamous relationships and were following the path of the nuclear family. Skeletons also began to come out of the family closet. My childless sister-in-law confided to me that she had previously had an abortion but had not seemingly regretted the decision. Another confided that she had had one but had regretted and suffered terribly for it.

In my naivete these confidences had the effect of shocking and disgusting me, as I had already begun to feel a spiritual attachment to the child. Adoption then was becoming a middle road which would suit my new-found feelings about the sanctity of life. It may somehow allow me to re-establish my parents', especially my father's pride in me as the favoured baby of the family and undo the deep shame and disappointment that I had caused them. It would be both a penance and a rebellion against murder.

Compounding my position was a feeling of responsibility for causing problems in my parents' relationship. Mum began to feel attached to the idea of having another baby in the family, even though my sisters had announced their pregnancies by this stage. She said that I could live at home and offered support, even though I knew my father felt he had done his bit in the child-rearing area. The tension was palpable. To preserve their relationship I began to lean towards adoption as well.

The thought of continuing a claustrophobic life of dependence on my parents was sickening and I knew that I would have to be eternally grateful for their support, as in the past we were all imbued with a conscience of gratitude for the opportunities which my parents had given us. I held that great fear of dependence, forever emotionally indebted and having to feel grateful for the magnanimous sacrifice in helping me to bring up a child. This could possibly have been used as emotional blackmail upon me later if I had chosen to keep my baby. As well, mum would have grown very attached to the babe and would have brought the child up as her own, perhaps repeating some of the mistakes I felt had been made in our inability to really communicate through my teenage years. It was impressed upon me by family members in general discussion that mum and dad would not have the energy or desire to bring up a child.

I also began to have serious doubts about my own ability to be a good mother. I had seen my sister with her children and knew that the hours were long and that the loving support of a partner made the job easier. Could I measure up? Could I be a loving mum, as patient as my sister and as loving our own mum? It was pointed out to me that my life experience was limited and that I may resent the child for my own lack of opportunity. I doubted in myself that I could be the best mum possible, and so I lent more towards adoption.

The joy of raising a child, the thrill of watching their progress, the loving touch of little hands and the sharing of wonderful times together where everything is new again, where you look at the world through the eyes of your child, which I have experienced in having my own children, was not really emphasised. I have already spoken about my parents' reaction, but regardless of any decision they made, they stressed how important it was that I continue my education. I left school in May when I was about 20 weeks pregnant. I kept my pregnancy secret, except for telling two friends. Leaving school was somewhat of an anti-climax.

There had always been the expectation that I would attend university, just as my brothers and sisters had. I was told that bringing up a child would seriously hamper my opportunities to study and have a career. I began to consider what I would do with my life and I began to think about teaching. I had not liked the impersonal nature of my high schooling and felt that I could make a difference. So I guess I buried myself in study or dreaming over books, as this was an escape from the pressures that were mounting.

The last of the issues I have really only allowed myself to confront in recent years. My daughter's paternity was in doubt. In my mind not only had I been promiscuous but I felt sick at the thought that I would have to one day face my daughter with this fact. Because I believed I held deep feelings for these boys - I was at the end of one relationship and wanted to begin another - I put myself in a position where I was unable to cope. Without wisdom and experience I did not fully understand the meaning of a true relationship. I drove all this home to myself and hated that position, and thought perhaps I did not really deserve my baby anyway and that it was all too difficult to face.

The Hon. H. S. TSANG: Did you attend an unmarried mothers' home during your pregnancy? If so, would you briefly explain that experience? If not, where did you live throughout your pregnancy and what support did you receive?

WITNESS H: I did not attend an unmarried mothers' home during my pregnancy. It was not considered an option. I continued to study by correspondence at home towards my Higher School Certificate. Mum and dad sent me to my sister's property in the Central West for the school holidays, but later I joined my older sister who was between businesses on the Far South Coast. We were staying at my parents' mostly completed retirement house. I returned to Sydney after a couple of months when dad went down to finish working on it. I felt better to be away from dad because he was ashamed of me and could barely look at me. I received sickness benefits for a few months. I had strong support from my sister and I enjoyed living there. I had help with my work.

The Hon. H. S. TSANG: As the fifth question is irrelevant, I will ask the sixth question. What do you recall about signing the adoption consent form? For example, who was present at the signing, did you receive counselling and what date after the birth did you sign?

WITNESS H: I visited a Catholic adoption agency a few times before signing. I do not remember how many times, it is a bit of a blur. I liked the social worker, but she emphasised that she was there for the child and was concerned to do the right thing by the child. She stressed that we should expedite the signing of the consent as the baby needed to bond with the mother quickly. I was left with the impression that if I did not hurry and make a decision I would be doing psychological damage to my child.

We discussed possible options, such as foster care, but the social worker warned me of the dangers and pitfalls. I was left with the impression that foster care would be dangerous and unsettling for my daughter. I was not sure whether or not it was the social worker's intention to lead me to believe this or whether that was just the stereotypes I believed in at the time. However, no firm information was given about such care as an option. I received no information about financial assistance to single mothers or about other support mechanisms that were in place in 1993. I could have visited the social security office myself, but I was relatively disempowered by this stage.

I signed the consent one month after the baby was born because she was premature and stayed in the hospital. The social worker wrote on my file that I was controlled at signing and asked to see the baby in hospital. She wrote that she felt I was still a very long way off coming to terms with either option. They had a family picked out for her who already had one adopted son and were very comfortably off. It was pointed out to me that I was lucky because adoption was no longer as it had been in the past. I could have contact by letter and I could also meet her new parents if I agreed to it. All that was dependent upon the parents, too, of course.

Letters would be sent to the Catholic adoption agency, read by the social worker, any revealing information taken out and then rewritten. The pressure was mounting, so I signed the document. I came into town on my own and went through the document very carefully with the social worker. She read it, pausing for clarification and asking if I understood. I signed.

The Hon. D. F. MOPPETT: I will return to question No. 5. My colleague the Hon. H. S. Tsang suggested that it had perhaps been answered in another way. Would you assure us that you felt the whole process during your treatment before the birth, the delivery of the child and the process of consent was, firstly, ethical and, secondly, at no time what you would regard as legal constraints were breached?

WITNESS H: I guess there are grey areas. I have told the story as it is. I would have to leave that decision to somebody else because I was really in the midst of it. I thought at the time that I was well treated. I had been admitted to hospital a few weeks before the birth and kept there for a week as I had some bleeding. I was given pethidine to stop the labour and kept in hospital. I thought the food was great - I must have been mad. I was put in a room with a lady who was having a miscarriage quite late in her pregnancy. I had my own doctor. I was supposed to sit for my trial HSC at that stage, but that was postponed until after my release from hospital.

After a couple of weeks I went into premature labour again and was admitted to hospital. I was given Valium to stop the labour but it did not work. I had attended prenatal classes and had talked to people, so I knew what to expect in terms of the birth. At about 5.00 a.m. the doctor and my mother came. I held the baby after she was born but not for very long because she was premature. They took her and placed her in a humidicrib in the nursery. The hospital staff suggested that I not breastfeed the baby

as I would bond with her and it would make the decision about adoption too hard for me. They gave me a packet of tablets to prevent lactation. I administered one or two to myself and then only spasmodically as I was still ambivalent. I gave my daughter a name and she stayed at the hospital. I would go to visit her every day, giving her a bath and, quite often, a bottle if it was feeding time.

The Hon. D. F. MOPPETT: Moving away from the immediate months and year you have been talking about, what have been the long-term consequences of adoption for you? Were you provided with information and counselling on the possible long-term consequences or given any help during those latter times?

WITNESS H: The social worker at the Catholic adoption agency told me that I would go through a grieving process. She compared it to having a death in the family. I had never experienced this, so I just accepted it. It was quite a poor analogy, as it did not truly describe the self-condemnation, the feeling that I sometimes live in an alternative reality made whole by the baby I gave away. The analogy could not describe the feeling of loss, especially around her birthday.

I wonder about her every day. Even though I get letters from her mother and from her, they cannot replace the closeness. I did see a counsellor at Centacare who was not involved in Catholic adoptions. She was very good and encouraged me to elaborate on issues and confront particular things that were worrying me at the time. However, I think by that stage it was after the birth and it was really quite late. She advised me that I should try to stall the signing of the consent, but by this stage I had had enough. I think long-term effects, other than those I have described, are that I am constantly revisiting the past - although I am not totally debilitated by it, more I have a feeling of grief and long-term loss.

The Hon. D. F. MOPPETT: As you are so well prepared I will stay with the order of the questions. This is a very subjective question, and you will answer it in the way you choose. In retrospect, do you feel that you did the right thing for yourself and your baby?

WITNESS H: I tend to judge the person I was in the past from today's standpoint. At that time I had a sense of moral righteousness, which can be different from doing the right thing for yourself. I had stuck with the pregnancy against pressure to do otherwise. That gave me some strength. I comforted myself with the idea that the baby would go to a happy family who loved her. I guess that circumstances since have redeemed the decision. After the adoption I moved away from home and went to university, met my loving husband and a great group of friends with whom I felt accepted. I did well at university and made my parents proud of me again. I have two beautiful children.

Overall, the adoption process has made me a stronger person. Hopefully it has made me more tolerant and accepting of others and given me a stronger capacity to love. It has made me more intolerant of hypocrisy and pretension. In some ways I think that other crises in my life are insignificant compared to facing adoption. In making future decisions I have not tried to discount an emotional element in weighing up factors towards a conclusion. Decisions need to be made practically and with factual knowledge but it can be dangerous to discount where your heart leads you and where your attachment lies. Too often we are calculating in judgments because those intangible aspects cannot be measured.

I find it difficult to talk about my adoption experience. That is why I am reading this. It is not easy to share those feelings or your past history with anybody. If I do tell others about my experience I feel as though I am seeking some kind of exoneration. I do not feel blame towards anyone and I do not think I feel bitter. As to whether or not I did the right thing by my child, in the long term only she can be the judge of that. From her letters she is happy and her parents have always been honest with her about her adoption. They feel free to talk to me and she has grown up with me.

My biggest worry is the idea of a contribution of genetic heritage in her personal development. Who you look like and take after can help forge your own understanding of yourself. I am not just talking about idiosyncratic personality traits, such as the way one walks. How we cope with tendencies in our personalities which can be destructive or qualities which can be harnessed for our advantage can be learned by looking at relatives with similar characteristics.

Of course this touches upon the nature versus nurture debate, when one wonders how much of who we are is genetically programmed or environmentally determined. It is difficult to tell. However, by having my child adopted I worry that it may cause problems for her in the future in that there will be that genetic understanding missing. I do not feel blame but I miss my daughter and I wonder about her. I would not do it again now but for the person I was at the time, given exactly the same circumstances, I possibly would. Did I do the right thing? Yes and no.

CHAIR: That leads into the next question. Do you have any contact with your child now? If so, can you explain how that came about? If not, do you feel the need to establish contact?

WITNESS H: In the early days I had contact via letter about once or twice a year. The letters were accompanied by photos and the first few were written by the same social worker who had been present at consent. The letters were written in the third person. After a couple of years the letters were photocopies of the originals and the revealing information would be crossed out. This information was merely specific place names which would reveal the family's whereabouts, even though I knew capital cities, et cetera. Sometimes I would receive a card or drawing from her.

Another letter I received included photographs of her standing outside the hospital where she was born. I then replied by telling the story of her birth so that she could imagine the place as well. If I knew what specific needs she had and what information she needed I could respond by letter, but it is difficult to predict what she wants to know unsolicited. Most recently I have had a

letter from my daughter telling me about her life. I enjoy receiving any news, although I know it is probably out of a sense of duty. I would hate to feel that she felt compelled to write.

I have not written many letters and for three or four years I sent nothing. I find it incredibly hard to post the letters even though I have written many. Some of those I have written have been too sad, others too self-indulgent or too intellectual. I find it so hard to write for an audience with whom I am so emotionally bound but who are also strangers. Then the guilt issues surfaces and I write heavy poetry which is overdone. There would have been 100 incomplete letters thrown in the bin and as many rejected complete ones. I have not been a good correspondent. Recently I wrote a long letter talking about my decision to adopt but I do not know if she is emotionally ready to deal with this. I have left it with her parents to make a decision about the timing of this letter.

I have a horrible fascination with reunion. There are no social rules for meeting a relative stranger who feels a part of you. There is no script to follow. Even questions about where we would meet trouble me. Would she judge me? Would she hug me? Would I know how to start a conversation with her? I am dying to meet her but she may not want to meet me. I feel I should wait until she is ready to meet me, but what if she never wants to. Could I live with that? What if she knows enough about me to satisfy her curiosity and does not need a birth mother? What will I have to offer her? What role can I have in her life? What if she hates me for having her adopted?

I do not know if she will ever understand as she will never be in exactly the same circumstances as I was when I fell pregnant with her. Can she understand a mother's attachment to her child? Perhaps it would be better to wait until she has her own baby; she may want to meet me then. I fantasise about these reunion scenarios from time to time. My children are only two and four. My husband has talked to them about Jessica a few times but it does not sink in. I have tried but I fear they will think that I will give them away too. My poor husband always has to do the hard bits. I would like to establish more contact in the future but I would also like to be properly prepared for it.

CHAIR: What measures do you consider might assist people experiencing distress as a result of past adoption practices?

WITNESS H: Study into the long-term effects of adoption on all parties involved would be useful. Because reunion issues are important to me, that is an area I would like further help with, and I would recommend that for others. Perhaps counselling for all parties involved, including adoptive parents, would be beneficial. Some of the information I have read about reunions has been overly prescriptive or based on out-of-date information. Trained professionals should be available to people who are uncertain about approaching their children or birth parents. It would be one of the most difficult things to do to ring up your child and suddenly announce who you are.

We are looking at a different generation of adoption from about the 1980s onwards. Some needs will be similar but others will be different as social attitudes have changed. Any councillor or professional dealing with this area would need to be across these issues. Studies should be conducted and funding allocated to this. As a group, birth mothers have been marginalised in the adoption process. They have not been able to share their feelings due to community perceptions and media representation of adoption issues. Relinquishing mothers have been demonised and judged as callous for giving their children away but it has never been that simple. The typical media story depicts a scarred adopted child damaged through ever feeling the black sheep of an adopted family with whom he or she felt nothing in common and was perhaps even neglected.

The story will then present the relinquishing mother as the baddie who has inflicted a life of pain on her child because she did not really want him or her. Perhaps members of the media present will take this on board and demonise the society from which those mothers came and not the people who were victims of social circumstance. The reaction against adoption has now seen it pilloried as an option. I think people need to make their own choices. Knowing more about its dangers and outcomes would be beneficial to all parties involved. I do not think it should be banned; I think we should have more information.

People need to be able to make informed choices and receive information from people who are not emotionally involved. Every attempt should be made to keep families together. Resources should be channelled especially into helping Aboriginal women who were forced to give up their children and others in similar situations. While we are thinking about adoptions in Australia we should treat children of overseas adoptions with the same respect and help reunions to take place if desired. Cultural dislocation compounds the issue in these circumstances, as it can in the case of Aboriginal adoptions. People with cultural knowledge and understanding should work with these cases.

(The witness withdrew)

NETTI VANDERVELDE, Home duties, and

ANDREAS VANDERVELDE, Pensioner, sworn and examined:

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

Mrs VANDERVELDE: As a mother who has adopted children.

CHAIR: Did you receive a summons signed by me?

Mrs VANDERVELDE: I did.

CHAIR: Are you conversant with the terms of reference of our inquiry?

Mrs VANDERVELDE: I have a fair idea, yes.

CHAIR: Do you intend to make a statement, or shall we go straight through the questions?

Mrs VANDERVELDE: I do not think we really need to make a statement.

CHAIR: You are appearing before the Committee as an adoptive parent?

Mr VANDERVELDE: Yes.

CHAIR: You received a summons and you are conversant with the terms of reference of the inquiry?

Mr VANDERVELDE: Yes.

CHAIR: Can you explain to us what led to your initial decision to adopt a child, and in what year you made that decision?

Mrs VANDERVELDE: I have some papers here. Can I quote them?

CHAIR: Yes, if you feel comfortable reading the answers, that is fine. However you want to do it.

Mrs VANDERVELDE: We tried for nearly five years to have children, and we were unable to have children, so we decided to adopt. We were approved in December 1966 by the Presbyterian Adoption Agency. On 19 December we got another letter asking all the questions: what our house was, what money we had, why we wanted to adopt children and all these things. Then soon after that we got Michael; he was approved. He was born on 1 February 1967.

CHAIR: How long was it from when you first approached the Presbyterian agency?

Mrs VANDERVELDE: First we tried the Child Welfare Department, and they approved us. But then somebody said, "You can go quicker with your own religion." So we went to the Presbyterian Adoption Agency, then cancelled the one with the Child Welfare. Then they approved us and we very quickly had a baby after that.

CHAIR: You approached them and they then sent you written material to fill in?

Mrs VANDERVELDE: Yes. We got these letters asking for full names and addresses, full particulars, if we had been divorced or anything like that, particulars of the home, number of bedrooms, how many cars we had, and two people had to sign for a character reference, the day we got married, my maiden name and if we already had children. It was about 12 questions.

CHAIR: Did you have interviews of any sort with the agency?

Mrs VANDERVELDE: Yes, we went to the adoption agency and we were interviewed by [agency worker 1] and [agency worker 2].

CHAIR: Did they ask you lots of questions, did they provide you with advice, assistance or information about adoption?

Mrs VANDERVELDE: Just general questions. It was all very simple and straightforward.

CHAIR: Questions more about yourselves?

Mrs VANDERVELDE: About ourselves, where we lived and how we lived. We have a 20-acre property, so they said it was very nice to bring up children in that area. It was all very smooth and straightforward.

CHAIR: Did you make any specific requests, whether you wanted a boy or a girl, or the age? Did they ask you any of those sorts of questions?

Mrs VANDERVELDE: They asked us at first if we would like a boy. Most parents like a boy first, so we said, "Yes, we would like a boy and then a girl." They asked us how many children we would like and we said, "Well, we would like a family of four," because I am from a family of four so I thought it was a nice number. We ended up adopting four children, then we were fortunate enough to have one ourselves. So we ended up with five after 17 years.

The Hon. D. F. MOPPETT: You have indicated to us for the record that you had adopted four children, which we knew. You have told us about how you went about the first contact, and made the first adoption. Were there any special procedures after that or anything you would like to tell us about the subsequent adoptions?

Mrs VANDERVELDE: No. We never asked. We asked if we could have four children. For the second one the paperwork just arrived and we filled in exactly the same papers as we did for the first one. Some 18 months after the first one we had a little

girl. Then three years after that the same thing again, we had another little girl. Then three years after that we had a little boy.

The Hon. D. F. MOPPETT: The adoption agency contacted you at these intervals you have described and said that a child was available for adoption?

Mrs VANDERVELDE: Yes. Because it was getting more difficult to adopt children we thought that we were not going to have any more and we had given up hope. The last one arrived in January, straight after the Darwin disaster. We had given away all the baby clothes.

The Hon. D. F. MOPPETT: What sort of steps did the agency take to prepare you for the first adoption and each subsequent adoption? Do you recall receiving any assessment or counselling about your role as adoptive parents or the impact of adoption on your family life?

Mrs VANDERVELDE: Not really. They did ask us what our family thought of it. At first my father was against it, until we got a baby and he just fell in love, and that was it. We have no problem with the whole family. They are very well accepted in the family.

The Hon. D. F. MOPPETT: By the sound of it the agency assumed that you would be like any other parents: perhaps you would have your ups and downs but you would seek either their assistance or the assistance of other services that were available?

Mrs VANDERVELDE: They did come to see us each time after we adopted a baby. I think they came to see us when the first one was about five or six months old. [Agency worker 1] came to see us with another lady, whose name I do not know. One time [agency worker 2] came. Then [agency worker 1] came twice more after the other children. That is about the only contact we ever had with them.

The Hon. D. F. MOPPETT: You were satisfied with that level of contact? You did not feel that they left you in the lurch?

Mrs VANDERVELDE: We were desperate to have children, so we accepted anything and everything. Whatever they told us we accepted because we did not know any better. What could you do? You have the children and we were sort of the innocent party. We did not know anything about what was going on.

The Hon. D. F. MOPPETT: You did not feel that you were in any way disadvantaged by that lack of contact from the agency to monitor in greater depth your relationship with the child?

Mrs VANDERVELDE: I do not know. We have never really thought about it.

The Hon. D. F. MOPPETT: It sounds as though you were satisfied with the circumstances.

Mrs VANDERVELDE: Yes, because what do we do?

Mr VANDERVELDE: There was nothing else we could to.

Mrs VANDERVELDE: We did not know anything.

Mr VANDERVELDE: We were very happy when we got the baby. He is a great boy.

Mrs VANDERVELDE: We accepted it. At the time we were told, as I told Michael's mother, that they were English and that her mother had died. They told us that her father did not care any more and Michael's mother went haywire, and that is how she conceived Michael. That is the story we were told. They could have told us anything and everything. We believed it.

The Hon. H. S. TSANG: What information was given to you about the parents of your first adopted child? Did you receive any information about the medical or social background of the parents?

Mrs VANDERVELDE: No. I just said that we were told that they were English. That is the only thing we were told, and that the mother was very creative.

The Hon. H. S. TSANG: Did this information influence your actions in relation to adopting the child, or your attitude towards any possible reunion with the child's birth parents?

Mrs VANDERVELDE: I have always maintained that if any of the children wanted to meet their parents that I would help them all I could because, funnily enough, I knew all their names. We were not supposed to, but somehow or another we knew all four of the children's names before we gave them their names. I have always had them written down and put in a file in case something happened to us and the children had to know their names for some reason. We told them straight away that they were adopted. We never kept it from them. We always said, "If you want to find out anything we hope you will tell us about it and we will help you all we can."

CHAIR: Can I go back a step to when you said that you were told details about the first child's mother. Is it the case that you were actually told things that were not true as you discovered later?

Mrs VANDERVELDE: At the time, we did not know. We would have believed anything and everything, but since then we have found that none of it was true.

CHAIR: So the Presbyterian adoption agency -

Mrs VANDERVELDE: They had lied to us with this particular first adoption, yes, but I do not know about the others.

CHAIR: By the time you found that out, it was too late, obviously, for you to go back?

Mrs VANDERVELDE: Yes. I mean, the chance was there for the six weeks to ask for the baby back and we knew that. We were quite prepared to hand the baby back if the need arose, but never was anything said or done about it.

CHAIR: So you were given untrue information about the mother?

Mrs VANDERVELDE: Yes.

CHAIR: Presumably that was designed to emphasise the fact-

Mrs VANDERVELDE: - that the child would be better off with us. That was the idea behind it.

CHAIR: Thinking back, do you have any comment to make on the motives of the people at the agency who gave you the information? How did it fit in with what they were talking to you about?

Mrs VANDERVELDE: At the time, as I said, there was nothing sinister or anything about it. Maybe in their wisdom they thought they were doing the right thing. I really do not know. I do not know.

CHAIR: In relation to the other children you adopted, you do not know whether you were given accurate or inaccurate information?

Mrs VANDERVELDE: I do not know. I feel that the third one - I have always had the feeling that she is a twin. I did ring up and ask if twins were split up and they said that they used to split them up, but not any more after she was adopted. But she has seen somebody and she said it was like looking in a mirror.

CHAIR: At the time you adopted her, they said that they were splitting twins?

Mrs VANDERVELDE: They said not when she was adopted, but in the few years since Michael was adopted they still did split up twins. Who is to say that six years later they still did not split them up? I mean, it was a good business and there was a lot of money. The only thing that has upset me the most was two years ago we got a letter asking us for money to send towards the mothers finding their babies. It was a letter stating "A plea for help from the Post Adoption Resource Centre", and they asked us for money or if we would send money. I rang her up and I said, "Look, I totally agree if the mothers want to find their babies. I am fully behind them but to ask us for money I think it is a bit over the top." We are the parents of these children and the children do not know any better than that we are the parents. To ask us for money I thought was a bit much.

Mr VANDERVELDE: In the first place, we had to pay for the adoptions and then we had to pay the solicitor. Then they came back and asked us for money to find the adopted children.

CHAIR: You had to pay the Presbyterian agency each time?

Mr VANDERVELDE: Yes.

CHAIR: Was that a very big amount of money?

Mr VANDERVELDE: It was \$40 in those days.

Mrs VANDERVELDE: It was \$40 to the adoption agency and the solicitor - the first one was \$82, and it got dearer as time went on. I think the last one was \$100, which is a terrible amount of course for which to sell a baby. But, as I said, we would have paid anything.

CHAIR: You said that somehow you got the names of the four children. How did you manage to do that?

Mrs VANDERVELDE: I do not know. I think with Michael, the paperwork was there and his name was on his birth certificate. I never saw the name of the mother, but I saw his name because he seemed to be curious somehow. With Joanne, it was written on her papers as well and the same with the other two. With one of them, I actually had the paper in my hand and I turned it over. Her name was on the back.

Mr VANDERVELDE: The solicitor told us but they never should have said it to us.

Mrs VANDERVELDE: I was happy that I had them because that way I could put them in my file. If the children ever asked for it, at least I had something to go on.

CHAIR: Can you tell us about how your first child came to be reunited with his mother?

Mrs VANDERVELDE: His mother, apparently, never stopped looking for him. She ended up having a piece in the Catholic church paper. She had found out since then that we were Dutch. I do not know whether she found that we were under the Dutch congregation here in Ultimo. A lady in Wollongong rang the Dutch minister and said, "Have you got children in your congregation who are adopted?" He said, "No." His wife said, "That's Nettie and Andries. They have adopted children." He rang us up and he

said, "This is what is happening. What are you going to do about it?" I said, "Well, what can I do about it?"

I rang the adoption agency. She said, "There is a letter here and a tape from Michael's mother. It has been here for a long time." I said, "Send it out and I will see what I can do about it." I told Michael about it and he got terribly upset. I said, "I will leave it with you. If you want to listen to it and read it, it is up to you. I cannot do anything about it." It took him a couple of days and he ended up listening to it.

I left it for a while again and then I said, "What do you want me to do? Do you want me to ring her?" I do not know how I got the phone number. I think I found it in the phone book. I rang her up and she started to cry and so did I. I said, "I will ring you back." She said, "No, no, no. I want to talk to you now." I said, "No, I will ring you back." So an hour later, I rang her back and I told her all different names. Apparently she had been onto quite a lot of people and somebody said to her, "I have got your child. I hate the child", and all that sort of thing.

She wanted to know straight away where we lived. She was going to hop in the car there and then and come over. I said, "No, because we have Michael to consider. It is no skin off my nose: he is my son. We have got him to consider." We decided that we would meet, of all places, in front of the Richmond air base. We sat the whole day in the car in the pouring rain and ate bread rolls and drank coffee and cried and talked. She wanted to know where we lived and I said, "No, I am not going to tell you." We left it again.

A few weeks later I had a talk with Michael and he said, "Mum, I want you to go with me." So the two of us went together up there and he met his family. He met his grandmother which was a good thing because she has passed away since then. It sort of went on from there. They have stayed in contact. That is about it. Now she has got a little granddaughter from him as well so at least that makes up for a little bit of it.

CHAIR: Are there any similar sorts of stories about the other children that would throw any light on our inquiry?

Mrs VANDERVELDE: We do not know anything about the other children - nothing at all.

CHAIR: There have been no reunions and no contact of any sort?

Mrs VANDERVELDE: No, nothing at all. Because Joanne was sick for a while, I rang up. She asked us to come over but there was nothing in her background. I only wanted to know for sure that there was nothing in Joanne's background that could have caused what happened. At the time she was married to this fellow who was giving her medication and just about drove the child mad. He told her she was schizo and all that type of thing. I went straight to these people and I said, "I want to find out about her background and see that there is nothing wrong with her." Since then she has left him and since remarried and she is living happily in Holland with two little girls. We have lost her to Holland.

CHAIR: The agency was able to check her background?

Mrs VANDERVELDE: Her medical background, yes.

(The witnesses withdrew)

PERCY CHARLES HARROLD, Director, Adventist Health Department, Seventh-Day Adventist Church, sworn and examined:

CHAIR: Did you receive a summons under my hand?

Dr HARROLD: I did.

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

Dr HARROLD: I am.

CHAIR: Do you wish to start with a statement of any sort, or do you wish to go straight to the questions?

Dr HARROLD: I am happy to go straight to the questions.

CHAIR: Can you briefly describe the adoption services offered by the Seventh-day Adventist Church between 1950 and the present day?

Dr HARROLD: The adoption service offered by the Seventh Day Adventist Church in New South Wales has always been a small agency. It began in about 1944 and continued until 1994. Most of the time it operated out of the regional office for the

church in Strathfield and had usually a staff of two people.

CHAIR: Can you describe the circumstances in which a mother would be referred to the agency?

Dr HARROLD: I personally have not been involved with the agency as it is closed down. Of the two main people who are still alive who were working with the agency, one has a husband in hospital at the moment and the other is in Queensland, so I have gained information from them. Their description of how a mother would come is that most were referred by other people or other agencies to the adoption agency, who may have heard about it from somewhere else in the State or from a friend who knew about the agency.

CHAIR: In the main, they were members of the church?

Dr HARROLD: No. The estimate that I have is that about 50 per cent were not Seventh-day Adventists and about 50 per cent were. That would vary from year to year, but that is the average.

CHAIR: What type of care was provided to mothers who were referred to the agency? For example, was there residential accommodation?

Dr HARROLD: As far as I have been able to ascertain, there was no residential accommodation offered. But the people I am speaking to can only go back to the early 1970s. The records for the period before that time have been handed over to the government, and we do not have those records to look at at this stage, and the principals involved at that time have died.

CHAIR: What sort of care was available then?

Dr HARROLD: There were interviews conducted with the mothers, and where possible they were helped with finding accommodation and care.

CHAIR: Was any financial assistance provided?

Dr HARROLD: Not that I am aware of.

CHAIR: So it was really in an advisory capacity?

Dr HARROLD: Yes, it was more in an advisory capacity.

CHAIR: What about counselling in terms of the choice that they had to make, and so on?

Dr HARROLD: In speaking with the two people who are still alive who are involved, they both emphasised strongly to me that the counselling that was given before the baby was born was to cover all options that were available legally at that time and then for the mother to make her choice. Then, following the birth, further counselling was provided as required, but with the birth mother making the choice.

CHAIR: Did the care provided to mothers change during the period under review, and if so what changes took place?

Dr HARROLD: I cannot really answer that question clearly. I am not aware of the actual fine differences in the care that was offered.

CHAIR: Or the changes in legislation?

Dr HARROLD: As the legislation changed, the agency went with that legislation and obeyed it as it was required to do.

CHAIR: Did the staff have any professional or particular qualifications? For example, was there anyone who was trained in social work?

Dr HARROLD: Yes. For a period between 1970 and 1994 there was on two occasions a social worker attached to the team on a part-time basis. The Principal Officer went through a period of training and received the appropriate certification before taking over as the Principal Officer. Before that she had worked with the previous principal officer as his assistant. The other person involved at that stage was a Minister of Religion, who himself had adopted children previously and was involved in the committee, in association with the State Government, on adoption processes.

CHAIR: Did the church itself have any advisory committee or supervisory committee? When you say that the agency operated from the regional office at Strathfield, did that mean that it had association with other wings of the church?

Dr HARROLD: Not in a committee structure at all, as far as I am aware, except for the local regional office where they reported their operations, and their operations were supervised by the administration in the Sydney area.

CHAIR: Are you able to advise the Committee about the philosophy of the agency during the period under review and whether that philosophy changed over the 50 years we are talking about?

Dr HARROLD: I have a copy of the philosophy, which I included as part of the submission. I will read that philosophy, if I may.

CHAIR: What is the date of it?

Dr HARROLD: This is the current philosophy for 1987. I do not have any from before that time that I have been able to access.

CHAIR: Was that philosophy new in 1987, or was it simply a rerun of a previous one?

Dr HARROLD: In talking with the two people who are still alive who are involved, this was basically the philosophy of the operation from the 1970s right through. The basic philosophy statement reads as follows:

The adoption agency believes that adoption is an option for some people where a permanent home and family can be given to a child who, for whatever reason, cannot remain with its natural parents. It is important that the adopting home, with two parents, husband and wife, should be a place where the principles of Christianity are practised. The agency has always worked towards the mutual benefit and satisfaction of all parties in the adoption process. The agency subscribes to the philosophies espoused by the United Nations Declaration of the Rights of the Child, which states, among other things, that the needs of the child are paramount.

The Hon. H. S. TSANG: What type of advice and counselling was provided to mothers both prior to and after the birth of their child? In particular, were they advised about the alternatives to adoption, the long-term consequences of adoption for themselves and their children, or the 30-day revocation period?

Dr HARROLD: During the period that I have documentation for, the various legal options were canvassed with the mother before and after the birth. The decision was left to her as to what action she would take. The 30-day revocation period was explained to her and was observed very, very carefully. In talking with one of the people who were involved, she told me that on one occasion on the 30th day one of the mothers revoked her previous consent for adoption at that late stage. What I find from the record is that, over a couple of years that I have records for, about 40 to 50 per cent would revoke their decision during that 30-day period.

The Hon. H. S. TSANG: What procedures were in place for the taking of consents to adoption by the agency?

Dr HARROLD: Taking of consent could have occurred by different people given different circumstances. It may have been a Minister of Religion, a Justice of the Peace, one of the agency's staff or a social worker, depending on where the baby was born. Sometimes these procedures were undertaken by the hospital itself, in place of the agency. The consent was discussed with the mother before the birth, then she was left to make her own decision, and then to change her mind, if she wanted to, afterwards. The interview at the hospital was sometimes conducted by hospital staff and sometimes by the agency staff.

The Hon. D. F. MOPPETT: Did the consent-taking process change during the period under review, and if so what changes took place?

Dr HARROLD: I cannot give you the exact details of the changes that took place during the period under review, particularly as I do not have access to records of the early stages. But what I can tell you from discussing this with the people who were involved is that as the requirements changed from decade to decade, the changes in obtaining the consent were followed as they should have been.

The Hon. D. F. MOPPETT: Are you aware of any instance where taking of consents was unethical in your opinion, or perhaps unlawful?

Dr HARROLD: No, I am not.

[*Interruption*]

CHAIR: I have just discovered that, because of a mix-up, the witness only saw the Committee's questions just before stepping forward to give evidence. Of course, he should have been provided with the questions well before that time. The Committee must listen to what the witness has to say. We are taking all sorts of evidence and hearing different points of view, but we must hear it.

Dr HARROLD: Having worked as a doctor in several areas of Australia, I have become aware that there have been times when people were not approached properly by various agencies. I have heard of one instance, but I am not sure of the rest of the facts in the situation, and that is why I said that I am not aware of any instance where it had actually occurred.

The Hon. D. F. MOPPETT: What types of processes did the agency have in place for the assessment of prospective adoptive parents?

Dr HARROLD: There was a formal assessment of prospective adoptive parents. If I may read from my list, that may be a simple way to put it. First, prospective applicants for adoption must attend a series of adoption information seminars, the cost of which will form part of the total administration fee. Those seminars were usually conducted by the Anglican agency. Prospective adoptive parents were required to attend them as part of the process. Because it was a Seventh-day Adventist agency at least one party to the adoption application should be a practising member of the Seventh-day Adventist Church and provide a reference from their local Minister.

These are all part of the formal statement that the agency had. They must have been married for at least two years. They must be bona fide residents of New South Wales, which was a requirement of the law. Neither applicant should be older than 35 years at the time of application and couples must have had the full range of investigations at the time for infertility. Apart from their

infertility, applicants should be in reasonable health, this being confirmed by their doctor. If either applicant suffers from a chronic disability or illness - for example, diabetes - evidence should be submitted that the applicant's life ability and his or her ability to care for a young child will not be adversely affected by the disability or illness. Applicants should be financially stable. Applicants should have adequate accommodation for a child. They do not necessarily have to own their own home. Those were the basic requirements which the prospective applicants were taken through. They were also visited in their homes by the agency staff to assess the function of the family or the couple and how their home functioned before a decision was made. Some were rejected during this process.

The Hon. D. F. MOPPETT: Looking at the perspective of the adoptive parents, are you aware of any occasion when the baby was placed with the adoptive parents during the 30-day period prior to the lapse of the revocation option?

Dr HARROLD: I am not aware of any. I specifically asked that question of the two people who are alive and they said that on no occasion was the baby placed within the 30 days.

CHAIR: Where would the baby have been, going back to your answer that the agency did not provide residential care or financial assistance to the mother; she had to provide it for herself?

Dr HARROLD: There were two specific families and a third family registered with the Government to act as foster parents. If they received a baby girl she would be called baby Jane. If it was a boy it would be called baby Brian. That is the only information the foster parents were given. They would care for the child during the 30-day period. They did it time and time again. So they were used to handling the situation.

CHAIR: Did the agency have an arrangement or deal mostly with certain hospitals? I am thinking of the taking of consents and so on and where all of that took place. Did the mother come back to the agency? How did that work geographically?

Dr HARROLD: The only hospital mentioned to me was Blacktown Hospital. That was one occasion but it was not related to your question. That is the only one that comes into my mind. Babies were born at a number of hospitals and in different cities around the State.

CHAIR: So the taking of consent would have occurred at the hospital?

Dr HARROLD: Usually.

CHAIR: By someone from the agency going to the hospital?

Dr HARROLD: Or by someone at the hospital who was a staff member or a social worker.

CHAIR: And then the paperwork would have come back to the agency?

Dr HARROLD: That is right.

CHAIR: What role did the father of the child have in the adoption process as far as the agency was concerned? Are you aware of whether fathers were ever consulted in relation to the adoption?

Dr HARROLD: On occasions the father was consulted. I also asked this specific question of my contacts. Most times the mother did not tell who the father was but there were times when she did. He was not involved in the process at that time. If he had come forward to do so he would have been. One or two were but most were not.

CHAIR: You have probably partly answered the next question about whether the agency had any written procedures in relation to adoption during the period. You told us the philosophy before but I was thinking more of procedures.

Dr HARROLD: Most of the documentation that I have refers to the adoptive parents. Is that what you are asking?

CHAIR: The procedures in general, whether it was relating to the taking of consents or in relation to the adoptive parents, which you gave us before.

Dr HARROLD: I do not have any documentation on the actual protocol for the taking of a consent, only verbal reporting of that.

CHAIR: Do you have any statistics on the number of adoptions arranged by the agency and, following that, the number of revocations? What other records are available?

Dr HARROLD: I have only brief statistics. I have a rough figure of approximately 200 adoptions taking place through the agency before 1970. The only other figures that I have occurred as we approached the end of the 1980s when the numbers were down to only several a year. Then in the early 1990s with such a small number it was decided to close the agency and let another agency handle them.

CHAIR: Earlier you said that the old adoption records were handed over to the Government.

Dr HARROLD: Yes.

CHAIR: I do not know exactly what that means. What feedback about past practices does the agency receive from parents and others affected by adoption?

Dr HARROLD: From speaking with people involved with the agency I know that one still has an active contact with many people who have been birth mothers or adopted children or adoptive parents. They contact her and she refers them to the appropriate agency if they want to track relatives.

CHAIR: We are more interested in finding out whether, for instance, there are allegations of improper practices of any sort or what sort of concerns are expressed after the event about the kinds of practices that went on in the past.

Dr HARROLD: Only one comes to mind where there has been an allegation of an improper practice. But as I explained earlier, I have not seen all the evidence in that case. But there has been one allegation.

CHAIR: What measures do you think might assist people suffering distress as a result of past adoption practices?

Dr HARROLD: In talking with the people who have been involved with the process, they both said independently that they see that a reunion is always worthwhile, regardless of whether it leads to continuing contact. They are happy to help facilitate that by referring people to the appropriate agencies which can help with that. From a personal viewpoint as someone who has been involved as a medical practitioner for many years dealing with patients who have adopted out their children or children who have been adopted or people who have adopted children into their family I personally have found that sitting and talking with someone and getting counselling on the subject, if there is a problem, is always helpful and beneficial.

CHAIR: Do you think that an apology by relevant agencies would assist people suffering distress as a result of past adoption practices?

Dr HARROLD: In those where there was something illegal or improper done, I would say yes. When we take it in the context of the environment at the time, it could be difficult to apologise for something that appeared to be the correct thing to be doing at the time and in line with current mores. For that reason I would like to read something to the Committee.

The Seventh-day Adventist Church in New South Wales operated an adoption agency in accordance with legislation current during the period under review. It worked within the social and legal framework of the time keeping close contact with the relevant government agencies. To each of the participants in the adopting process - the birth mother, the father, the child and the adoptive parents - the staff acted with compassion and, hopefully, in a humane fashion. The giving up for adoption of a child is never an easy decision; nor is it a painless procedure. The pain lingers on for life in many instances. Each of these mothers is a person of great worth but she suffers a sense of permanent loss. For this loss and trauma the church expresses its sorrow. For the adopted child there can be the stress of finding his or her personal identity and the struggle to contact birth parents. This can be traumatic. For this trauma the church expresses its sorrow.

(The witness withdrew)

20 September 1999

Room 814/815, Parliament House, Sydney

At the request of the witnesses, this evidence was heard by Committee Members only and the names of the witnesses have been withheld. These witnesses will be known as WITNESS I and WITNESS J.

Evidence in-confidence by WITNESSES I AND J:

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

WITNESS I: I was the former Principal Officer of the Church of England Adoption Agency.

CHAIR: Did you receive a summons issued under my hand in accordance with the provisions of the Parliamentary Evidence Act 1901 requiring you to attend before this Committee?

WITNESS I: Yes.

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

WITNESS J: I am a retired adoption and foster worker for the Anglican Church Adoption Agency at Carramar.

CHAIR: Did you receive a summons issued under my hand in accordance with the provisions of the Parliamentary Evidence Act 1901 requiring you to attend before this Committee?

WITNESS J: Yes.

CHAIR: You also received a rather frightening quantity of questions, but do not be frightened by them. They are to virtually jog your memories about all of the sorts of issues that have come up.

WITNESS J: Yes, they certainly have.

CHAIR: We understand that one of you or both of you will answer, depending on whether it is limited to a particular period or whether you have got something to say. We can be fairly informal about it. I might ask the first questions and then I will ask the other members if anybody else wants to ask questions. You have not prepared a statement to make at the beginning?

WITNESS J: No.

WITNESS I: No.

CHAIR: Would you please tell the Committee about the role and the function of the Principal Officer at Carramar?

WITNESS J: Yes. The role and function was mainly to supervise the whole of the adoption work and be responsible for the work and to assess and select the social workers who did the assessments for the adoptions, and also the staff, at Carramar where the young mothers were staying.

We also had to assess adopting parents. There were three members of the committee that did this. We also had to prepare a report for the court when the adoption finalisation came through, explaining the full background of the adopting parents and the reasons why these people were chosen for this particular baby, the situation of the young mother and why she had decided on adoption and her special wishes with regard to that adoption.

We also made policies and had a great deal of communication with what was then called the Department of Youth and Community Services, because once the Adoption Act in 1965 came through, when an adoption was approved by our agency, it had to be approved again by the department, so this meant a very close working relationship with them, and this was important for the Principal Officer and the Director of the Department of Youth and Community Services.

We also undertook assessment of the adopting parents, and in our cases, the other witness and I, we also interviewed young mothers and did the matching and placement of the babies.

CHAIR: You mentioned a staff of three?

WITNESS J: A committee of three to just read through the applications. After adopting parents had been assessed and a social worker's report had been written up, we sent them to three different committee members for approval or non-approval, and they were also sent to an honorary medical officer too. This was before and after the Adoption Act.

CHAIR: Did you want to add anything to that?

WITNESS I: No, I think the witness covered that very well.

CHAIR: The second question is about further background. Do you have any information on how adoptions were arranged at Carramar prior to the commencement of the Adoption of Children Act in 1967? For instance, who was responsible for organising the adoption, what procedures were in place for the taking of consents and how were adoptive parents selected and prepared for the adoption?

WITNESS I: I think I can answer that one. I might be too lengthy once I get off on my favourite subject. I came to Carramar early in the 1960s, and I can remember quite vividly how the matron and Archdeacon Fillingham came to see me at home to ask if I would help as a social worker in the assessment of adopting parents, and I was employed, first of all, just in assessing adopting parents, but I learnt a lot about adoption procedures in that time, and I suppose when I became Principal Officer, I was the one who was responsible for the organisation of adoptions.

I thought you might like to know perhaps more about the adoption, how we did the assessments, because looking at the Compass program recently, it appeared that the only thing that you were interested in really was the ages of the adopting parents, which at that time were 38 for the wife and 40 for the husband, and the church affiliation, whereas in fact we looked at many many other factors in the assessment of the adopting parents. So would you like to know more about how we went about assessing the adopting parents?

CHAIR: Yes, please.

WITNESS I: I think it was important for the girls to know that a lot of trouble was taken to find just the right families for their babies, if that was what they really wanted to do, and I think it was, in some cases, a great consolation to know that the babies that they had decided to place into adoption were going to the most suitable family that we could possibly find for them.

As a social worker, first of all there was a long application form to be filled in, with a medical report and two references and in our case, being a church organisation, a reference from a minister. That was the first thing. Then an appointment was made to interview the adoptive parents jointly. This was followed up by separate interviews with both husband and wife, most important, a home visit or possibly more, a personal approach to referees, because all referees' letters were usually quite good, so I mean you need a little bit more than just a reference letter, consultation with the medical officer who made the report, including the reasons and fertility factors. That was just basic procedures.

Then we had to make a report to the Church of England Home Mission selection board, which was a panel of ministers and solicitors and other people who were interested, especially selected, and then finally a letter of approval was sent to the parents.

I always felt that I had to handle the parents who were not accepted very sympathetically. That was one of the most difficult things to do. When I first interviewed them I would say that it was always a two way process. When adoptive parents came to me to be interviewed, they wanted to learn from me about adoption and all that was involved, and I wanted to learn from them about their own situation and what their family situation was, so that between us we could make the best plan. I always sort of kept that in mind.

I did make it a process to forget names, and that stands me in good stead now, so if I forget names I can say that is part of my experience in a professional background.

In the actual report that I made, apart from the age and church affiliation, I would make a report on a lot of factors, home conditions, family background, educational, professional and other training, their employment and interests very specially, because when you were trying to place a baby it was very important to place the baby that the girl's background matched up with.

Church affiliation was important as it was a church agency. Their motivation for adoption was something that I discussed at length, and which was very important, and their acceptance and their marriage relationships, because so often people sometimes adopt a child or want to have a child to improve a marriage, so I went into that and their acceptance of their infertility problems.

I spent a lot of time discussing their choice of baby, whether they wanted a boy or girl, whether they would be accepting of a physical handicap, or someone from a mixed racial background.

All this was very similar to the history that I would also take from the girl. I would always go up to Carramar and see the girls shortly after their admission, so that when it came to placing the baby, we could match the two together as much as we possibly could.

I could enlarge on that, but we did go to a lot of trouble and it was really quite rewarding.

CHAIR: You mentioned there the problem of explaining to those ones that you rejected. Have you any rough idea of what sort of percentage you might have rejected and why you rejected them? You mentioned one where you felt people were trying to heal a rift in their marriage.

WITNESS I: When I felt it was not a satisfactory marital relationship, where one was keen and one was not, or where one had not accepted their infertility problems, or worked through it, or whether they were just wanting a baby for the wrong reasons, you know, not for what they could give to a baby but what a child could give to them.

CHAIR: Would you have rejected very many?

WITNESS I: Not very many. It was always very difficult. I would try to prepare them for rejection. I would say sometimes throughout the interview not what would happen if they were rejected, but if their application was not accepted. I thought that was a kinder way of putting it. I can remember quite vividly in one case a father said, "Oh, that would be all right. I would buy a boat and call it Clare", or whatever they wanted to call it.

I can remember a woman who sort of said, "I think I would like a cat", and fortunately our matron at Carramar at the time had a beautiful cat who was about to have kittens, so at the time before they got the letter they also got a kitten. We got photos about the kitten. It was a much better placement than a baby would have been. Normally we were able to sort of get over it as comfortably as we could.

Dr CHESTERFIELD-EVANS: Can you put a percentage on the rejections?

WITNESS I: No, I am afraid I could not.

Dr CHESTERFIELD-EVANS: Would it have been 20 per cent, or 3 per cent?

WITNESS I: I think it would be more like five to 10.

Dr CHESTERFIELD-EVANS: Up to 10 per cent?

WITNESS I: Not that many. Usually they would withdraw before. Often I would help them to withdraw their application before it came to actually sort of not accepting it. Sometimes in the very first interview I would decide that it really wasn't for them, or they would decide.

CHAIR: We have had evidence from homes associated with other churches that sometimes parents who had already adopted one child were actually contacted to see if they would like another one. Was it a fairly automatic process, for instance, if someone came back and wanted to adopt a second child? Did you handle it at all that way?

WITNESS I: Yes, and also if there were siblings involved. I can think of one couple where they had already adopted one child and then the mother had another baby and they adopted the second one too.

CHAIR: Would you have contacted them to make them aware?

WITNESS I: Possibly, yes. I think in adoption every case is different and for everyone it is an individual decision. You cannot make blanket arrangements. Everyone is an individual.

CHAIR: Just on that question, still trying to stick before 1967, you did not tell us about the procedures for the taking of consents?

WITNESS I: I think my other witness could.

WITNESS J: It was a fairly different procedure prior to the Adoption Act. When the baby was born it was normally the staff, the person in charge of the hostel, the Matron, who was a Justice of the Peace and who knew the young women, who would arrange to take the consent. It meant that we had to get in touch with a solicitor. We had a solicitor to help us in this respect and he would prepare the consent for us and then the sister of the hostel would take the consent to the hospital and it was a very simple document in those days.

There was none of the comprehensive written information that the mother now has before she signs. The taking of the consent was in the office in the hospital and it was usually a fairly rushed affair, which was against our wishes, and this is no criticism of the hospital, but they were busy people and we were occupying their office and so it was not a really sensitive situation. It was too traumatic for the young mothers.

In some instances too I think that the consent had the names of the adoptive parents on it in those days and this meant that we had to choose the adoptive parents for that baby practically as soon as the baby was born, which was also wrong in our opinion. It was too rushed. You needed to take a lot of time to select the right parents for a particular baby.

CHAIR: Had the mother had much preparation before the birth for that process?

WITNESS J: Yes. Once again Witness I saw the young mothers at the hostel and did a very thorough interview and assessment and counselling for each young woman and explained adoption if that was what the young woman wanted, and also the implications of giving her consent, revocation, and the future. Certainly they were prepared, not only by the social worker, but by the staff too at the hostel.

WITNESS I: I think a lot of the girls who came into Carramar in those early days were under twenty. A lot of them were still at school. A lot of them had come to Carramar with the view to having their babies adopted even before they came to us. Sometimes we more or less had to give them the options, which were very limited in those days and they still did not often listen because their minds or their families minds had been made up for them before they actually came to Carramar. I think that the options have been talked about at length in previous reports, but it was a very different climate in those days. An unmarried mother was not generally accepted.

I can remember when I started working at Carramar my own mother, who was really a very tolerant person, said to me, "You should leave those naughty girls alone and come and look after me". That was more or less the attitude at the time. I did win her over, because apart from the girls and adopting of babies at Carramar, I was involved with older children for adoption, which I could talk a lot about also, and handicapped children.

I had a little boy who was born with a cleft palate and no hands who was placed for adoption because neither of his parents could actually cope with his disabilities, for many reasons, and finally it was he who won my mother to thinking it was quite a reasonable, acceptable job. Sorry, I digress. It is very easy to do.

CHAIR: We realise that. The next couple of questions you have already started on, and the next one asks about education given to mothers in the 1960s both before and after the birth of their child, and how that changed later, and then what Carramar considered to be the best course of action for single mothers and their babies in the 1950s, 1960s and early 1970s.

WITNESS I: I do not think it was that we thought it was the best action. The girls themselves decided really. A well known psychologist, Wilfred Jarvis, who appeared briefly in the last Compass program, was lecturing in behavioural science at the University of New South Wales. He was very involved at Carramar about the girls' feelings and how we should deal with them and their feelings of guilt, and he helped us a lot. He had sessions with the girls too.

CHAIR: What period was he working at Carramar?

WITNESS I: It would be about 1960. I do not think he would be still practising, but I think he would be a very valuable witness. I have got a list of other valuable people.

CHAIR: We certainly would like to talk to them.

WITNESS I: I am digressing too much, but I have got a list of other people.

CHAIR: I guess you are suggesting that most of the young women who came to Carramar, either they or their families or some combination of that, made the decision that the baby would be adopted.

WITNESS I: Yes.

CHAIR: For that reason, most of them did not need much education or preparing?

WITNESS I: I think they needed a lot of preparation for how they would really feel.

CHAIR: Can you tell us something about that?

WITNESS I: I used to see the girls shortly after their admission, but also I was able to arrange for other social workers to see them and have group discussions and have people come in to talk to them about what was involved. There were two other social workers, Margaret Lukes and Greta Cann. I know Margaret Lukes is still alive. I am not quite sure about Greta. But they were much more involved personally with the girls.

CHAIR: Did you feel the girls were adequately informed about the birth and about how they were going to feel about giving the baby up?

WITNESS I: I think the other witness could answer that.

WITNESS J: I would like this witness to explain about the interviews that we had with the mothers explaining adoption, and if they did want to retain custody of their babies, we certainly did try to find a solution for them, but when you mention education in the question, is that just education about adoption or just general education?

CHAIR: The broad area of education really.

WITNESS J: As the witness said, there was the first interview and counselling by one social worker and then the other social worker had group discussions, which were confidential. The rest of the staff at the hostel and the other social worker did not know what was being discussed, which gave the young women more reassurance to talk about their complaints about the hostel perhaps as well, and discuss amongst themselves how they felt about adoption and what they were going to do.

Apart from that, we also had a woman doctor who visited the hostel, and she would give lectures on antenatal care and also the labour and what the young women should expect during this time and also the postnatal care that they would require. She was a very gentle person and very good in talking to the young women like this, and she also did touch on the psychological effects of depression and so on with these young women.

We also had a physiotherapist who came every week to give them antenatal exercises, and that is the part touching on the birth.

CHAIR: Would that be the case over the whole period we are talking about?

WITNESS J: Before 1967, yes. I was there every day.

CHAIR: Not in the 1970s and 1980s?

WITNESS J: No, I am just talking prior to 1967 at the moment, because I think that was the question. We also felt we needed to build up the self-esteem of these young women, and we had beauticians visiting and hair dressers - they loved this, of course - and even fashion displays, and we had an arts and crafts lady who came, and a dear elderly, retired lady who was previously the secretary to the Archbishop who came, on public transport, to teach them shorthand and typing. Also, what other classes? Cooking. We had a very motherly housekeeper. They were rostered to do the cooking, but with 24 I think there were at this stage, it was not very onerous. They learnt quite a few domestic skills and cooking, and they themselves wanted to do the bottling when it was harvest festival time, because we had so much food landing on our doorsteps from the churches, bottling tomatoes and so on. We also had correspondence school lessons for the young women who were still at school. I think that covers broadly the education that they received.

CHAIR: Do you think Carramar did more than other places were doing?

WITNESS J: Yes.

CHAIR: It sounds like it from the range.

WITNESS J: It sounds like we are boasting but we do really believe that there was a lot of activity. The rooms for the young women were tastefully furnished and mainly separate rooms, and we tried to help them.

I believe one remark was made about discrimination of residents in the region where we had the hostel, but I think we tried to help them through this, and there were very many residents there that were kind to them, and the young wives from the local church used to take them every week to the clinic at the hospital in their cars, and some of them used to come to "baby sit" in the office, and some residents gave us money, so that the young women could have personal presents when they left, like diamante nail files. There was a lot of work put in to try to help them.

When you live under the same roof and eat under the same roof and have these young women coming in to chat with you and you are with them all the time, you do get a very deep understanding of their problems and you are sensitive to their needs.

CHAIR: Did the girls have to do much work? You mentioned the cooking.

WITNESS J: There were 24 of them, so it really was not very much. For lunch it was a very nice antenatal diet. We sat with them and had the meals too. They were very nice meals, and being rostered, it was not difficult. It might sound terrible, doing domestic work, but I think a lot of time was spent just in leisure time and going down to the shops and buying pies at the cake shop, instead of eating our lovely diet.

WITNESS I: We always had finger bowls on the table.

CHAIR: The other members of the Committee might want to ask some questions. We have probably covered number three, and I do not know, have you answered number four by implication, what Carramar considered to be the best course of action for single mothers and their babies?

WITNESS J: Well, the best course of action for the young women at the time was they did not have many options but we certainly tried to help them. Whatever their desires or wishes, we endeavoured to help them in this way. If they did wish to keep their babies, I know that the social worker and the staff at Carramar used to look for live-in domestic work for them, and once again, the residents of Turramurra used to help us in this respect, but it usually failed unfortunately.

I remember one young woman coming back saying that she had a domestic live-in position with her baby but the male occupant of the house was sexually harassing her. It was just like the old bad stories that you read of, and so that was very difficult. Certainly, unfortunately, adoption was often the only solution, but we helped them as much as we could in that decision.

CHAIR: Would very many of the girls keep their babies?

WITNESS J: I do not have access to the files. I know the Principal Officer at the Anglicare Adoption Agency gave a lot of figures, because she had the files, and I have read her interviews with you, and I fully support all of those things. She has given some very good facts and figures, but we are getting a little elderly and we are not so good at remembering.

WITNESS I: My long-term memory at my age is a lot better than my short-term memory frankly.

CHAIR: It is easier to go back. I know how you feel. I guess then we should move a little bit into the 70s and 80s when things changed a bit. I am looking at questions 4, 5 and 6, but we do not have to really stick to these if you do not want to. Did you think as time went on that other alternatives started to appear, and did that mean that changes occurred at Carramar?

WITNESS J: With the changes in the social, family and the economic situation, certainly more mothers kept their babies, and so our counselling procedures had more emphasis on that and more help given to the young mothers if they did retain custody. I am not quite sure what year, but gradually as this trend increased, the young mothers were allowed to come back to the hostel with their babies before they went home so that they could adjust and we could teach them a little bit about baby care and where they could go, whichever place they went to, where they could get in touch with baby health centres and perhaps health visitors and so on. I suppose our counselling changed in that respect quite a bit.

Dr CHESTERFIELD-EVANS: Was there any sharp discontinuity when the laws changed?

WITNESS J: No. I do not think so, because we already had in practice, right from the establishment of the hostel, the assessment situation that this witness has explained of the adopting parents, and we already had counselling for the young women, we already had a haven for them, which was requested under the Adoption Act, that young women should have a hostel to go to and time during their pregnancy to consider the options and whether to give their babies up for adoption.

The only change that I could see was more forms, more hard work in the office, particularly as everything was in duplicate and had to go to the Department of Youth and Community Services for their approval too, but apart from that, I think that we did discuss this with youth and community and Mr Langshaw, who did compile the new Adoption Act. We found that we were already there. I know this sounds rather smug, but there were not many changes in the policies or the procedures.

I would like to just mention here too that after about two years of taking the applications to the Department of Youth and Community Services for their approval, they finally said to us that they would dispense with this method because they had every confidence in our expertise and it was only our agency that was allowed to do this. That was good. It saved us a lot of office work.

Dr CHESTERFIELD-EVANS: It sounds like you were ahead of the game?

WITNESS J: I think perhaps establishing a hostel later than a lot of the other churches that we could gain from their experience about what not to do.

WITNESS I: I think probably that we involved professional people like social workers and psychologists much earlier than perhaps some of the other agencies would have done and we introduced a lot of group discussions, and seminars, an adoption manual, a practice of adoption. We were involved with the department in the setting up of a Standing Committee on adoption through the Council of Social Service. That was in force several years before the new Act and the staff were very much involved with the planning and the implementation long before, so I think that we were pioneers in the field at that stage.

When the actual Act came into force, apart from extra paperwork, I think that we were already carrying out the principles.

Mr MOPPETT: I am a little concerned that time is going on and I have actually been delighted to hear your description in general, but I think that you probably understand there have been people who have come forward who have made accusations or allegations and I think we should try to cut down and give shorter spots to some details.

In one submission to the inquiry a 16 year old unmarried mother attending Carramar in 1963 said that the matron at Carramar "gave her consent" for her to undergo any treatment at Hornsby Hospital. The matron signed a Consent for Minor document for the operation of "confinement, caesarean section, blood transfusion or whatever ... (the doctor)... may consider necessary under G/anas". Are you able to comment on this practice? For instance, was it common practice for the matron of Carramar to act as guardian for minors and give blanket consents?

WITNESS J: I believe that we usually asked the parents to sign this document. I have been in touch with the matron of the hostel, [...] and she cannot recall having signed such a document and I could conjecture but I do not think that conjecture is what you want. You want the truth and that is all that I can say on this situation. At that point of time I was the secretary and I did not have access to all the procedures, so really that is all I could say, that [she] cannot remember signing the document.

Mr MOPPETT: In which case it is most unlikely that it was general practice.

WITNESS I: Unlikely.

Mr MOPPETT: What contact did the staff of Carramar have with the presumed father of the child? Was there any policy about allowing him access to meet with the mother and subsequently the mother and the child? Was any assistance provided to the mother to locate the father of the child and pursue affiliation applications?

WITNESS J: In those days we were very interested in meeting the fathers of the babies. It was very beneficial too. Sometimes, of course, the families themselves did not want the fathers to visit and so we had to comply with their wishes, and sometimes we were not sure whether it was the father of the baby or the boyfriend. I shouldn't really joke in this way, but it was fairly difficult for the staff to control the situation. Certainly if we felt that the father of the baby was being supportive, then we saw him and he was allowed to visit.

When I mentioned boyfriends I remember there was a boyfriend that also visited because he was going to support this young woman after her baby was born. He was not the father of the baby but they were going to have a future together.

It was very open at the hostel. The young women were allowed to go out wherever they wished. They went to Luna Park and on picnics with us and so on and I feel sure they probably did arrange to meet the fathers, even if their families said they were not allowed to. There was no set ruling but at the same time there had to be some sort of control for the sake of the staff, particularly if the fathers or boyfriends would normally visit in the evenings and it was just that little bit sort of spoiling of the harmony of the hostel.

We were overworked as it were. You have probably heard that comment before, but we were. Certainly it was a relaxed sort of situation.

Mr MOPPETT: I am sorry if I sound inquisitorial but I hope you understand where I am coming from. I want to explore some of the things that have been said. In evidence to the Committee it has been stated that while it might have been considered best practice in the 1950s and 1960s not to allow the mother to see the baby at the birth, to prevent bonding, it would have been appropriate to explain this practice to the mother prior to the birth. Are you able to say whether the staff at Carramar informed the mother of this practice and the reasons for it?

WITNESS J: I would like to state very positively here that the staff of the hostel did not only explain but discussed it with the young mothers and the matron would constantly go to the hospital and try to persuade the maternity staff to allow the young mothers to see their babies and then she would come back and talk to the young mothers about this. We did finally make a breakthrough fairly early in the sixties. I am not critical of the hospitals as they were busy people and we were sort of spoiling their neat procedures. They said all right, and from then on we were allowed to proceed.

I speak very positively about this, because I believe that a television program, Compass - I think that the film on Compass they did cut it a bit and the statement made by the matron was not true. We did want the mothers to see their babies and we were very happy when they did. When the consent was taken we would go with the young mothers to look at the babies. We would perhaps hold her hand while we admired the baby and comfort her. This was good.

Not only did we make a breakthrough in this way but we also realised that the young mothers found it very traumatic to be in the ward with married mothers. Babies were being brought to be breastfed and visiting time must have been very dreadful for them. We persuaded the hospital to allow them to have a small ward of their own. This was much better.

Later on we persuaded them to let some of our staff, who were registered nursing sisters, to attend the birth in the labour ward. As I said before, knowing the young women so well, we tried to do the best for them and understand their problems.

Mr MOPPETT: Can you comment, just to round this off, about the introduction of this policy across the other agencies involved, because it seems you were well in front.

WITNESS J: I do not know. I would not like to say we were the very first because I do not know.

WITNESS I: I think in some ways we did start the ball rolling.

CHAIR: Does that mean that there was a conscious disagreement amongst you people at Carramar and the prevailing medical orthodoxy?

WITNESS J: Not really. We got on well with the sister. She was a sweet person but she wanted to have her hospital orderly. We did really get on with them quite well. We heard from the young mothers sometimes about some discrimination. We tried to explain to them why this would happen and just to support them and comfort them. We did not like to go along to the hospital and say, "Look here, you should not be doing this." We realised that was happening and we usually had a very good relationship with them.

Dr CHESTERFIELD-EVANS: Would you say that single women were treated differently from married women by the medical staff during the birth?

WITNESS J: I do not know.

Mr CHESTERFIELD-EVANS: The allegation has been made about sedation, of being bombed out of their brains at the time of delivery. You could not comment on that?

WITNESS J: Certainly none of us ever observed this type of behaviour after the birth. The mothers seemed to be quite normal, sad of course and quiet, and I think that the only medication that we were aware of was the type of medication to dry up their breast milk, because they were giving the babies up for adoption and this was what the young women wanted themselves, because they wanted to get back home as soon as possible. Certainly we never detected any signs of dopiness or peculiarities. Certainly we would not have taken consent if that were so.

Mr MOPPETT: That is a very relevant statement you have made.

Dr CHESTERFIELD-EVANS: Could you explain the actual process of taking consent? That has been a great point of evidence from a lot of the girls, that they felt that they were like cattle in a race, you might say, that they could not deviate.

WITNESS J: Yes. It was unfortunate. I think I mentioned earlier that to take consent we used the maternity sister's office and the hospital also insisted that a Justice of the Peace from their staff was present at the taking of the consent, which meant that we had this feeling of being in the way. Once again, it is not criticism. I can understand hospital procedures, but we felt that we were a little bit in the way and also having a stranger was not in the best interests of the mothers. We always tried to make sure that the person taking the consent was somebody that the young mother knew and this was why most of the responsible staff at the hostel became Justices of the Peace, for this purpose.

I personally found it very traumatic taking consent. It is not the way I would have liked to have taken it, particularly when there were lots of babies being born and there was more than one mother waiting for consent. It was dreadful. It was as the girl

describes and we could not really do anything about that.

Dr CHESTERFIELD-EVANS: Could you not have taken the consent elsewhere?

WITNESS J: No. It was the hospital. They were not prepared to let the mother be discharged unless she had either given consent or had the baby in her arms. So that was it.

Dr CHESTERFIELD-EVANS: Which hospital was that?

WITNESS J: The Hornsby Hospital. I think most hospitals had that policy though. I am not criticising Hornsby. I am sure most hospitals had it. We did go to other hospitals.

CHAIR: The baby stayed at the hospital after the mother left?

WITNESS J: Yes.

CHAIR: Then the adoptive parents came to the hospital?

WITNESS J: Yes.

CHAIR: Carramar was shut out of that part of the proceedings?

WITNESS J: We used to go with the staff or a social worker with the adopting parents.

WITNESS I: We usually would try to have the consent taken by someone who actually knew the girl, but in the early days it was a little bit different because the hospitals wanted their own Justices of the Peace there. Then we all became JPs and that made it a little bit easier.

WITNESS J: The babies were not always left in the hospital. We had foster families for them, of course, and this was very good if the babies stayed until the 30 days revocation period. We had very good foster parents to foster the child and the adoptive parents would go to the foster parent to take the baby and we would be present too. We were still involved.

Mr MANSON: What happened when a mother wanted to revoke consent? How was that processed?

WITNESS J: It was explained to her the necessary procedure before she gave birth to the baby and we would tell her to get in touch with us. I think that this was explained quite fully, even in the early days. Before the Adoption Act any young mother could revoke consent at any time up until the adoption was made legal in court, which meant that if an adoption was delayed in the court, it could be as long as two years.

I was involved in a revocation where a mother did revoke consent when the baby had been placed for six months and I went with her to the adopting parents and it was a very sad but very loving event and it ended up with the adopting parents with their arms around the young mother and the baby. There was a good feeling about it but it was extremely sad.

The new Adoption Act was much better in that there was the 30 days revocation, which was carefully explained, and the forms were carefully read out and explained and we discussed them at the hostel with the young mothers too.

WITNESS I: It was discussed both with the adopting parents and the girls themselves, so that both parties knew.

Mr MANSON: With the adopting parents and the girls themselves, was that common for this to happen or was it very unusual?

WITNESS J: Revocation?

Mr MANSON: Yes.

WITNESS J: More common as we went into the 70s, but not very common in the early 60s I do not think, but once again, I have not got access to the files and I do not know.

CHAIR: Was any of this information written or did they explain it to the young women?

WITNESS J: Not in the early days. It came to our understanding, of course, we realised that although we were talking very intently to the young mother, "Do you understand that", and she would nod her head, we realised later on that probably they were too busy worrying about their present situation and it was not registering. It was only later that we realised that this type of information had to be put in writing. As I say, we did have the actual files pinned up in the hall in the hostel, but I do not suppose that was good enough, and unfortunately, we did not realise it.

I remember one young woman coming back to me after she had given birth and saying, - I know that you talked to me for a long time but could you tell me it all again, because I wasn't really listening". That is when we realised everything had to be put into writing.

CHAIR: Was that when you put that sort of thing into writing?

WITNESS J: Revocation of consent?

CHAIR: Yes.

WITNESS J: I suppose in the early 70s. I do not know.

CHAIR: I guess that is related a bit to question 16, the kind of written material from the various Government departments.

WITNESS J: I do not think we got written material, but we used to go to the Standing committee and adoption meetings, and we also met in hospitals with other adoption representatives and hospital staff quite regularly, right from even prior to the Adoption Act, and we would discuss these sort of issues, but we did not get any recommendation or direction from the department.

Mr MOPPETT: Are you able to comment generally about the level of training available to adoption workers during the 1950s, 1960s and 1970s, not only in Carramar?

WITNESS J: I think the very first training meeting that we attended was -

WITNESS I: That was organised by the department. It was the Child Welfare Department in those days, then it became the Department of Youth and Community Services, and it was organised by Betty Vaughan, now Mrs David Checkley. I do not know whether she is still alive, but she would be a very good witness for the committee. It was at the Blackfriars Correspondence School which was the training school for departmental officers, and this particular seminar she did involve the private agencies, and that was the beginning.

I gave a paper at the time on adoption questions, and I think Wilfred Jarvis spoke on the psychological aspects. I am not quite sure, but there must be a record of all this somewhere. Unfortunately, we have not got records, we only have people's memories, but that was in about 1967, just before the Act.

Before that there were many meetings at the Council of Social Services, Standing Committee on Adoption, which I think their records should be available, and that was about 1964. That was really organised by Mr Ron Murden, who was one of the special officers within the department on adoption, and he was responsible for getting the Standing Committee going, which such a lot of the agencies and solicitors took part in.

The training sort of started from about the 1960s, and, as I said, a lot of professional social workers and psychologists. I think gradually that training has improved, but it was started quite early in the 1960s, and I am sure there must be more records available.

CHAIR: We will be bringing the department back. We had them at the beginning, but we will be bringing them back and talking to them again.

WITNESS I: Then there was adoption manuals. I was involved in the first adoption manual that was printed to help people working in the field. A lot of the district officers in the field were so busy, they had so many other jobs to do apart from adoption, and adoption is a very specialised sort of area. I would also like to say that I think there was a lot of co-operation between the department and the private agencies in the early days. There was a fairly small number of people involved and we all got along very happily really.

I think one thing that has not been spoken about is primarily it is what is best for the child. We have been talking about the adopting parents on one hand, we have been talking about the girls on the other hand, but what I think I have always set as my yardstick was the welfare of the child and so the decisions always had to be made on what was best for the child.

Dr CHESTERFIELD-EVANS: That question has been raised a lot at seminars. The adopting mothers, of course, have many regrets. That is the striking feature of what we have had presented to us, and the assumption was that the welfare of the child was best served by their being given to adoptive parents. The girls say that the line used continually on them was, "If you love your baby you will give it away". How does that fit into what you are saying?

WITNESS I: Sometimes the welfare of the child might be that it would be better for them to remain with its own parent or own mother.

Dr CHESTERFIELD-EVANS: That is certainly what the mothers thought. That is what they think now. What is your concept, was the welfare of the child connected either cognitively or assumed to have been connected with the process of adopting it out?

WITNESS I: No, I think every child, every case is different and what might be good for one would not be good for another. I think you have to cope with this very difficult decision and I would not say that adoption was best for the girl keeping the baby or not.

Dr CHESTERFIELD-EVANS: You were involved in both practices or principally involved in the adoption?

WITNESS I: I was principally involved in adoption, but I have been very involved with girls who have kept their babies and especially after I went to Barnardo's, where I was in charge of the fostering program. There were a lot of girls who had kept their babies and were not able to care for them any more, who came to me to be placed in foster care, and sometimes eventually adopted

or in long-term foster care, or sometimes the girls were able, with counselling and help, to be better equipped to look after their babies.

There was one case where the mother was very stressed, they were drug addicts and they came along and placed their baby, first of all in foster care and eventually it was adopted, and other cases of child abuse, and other cases where with counselling and help the girl kept the baby.

I can remember one lass, Peruvian, unmarried, determined to keep her baby. At that stage there was no Government help that you could get and she was referred to Barnardo's and she kept her baby, she learnt English. My first interview with her was through an interpreter. But she kept her baby and it has worked out wonderfully well.

Dr CHESTERFIELD-EVANS: The question I think that we have had difficulty answering in this inquiry has been to get an overall picture. We have a lot of evidence from mothers who relinquished their babies and get very upset about it, but we have not any sense of what percentage of relinquishing mothers were that upset and what percentage of adoptions did the child do very well and have no problems.

WITNESS I: That is the problem.

Dr CHESTERFIELD-EVANS: Do you have any sense of that through working at Barnardo's at all?

WITNESS I: I think it is very hard, because you only get reports when things go wrong. You do not always hear when things go right.

Dr CHESTERFIELD-EVANS: Would you necessarily hear if it did not go wrong though?

WITNESS I: I do not know that. I am sorry.

Dr CHESTERFIELD-EVANS: I am trying to understand how many successful adoptions there are, if you want to call them that, the best thing for the child, the adoptive parents are happy and the child is growing up okay, and the mother accepting her loss, as opposed to the mothers coming here, where the mother grieves over her loss for 40 years.

WITNESS I: I am sorry, I cannot give you any idea.

CHAIR: We have had 300 submissions but there were 100,000 adoptions.

WITNESS I: I think there are quite a number of personal adoptions which have been very successful. I can think of quite a number where the girls have kept their babies and had counselling and help and been able to manage very well. I am sorry, I cannot give you anything. The girls are so individual.

Mr MOPPETT: The difficulty, you understand, is that this is a group that are coming to us who are grieving people.

WITNESS I: Yes, and I hope as a result of all of this some of those grievances and anger and distress will be alleviated.

Mr MOPPETT: Some in the far spectrum have made allegations of unethical, even illegal, practices, that they were railroaded into creating a desired outcome, which was a childless couple adopting a child. From your experience, would you think, and not directly at Carramar, but in your experience in the community, do you think that there would be any veracity in that suggestion?

WITNESS I: I do not think so. At the stage that we are talking about I think everyone did it with the best of intentions in the world. In any sphere there are always a few odd people who make mistakes along the way, in any situation. In general, I do not think anything was done out of malice or illegally. I think at this stage everything was done with the best of intentions really.

CHAIR: Those comments that you made before about the rush, do you think any of those would have come close to being unethical?

WITNESS I: No.

WITNESS J: Even though I say it was rushed, we always did spend the time to really explain, read out and give them time. It is just that I would have liked the atmosphere to have been better, not so much the procedure. I would also like to point out when you talk about finding a child for an adopting couple, in our counselling I do not think we ever said, "Your baby is going to live a happy ever after life". As a matter of fact I used to try to bring them up to reality by saying, "We are finding the best parents we possibly can with our assessments but there is no guarantee it will work".

People are humans and marriages do break down and there may be a death in the family, and there was none of this, "Give your baby up for adoption and it will be all right". I did not believe in that at all. Certainly we were not trying to snatch the babies from them. In fact, we were so busy that I used to feel a slight sense of relief when a mother decided to keep her baby, because there was less work.

CHAIR: What measures do you think might assist people who are experiencing distress as far as past adoption practices are concerned?

WITNESS I: I think that the Benevolent Association with their resources centre are dealing with that very well and there

are a lot more community health centres and doctors and psychologists and social workers in the community who are available to help people. I think that the Benevolent Association Adoption Resource Exchange is doing a good job.

WITNESS J: I had a lot of experience, having been in the agency for so long, with a lot of the young mothers phoning up or coming to see me and writing in wanting to know how their babies were, or wanting to talk to me. I was the link. I knew them, the baby and the adopting parents. Even talking about what sort of employment they had, what they were doing with their lives, what school they were at, was a reassurance, just keeping in touch.

Certainly we realised that they needed to know more about their babies and we tried to educate the adoptive parents to understand the feelings of the mother and let us know about the progress of the baby. I had a tremendous workload in the end as there were a lot of the young mothers that I used to chat to, or send them a photo. I don't know whether it alleviated their grief, I agree with the witness here, what she says about the type of counselling that they might require, they certainly did need more contact after they had given their babies up for adoption. I am talking in retrospect, not now. I think that it is very difficult to repair the damage done now.

CHAIR: Thank you very much. Can you please give us the list of the people you were talking about now, or if you prefer, later on.

(The witnesses withdrew)

At the request of the witnesses, this evidence was heard by Committee Members only and the names of the witnesses have been withheld. These witnesses will be known as WITNESS K and WITNESS L.

Evidence in-confidence by WITNESS K and WITNESS L:

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

WITNESS K: As a Sister of St Joseph and having worked at St Margaret's for many years.

CHAIR: Did you receive a summon issued under my hand in accordance with the provisions of the Parliamentary Evidence Act 1901 requiring you to attend before this Committee?

WITNESS K: I did.

CHAIR: We have sent you these questions of which there are a huge number. We have found with our previous witnesses that it is impossible to stick to them and it is silly to try if it prevents us taking up issues that arise in general. Do you want to say anything before we start, or in terms of question one can you briefly outline for the Committee your long involvement with St Margaret's and St Anthony's since 1950?

WITNESS K: To clarify a point, I have never worked at St Anthony's, although I have been involved with the girls.

CHAIR: Can you outline your long involvement with St Margaret's?

WITNESS K: I came to St Margaret's in 1950 after completion of training in both general and midwifery nursing. In 1951 and 1952 I had novitiate training in the Sisters of St Joseph. From 1953 to 1958 I worked in all areas of public and private hospitals. In 1958 I attended the New South Wales College of Nursing, to undertake the sister tutor diploma course, known today as nurse educator. From 1959 to 1969 I was part-time educator and continued working in public hospital wards. In 1970 I was appointed full-time nurse educator.

In 1979 in July I was appointed Director of Nursing. In 1981 I attended Cumberland College of Health Sciences to do the Nursing Administration course. From 1982 to 1985 I continued as Director of Nursing. In 1985 I was then appointed Sister Administrator of the public and private hospitals and in 1990 retired from hospital administration.

In 1991 and 1992 I undertook the Archives Administration course at the University of New South Wales, while working part-time in the archives. From 1993 to 1998 I continued working in archives until the closure of the private hospital.

CHAIR: It is certainly a long involvement, is not it? These questions, as you have gathered, are fairly chronological, but we realise a lot of them overlap so feel free to answer them if you want to go on to other questions. Number two, we are asking how adoptions were arranged at St Margaret's prior to the commencement of the Adoption of Children Act in 1967 and giving some examples. Can you tell us?

WITNESS K: Although I was never directly involved I believe that adoptions were all arranged through a solicitor who would have been employed by the Department of Health or the child welfare department at the particular time. I have no knowledge of the procedures in place for taking of consents, but anecdotal information suggests that prospective parents were

carefully matched with the mother of the child to be adopted, for example, ethnic, religious, educational background and physical characteristics.

CHAIR: Are you able to comment on what was considered to be the best course of action for single mothers and their babies in the fifties and sixties?

WITNESS K: What was considered to be the best course of action for single mothers and their babies in the 1950s and 1960s at St Margaret's reflected what was considered best by society in general at that time and that was adoption unless economic or family circumstances made it possible for the mother to keep her baby. I have never worked at St Anthony's, however I would like to comment that I do not believe there was undue pressure exerted on these girls to give up their babies if they wished to do otherwise, at St Margaret's or St Anthony's.

Several of the sisters from St Margaret's went to St Anthony's to do mothercraft training and most of them returned to St Margaret's to work. There would have been comments made had the policies been very different.

CHAIR: Did that point of view change in the seventies and eighties? Can you suggest what precipitated the change and how it took place?

WITNESS K: In society in general there were changing attitudes and the state of being single and pregnant or a single mother did not carry the same stigma. In some cases the family was prepared to accept the baby as a family member, or to help provide financial support. Government financial support became available in the form of supporting mother's benefit.

Existing policies were formulated and policy documents were developed at the request of the Health Commission.

Mr CHESTERFIELD-EVANS: Do you believe that there were any viable alternatives to adoption for a woman wanting to keep her baby prior to the early 1970s? If yes, what were these alternatives and how was this information given to the mother? If no, how were these women who wanted to keep the child counselled?

WITNESS K: For the young teenager without family support there were probably few alternatives. However, some of these girls were older and had secure employment and may have been able to manage. If I can refer to the statistics on page 16 of the Submission presented by Witness L on behalf of the Sisters of St Joseph, they show a definite trend towards mothers from St Margaret's keeping their babies.

These statistics came from the St Margaret's Hospital Social Work Department records. I have no knowledge of how the mothers were counselled.

Mr CHESTERFIELD-EVANS: Was there knowledge in the 1950s and 1960s of the possible long-term consequences of adoption for the relinquishing mother, including depression and regret? Are you aware of whether mothers were informed of these possible consequences? If no, when did you become aware of these possible negative consequences?

WITNESS K: I believe there was little knowledge in the fifties and sixties of possible long-term consequences of adoption for the relinquishing mother. Those who worked in this area were compassionate, caring people who could not have envisaged the long-term effects we have since become aware of. I do not know whether mothers were informed of consequences such as depression or regret. These effects of loss and grief gradually became to be recognised and known through the work of people such as Kubler-Ross, Margaret Nicol and Mal McKissock from the 1970s on.

Mr CHESTERFIELD-EVANS: How were the putative fathers of a child treated by the staff at St Margaret's and St Anthony's? Was there any policy about allowing him access to the child?

WITNESS K: The putative father was given the same rights as other visitors who wished to see the mother, and she decided if or who could see her baby, so there was no difference, other than that.

Mr CHESTERFIELD-EVANS: Could you describe the type of medical treatment given to mothers at St Margaret's who intended to relinquish their children for adoption both before and after birth? For instance, could you comment on the administration of drugs during delivery and in the days after birth and, I guess, when consent was taken?

WITNESS K: In regard to administration of drugs both in labour and in the post-natal ward, I assisted Witness L last week in doing a pilot audit of a random sample of charts of five mothers whose babies were for adoption in each year of the 1970s from St Anthony's and St Margaret's, a total of 50 charts. There was absolutely no evidence that drug usage was other than normal and average for any mother in labour at that time.

Dr CHESTERFIELD-EVANS: This is the chart we are looking at here at the end?

WITNESS K: Yes.

Dr CHESTERFIELD-EVANS: Is there a comparison between the numbers here and a control? Does it compare the

WITNESS K: The single mothers with normal mothers?

Dr CHESTERFIELD-EVANS: Yes. There is a list here that does not seem to distinguish them?

WITNESS K: No, we did not. At that point we were just looking at single mothers only, because we knew from our own experience that that drug usage was absolutely normal. Further work can be done on that certainly.

Dr CHESTERFIELD-EVANS: There is not a control group for this group, is that what you are saying?

WITNESS K: That is right, yes.

CHAIR: Because you have been previously sworn, Witness L, you may make any comments you wish.

WITNESS L: If you want to read the preamble to it, you will note that it is very time consuming to fully chart. We have identified the control, and that chart can be accessed through the Prince of Wales records department, but we took, at least I took a decision to do a pilot audit on 60 women who had let babies for adoption. If there was anything untoward, after we have looked at it, or after the Committee has looked at it, then we would look at controls, but at this stage there is no comparison between controls and the mothers who adopted babies. We were relying on our experience.

Dr CHESTERFIELD-EVANS: So you are saying that the drug use was within the normal range, but a comparison, you are saying, was not done?

WITNESS L: Yes.

Mr MANSON: I will ask the next question.

WITNESS K: I think I probably have not quite finished answering that question in toto. Apart from that aspect of the drugs, in other respects I would say that single mothers were given even more care and emotional support. Every effort was made to ensure that the labour and delivery was as normal as possible. When the mother was nearly ready for delivery, with the baby's head pressing down on the perineum, the pelvic floor, it was normal practice for one of the nurses to put on surgical gloves and stretch the perineum as much as possible, so there was less risk of a tear occurring when the baby's head was born, and therefore there would be less evidence that the mother had had a child. We certainly did not use sheets or a pillow to prevent the mother from seeing a baby.

Another thought that came to my mind in regard to those charts was that the very last chart that I examined, when we did that random sample last week, was of a mother who had had four babies, and all of them through St Anthony's. She kept the first one and surrendered the other three. That has a bearing on other evidence that has been given, and I thought it was a point that was worth mentioning.

Mr MANSON: Could you explain the reasons for marking a mother's chart "Baby for adoption - not to be seen by mother"?

WITNESS K: At St Margaret's we marked the charts "BFA". This was important so that staff would be alerted and the mother would receive appropriate care, and in the outpatients department she would be directed to a clinic held specifically for these mothers, so they would not run the risk of meeting someone who knew them. They were also directed to physiotherapy and prenatal classes held just for single mothers. I have never seen the words "Not to be seen by mother" on any chart at St Margaret's.

Mr MOPPETT: In evidence to the Committee, it was stated that while it might have been considered best practice in the 1950s and 60s not to allow the mother to see the baby at the birth to prevent bonding, it would have been appropriate to explain this to the mother prior to the birth. Are you able to say whether the staff at St Margaret's informed the mother of this

practice and the reasons for it?

WITNESS K: I cannot recall any other birth practices which were different for single mothers. We always tried to place them in a single room or a double room on their own or with another single mother if possible. I cannot remember any details but believe that the mother would have been told that she would not see the baby.

Mr MOPPETT: Are you able to make any comments about the practice involved in the taking of consent for adoption at the time you were at St Margaret's?

WITNESS K: I have no specific knowledge of the process of taking consents, other than escorting social workers to see single mothers who had decided to adopt and ensuring that they were provided with privacy, such as a single room, if they were not already accommodated in one, or providing them with a sitting room, so that they would have privacy, but what actually went on with the social worker or whoever did it, I am not aware of it.

CHAIR: Can I ask a general question there. Our previous witnesses from Carramar made a number of comments suggesting social workers and all of the people at Carramar were perhaps more sensitive, perhaps more ahead of their time than Hornsby Hospital, and they gave us examples of the hospital's attitude to rushing consents, wanting to get them out of the way. They also said that really they felt it was them who had persuaded the hospital to make sure that women with babies who were going to give them up for adoption were not put in the same room as a mother with a baby and so on. Do you have any comments as to the relevant position as to that sort of attitude of social workers and so on?

WITNESS K: As far as being on their own, we had a strict policy that the girls, wherever possible, were put into a single room if there was one available or into a two bed room. With the volume of girls that were coming through in those days, there were often more than one at a time, and so they would go into a single bedroom or even a four bed room, but because the number of deliveries was very high in those days, sometimes we did not have a single or a double room available. We had an 11 bed ward at the end, and one of those beds was in a corner, and so she was completely private because she had three walls and a curtain. That was the least effective or the least favoured room, but at least she did not have babies on both sides of her. She certainly could hear mothers and babies, but also some of those girls elected to feed their own babies or to see their babies. There was a degree of isolation, but you did not always have accommodation for the ideal.

CHAIR: It was your view then that the staff at St Margaret's did not need to be encouraged by other people, as the Carramar people certainly felt the Hornsby Hospital needed to be urged along to take a more humane approach?

WITNESS K: I would say not. St Margaret's was founded in 1894 for the specific purpose of caring for single, destitute mothers, and that remained a strong focus for the entire history. That was absolutely part of our philosophy, to give them every bit of care and attention and consideration that was possible.

Mr MOPPETT: To avoid any discrimination?

WITNESS K: Yes. If they discriminated, it was in order to protect them and preserve their own privacy and care.

Mr MOPPETT: In your capacity as head of the School of Midwifery in the 1970s, could you outline to the Committee the changes in midwifery in the 1960s and 70s? Would you say this was a time of considerable change in obstetric practice? What brought about these changes and how were these changes communicated to midwives?

WITNESS K: There certainly was considerable change in obstetric practice in the 1960s and 70s. One such example was the length of stay in bed, which was reduced from seven days to one or two, and discharge from 10 or 12 days to approximately seven. In labour women were encouraged to be more active. There were more inductions of labour, improved methods of pain relief, ether was discarded in favour of nitrous oxide, intravenous hydration was given more frequently and epidural pain relief turned out to be a great bonus. More frequent use of forceps for deliveries helped to reduce prolonged labours. These improvements were available and in use for single mothers as for other mothers. In postnatal care binders were discarded and showers were the norm rather than sponging in bed.

The changes were brought about by improved knowledge through research, examination of practices and statistical data. Also membership of professionals in specific professional groups at local, national and international level. Attendance at in-service sessions and seminars and also through consumer demand. I can recall many sessions in the Midwives Association when these sort of topics were brought up and discussed.

Changes were communicated to midwives through policy documents, memoranda, ward reports, in-service sessions, seminars and professional literature and through lectures to students in the School of Midwifery.

CHAIR: Would you like to comment generally about the level of training available to adoption workers? You have told us about the training of midwives. What about adoption workers?

WITNESS K: I really have no knowledge of the training for adoption workers, other than it is an area included in education and practicum for social workers. I do recall social work students being placed at St Margaret's for clinical experience from the 1970s on, but the actual nature of the training, other than that, I do not know anything about adoption workers other than through social work.

CHAIR: Did the midwifery training include anything in relation to babies placed for adoption or their mothers?

WITNESS K: The social workers all gave lectures as part of the curriculum of the students, so that the students were always given general information about the girls. They certainly were not encouraged to give them advice, but to give them the best care and attention that they could get.

CHAIR: Would that have included any discussion of the psychological sort of state?

WITNESS K: No, I really cannot recall specifically that that would have been included until the social workers came in to give lectures. I honestly cannot remember specifically ahead of what I have already indicated.

CHAIR: What contact did you have with the then Department of Child Welfare and any other adoption agencies on the practice and delivery of care to single mothers? Did you receive written material from the department or from other agencies?

WITNESS K: I did not have any personal contact with the Government Department of Child Welfare or any adoption agency. Policy documents received from the Department of Health were incorporated into teaching and practice through hospital policy documents, so they were always included in policy documents throughout the hospital and teaching.

CHAIR: Do you recall specifically what information would have come with the Adoption of Children Act 1965?

WITNESS K: I do not recall details of the information when the Adoption of Children Act 1965 was introduced, but I do remember that a copy of that Act was one of the documents preserved with the other Acts when the School of Midwifery and St Margaret's Public Hospital closed. It is still retained with the hospital archival records in the care of the Mitchell Library.

By that time I was the archivist of all of the documents that were used in the School of Midwifery which came to the archives, so I had a lovely time going through things that I had taught years before and that Act was certainly one thing I could remember vividly, without the details of what was in it.

CHAIR: Are you aware of any cases of unethical or unlawful practices in adoptions at St Margaret's during the period you were there?

WITNESS K: I am not aware of any practices which were unethical or unlawful in regard to adoptions or any other practice.

CHAIR: Finally, what methods do you think might assist people who are now experiencing distress as a result of past adoption practices?

WITNESS K: I believe that there is a great need to recognise and acknowledge that some practices in the past in regard to adoptions were not in the best interests of the mother or her baby. It is easy to be wise after the event. It is also important for mothers who have been traumatised by this experience to realise and accept that in most cases the professionals who cared for them really believed they were doing what was in the best interests of the mother and her baby.

In the years of contact with these mothers and the nurses caring for them, I do not recall any nurse who would not agree with my belief that, "There but for the grace of God go I."

On a practical note I would like to see counselling services readily available for each mother and her child free of cost because I think some of them have had to pay enormous amounts in order to be able to search for their child, and access to her records and post-adoption services to be also available free of cost. I think that is a real must.

I would also like to make a statement in regard to the labour experience of one of the witnesses who gave evidence on 17 June. She had been cared for at St Anthony's and had her baby at St Margaret's, where she described her experience as horrendous and traumatic. I am not attempting to defend St Margaret's but put that experience in the context of it being 1962. I am aware of many mothers who had long and difficult labours in those years before inductions of labour and augmentation of labour became the norm, plus improved pain relief and intravenous hydration, which have been already mentioned today.

This girl was 16 and not physically mature. She described herself as a tiny, weeny little girl. She had a baby weighing 8 pounds 12 ounces, larger than average, which would have contributed significantly to the difficult labour. I often wondered how any mother could face another pregnancy and labour after such an experience, but when the result for them was a live, healthy baby they were often brave enough to become pregnant again, generally aware that such an experience was seldom repeated.

For the single mother, however, the trauma lives on because she has lost her child, however unplanned the pregnancy was.

(The witnesses withdrew)

Adoption Forum

18 October 1999

Legislative Council Chamber, Parliament House, Sydney

CHAIR: Thank you all for coming and thank you for the overwhelming response to the forum. We ended up receiving 67 requests to speak. We really wanted to hear from as many people as we possibly could, so we have got 25 speakers. We made sure that we included, as much as possible, anyone from a regional or rural area. In a normal inquiry we would try to travel, if we could, but in this case it has been very difficult because of the timing. The women who have written to us from rural areas are also very scattered and it is hard to say we will go to Port Macquarie but leave out Orange, so in general we have taken the view that we will try to make sure that particularly people from Newcastle and Wollongong and from other areas are given as much opportunity as possible to get here.

As you can see from the program, we are going to try to hear from thirteen speakers between now and 12.30. If you need a break, do not hesitate to go outside. We just thought if we had a morning tea break we would probably lose two speakers and it was not worth it. We are going to serve a light lunch in the theatre downstairs, more or less opposite from the Legislative Assembly.

You will notice we have got Hansard here at the end of the table and we have also got some media with us and there will be others. The media are aware, of course, of the usual rules about being sensitive with cameras, not focussing on individual faces and so on. The Newcastle Herald, however, has requested to take a photograph of the women from the Hunter district, and so that may be something that you might want to think about, particularly if you are sitting together. You may go outside and have a photo taken. That is up to you, but that request is there.

The other thing I need to say is that we are going to be fairly heavy about time limits. We are going to have an eight minute bell, a nine minute bell and a ten minute bell. We urge you to bear that time in mind. We have had written submissions and do wish to hear you, but the idea is to try to give as many of you as possible a chance to tell your story.

We start with Mareeta Pratten. When you speak, you can sit down or you can stand, it is up to you. Mareeta gave birth to her son in Queen Victoria Hospital in 1967, and in her submission she explains that she was not able to see her baby.

MAREETA LORRAINE PRATTEN sworn:

Ms PRATTEN: Firstly, I would like to thank the Committee for allowing me the opportunity to speak today, and also I sincerely wish to thank all the mothers here for their continued support of this inquiry.

On 1 February 1967 I gave birth to my son after a prolonged and drug induced labour. At the moment of his actual birth, I reached down, only to be told to keep my "grubby little hands away". This was a time of fear and uncertainty for me. I then had my hands secured to the side of the bed and a pillow was placed over my face. There I was, giving birth to my new born son, with my legs in stirrups, my hands tied to the bed and my face covered by a pillow. Add to this a drugged stupor, and I think that was a situation that any humane person would deem totally inexcusable, and my only crime was being a single mother.

I wish to table a list of the many drugs I was given, without my consent, and which included massive doses of sodium pentobarbitone and sodium amytal. I have a report from my current doctor, in which he states, "It is my opinion that the doses and combination of medication used on Mareeta were unusual and would have caused excessive drowsiness and stupor".

I was discharged on 8 February 1967, seven days after my son was born. I remember sitting in an office with my parents and a woman known as [social worker 1]. This woman was present at my son's birth, and I had always thought she was the matron from the hospital. I have since found out she was a Presbyterian deaconess and a social worker. One of my questions is: What was a social worker doing in the labour ward during my son's birth?

While I was sitting in this office with the social worker, [social worker 1], I was told I had to sign a paper before leaving. Adoption consent was never mentioned and I did not sign anything at that particular time. She was very angry with me and told me when I asked for my son that if she brought him to me he would be handed to me naked, we would both be put on the street, the police would be called and my son would be charged with being a neglected child in moral danger. She then asked me if I had heard of the word vagrancy, and she said to me if I was put on the street I would be charged as a vagrant and to just go home and

get on with my life. She also told me that I had nothing to offer my son and I was a selfish girl, and by giving him up, his family would be able to give him everything that I couldn't and his parents would be professional people, probably a doctor or a lawyer. I have since found out that my son was taken by a carpenter and a housewife, not a doctor or a lawyer.

Eleven days after his birth, on 12 February, his father and I went back to Queen Victoria Hospital in Annandale to bring our baby son home with us where he belonged. We were taken to the office of a woman [social worker 2] where she asked us to wait. We were left alone in the office and [social worker 2] returned with the social worker [social worker 1]. It was the weekend and I was very surprised to find two social workers there. We told both of these social workers that we had found out from my son's auntie that there was a 30 day revocation period and we had come to take our baby home. I had not been told of this 30 day period previously.

The social worker then told us the 30 day period was only a consideration if the child was still in the hospital and unfortunately our son had been collected by his parents. This was very damaging to me because I was sitting there as his parent, and there was this social worker telling me his parents had taken him home. This was a blatant lie, as he was still in the hospital nursery, only metres away from me. Because of this lie by that social worker, I believe my son was actually kidnapped from us. My hospital notes state plainly that the chosen couple had not even seen my son at that time. I find it alarming that the first visit from those people was the day after I had been there. His adoptive mother has since told me that she had a phone call from [social worker 1] to tell her of my visit back to the hospital.

On 14 February, two days after returning to the hospital, a Reverend [...] came to my home in Newcastle with some papers for me to sign, supposedly regarding the naming of my son. He told me that if I signed these papers my son would be able to keep the name I had given him. I now know that these papers were the adoption consent papers and they were signed under false pretences. As I was a Sunday school teacher, I always believed that men of God were honest and trustworthy people, but this minister in actual fact was deceitful, dishonest and manipulative, and as far as I am concerned he was a conspirator.

My son was taken by the adoptive parents on 17 February, three days after my signature had been secured by the minister. I was never informed of any rights or alternatives available to me in respect of keeping my baby son. It was a foregone conclusion by all the social workers, the hospital staff and all those in a position of authority and trust that my baby son would never know or see his mother.

I would like to quote from a report from Professor Wilfred Jarvis, honorary clinical psychologist from the University of New South Wales, dated 11 January 1967. This report is addressed to the social worker at Queen Victoria Hospital and dated two weeks before my son's birth. Wilfred Jarvis states:

"She wishes to keep her baby and I predict she will suffer very unpleasant repercussions after surrendering the child. This loss will be almost overwhelming to her and I think it likely she will be unable to deal with the demands of the real world when she returns to it".

I don't know where I was if I wasn't in the real world. Perhaps I was on Mars or something. I was offended by those words actually. Then he goes on to say:

"Separation anxiety precipitated by the loss of her child will add further stress to her".

I have been searching for my son all of his life and it took me 19 years to find out he was alive and another two years to actually meet him, and as far as I am concerned he was illegally taken from me. He was raised in a Dutch family. He is not Dutch. He has had his whole identity and heritage stolen from him, and I ask the question sometimes: Why should I be grateful? People say I must be grateful, but no, I am not grateful. Why should I be grateful to have my son back after 21 years, after being raised by strangers in a different culture? Why should I be grateful that I would never get to know the baby, the child or the teenager, my son, just the man he has been moulded into by strangers, not by his mother. He has three sisters who are also trying to come to terms with the loss of their brother.

I must say that I now do soak up every precious moment that I spend with him because the lost years can never ever be replaced and the pain never ceases. My wish is to hear him call me "Mum", but he has told me he can never call me "Mum". As far as he is concerned the woman who raised him is his mother. However, he doesn't call me anything. He doesn't refer to me as any particular person or any name, and I just hope that in his heart this means that he knows I am his mum.

Thank you.

(The witness withdrew)

MARGARET ROSE BICKLEY, sworn:

Ms BICKLEY: Today I am sixty-two and a half years old. The past year has been the most wonderful and fulfilling year of my life. I met my son for the first time in September 1998. He was 46 years old. The first time we met he said, "Hi, mum. At last I feel as though I'm home" and "When I first saw you it looked like I was walking into a mirror". I am here to support the

inquiry and to give my personal account of the impact that living without my son had upon my life. My story is very much the same as many of the other mothers.

In November 1951, when I was 15, I was sent to St Margaret's Hospital at Annandale, newly built quarters for unmarried pregnant girls. The rooms were like cells. We did domestic duties, which were performed right throughout the hospital, all unpaid. Throughout that time I was consistently bombarded by the nurses, matrons and doctors that I would be doing the right thing to give my child to a married couple to live with. The legal implications of adoption were never explained to me. My naivety, innocence and being totally illiterate were exploited to the hilt to the point that, at that stage, I always thought that I would be able to have my son and he would be raised within my family unit. The legality about the total separation was a very foreign concept to me. Children always had their mothers. It was very confusing.

The court case was published in the media, *Murray v Mace*. That occurred between 1953 to 1957 and had a great impact on me at the time. It was then that I started to realise the immensity of the thing that I had done. I realised that I would never be able to mount the resources for such a campaign to get my child back and remember thinking that I could never do that. I was made out to be a criminal, even thinking that I would want to have my child back. It became apparent that it was a totally hopeless situation. I started to grieve, I cried and pined, tears shed very often in the silence of my bed. I was silenced in guilt and enormous shame. I was never the same again. (That was a quote from Merrily Biggs.)

Living day to day with heavy burdens I did get on with my life. I started to strive and work hard to achieve goals so that, if I ever did meet my son, he would be proud of me, and I got very angry at times with the establishment. Did they know what they did to me and did they care?

I was married in 1957 and we have three daughters and a son. My husband was in his own business at the time. In 1970 I established my first child care centre. I built and established three more child care centres and two after school care centres, all of which are now operating. I have been involved with local government and been on many committees for a long time and helped migrant families establish their homes in Sydney.

I am surrounded by a loving and extended loving family, but I did not have my son and he did not have his rightful family. This was always on my mind. I was unable to talk to anybody about it. I buried myself in work, keeping a slim hope alive that one day I would meet him. However, I always thought: Was he alive or dead? Was he that person I just walked past? Had I met him and did not know? Did he have a good family life? Was he loved the way that was promised to me? Did he have a better upbringing than I could have provided for him? These questions swelled in my head constantly. The burden of guilt of bringing him into the world and not being able to care for him played heavily on my mind. I never had a chance to explain to him what really happened, but it really was not my fault. Could you imagine yourself in my position, always not knowing which way to go? Did these people who stole my baby really care about him or me? They told me to forget about him, but I could not.

I retired from work in 1992, at the age of 56, after 22 years of being self-employed. My life had started to deteriorate for I began to think that I would never meet him or have the chance to say sorry to him. It hurt my heart that we had never met, his family or our family, and he had never known his brother or sisters and that I was never able to support him in his life. The total lack of communication was dragging me down.

My second chance of life came when my son contacted me on mothers' day in 1998 after 46 years. I thought how brave he was to overcome his fear of rejection and the fear of what he might find, but he said that it was a drive that compelled him to do it.

In conclusion, we were both robbed of 46 years. His kidnappers should be made aware of the injustice that we endured on a daily basis so that this will never happen again. It should never be minimised, and that is why I am here.

I would like to thank the mothers of the Origins organisation for their support and their encouragement because for the first time in my life I have been able to ring and talk to understanding people and attend their meetings. I am hoping that the Government will give them a grant to carry on their good work. Thank you.

(The witness withdrew)

LOUISE GREENUP, sworn:

Ms GREENUP: Prior to starting my speech I would like to state that I will not be going into great detail about the time of the adoption of my son, although I would be happy to answer any questions.

I would like to draw your attention to the following statement, which relates to the second point of terms of reference: Whether adoption practices referred to in clause 1 involved unethical and unlawful practices that denied birth parents access to non-adoption alternatives for their children. The answer is Yes.

In 1977, at 15 years of age, I gave birth to a baby boy at Camden. My son was taken for adoption by the Catholic

Adoption Agency. My story has similarities to those stories you have already heard.

In 1977 my parents, then only in their early 40s, having supported me throughout my pregnancy, went to the Catholic Adoption Agency with myself and the father of my baby to seek help and direction for me and my baby. With the knowledge I have now, 22 years later, I have no doubt that my son was unlawfully taken by adoption. On numerous occasions it was expressed that we wanted the best for the baby and myself. My parents and family would have been happy to accept my baby into our home had we been given any advice or even an impression that keeping my baby was the best for the baby or myself, but we were denied and never offered any material or counselling that would have brought this situation about. We were advised that adoption was the best thing. As I remember, and as stated in the notes from the Catholic Adoption Agency, my mother's last words to the social worker who took my consent were, "It wouldn't take much to tip the scales for us to keep this baby". Bearing in mind the youngest child in my family home was four, it was an extremely difficult time. Believing we were doing the best was the only thing that we had to hang on to at times.

The natural father of my baby was told by the hospital that he could not visit the hospital. He was not present at the consent taking, which I was strongly requesting at the time. This was advised by the Catholic Adoption Agency. Being young and naive, I thought that my baby would have the same surname as his father. I made it very clear that it was important that the father be on the birth certificate. I was not offered any paperwork to have this wish carried out and was not advised that it was necessary. In 1980 I married the father of my baby. In 1995 I paid for a copy of my son's original birth certificate. His father was not on that certificate. I have since paid for this to happen.

It is my understanding that in 1977 the social workers and hospital personnel were well aware of the correct practices in cases of adoption and consent-taking. I can state that at no point was my treatment any better than that received by girls in decades prior. I gave birth to my son at a local hospital. During my stay in hospital, post-delivery, I was sitting with a girl I knew who was keeping her baby. I was told to go to my room and not to talk to this girl. I was watched closely. I do believe that in the first couple of days I was sedated, but my medical records cannot be located. My baby was marked for adoption and I was never offered the opportunity of seeing my son. I went home on day four; my consent was signed at home on day five.

My son, Joshua, is now 22 years old. Joshua and I communicate regularly and have spent varying amounts of time visiting each other. We have a relationship which is still growing and, with a lot of work, patience and love, will succeed in the future.

Retrospectively, nothing can change what has happened. It is the future of my son, any potential grandchildren and myself that I would like to move towards.

I have one request: I want my status as the legal mother of my son to be returned to me. I must be given this status to be able to live with the knowledge that I will always have a right to my child, to be able to assist him in the future. Access and emotional belonging to my son should never be denied to me, physically or mentally, again. I have given this request a lot of thought and acknowledge that very good people have brought my son up and that their role in his life is exceptional and personal. My intentions and actions have always been to respect this relationship within the bonds created. I have a real need to know the lady who brought Josh up. Perhaps one day I will be given this opportunity. The history that belongs within that unit cannot determine my life.

I would like now to go to the time of the reunion with my son. In 1995, just weeks prior to giving birth to my third son, a sequence of events took place which led me to be reunited with Josh. This process took six months. My son had contacted the DOCS office enquiring about contacting myself. He was told that he would have to get his birth certificate and prove his identity, as the process goes. Joshua stated that he would save the money and would be back in contact with DOCS. Josh was at school at the time. I was not advised that this contact had been made. By coincidence, I contacted DOCS office to assure myself that his records were safe as the Catholic Adoption Agency had merged its records with DOCS. Then I was informed that there had been contact.

16 October 1999 was the fourth anniversary of first actually meeting or being in touch with the baby I had given birth to 18 years prior, my baby John, who is now Joshua. On the day I met Joshua I was so nervous I could have bailed out. Had I not been with mum and dad, I probably would have. Since the reunion I have been emotionally and physically putting myself back together. I now know that all the emotion from 1977 was being released. The great euphoria that commenced with this reunion was equalled by a darkness that surrounds all true heartbreaks. Coupled with the fact that I have a six year old and a four year old son and live with a daily reminder of all the treasures that I have missed, it is truly determination and loving support that have kept me sane at times. I have resolved to let the haunting that comes from losing a child to adoption stay in the background as much as I can. I do not believe that I will ever get over this loss, but I will keep fighting to enjoy the good times for the rest of my life. The effects and the angry feelings towards the people who mediated the reunion with Joshua are still with me today. Remember being told to take things easy? He has a family. Tread very carefully. Also I would have to accept Joshua's wishes. This, of course, is true. It would have been so much easier if the idea and image presented of the birth mother resembled great joy and something special, not the interfering third party.

The stigma that surrounds the natural mother, the community's belief that a child is better off in a two-parent family, extends deep into the culture of our society. In an ideal world, this is very true. Perhaps a well documented and presented policy will enable our Australian community to acknowledge and list the status of birth mothers of the past, and in particular the young mothers bringing up children alone today.

I have lived the greater part of my life being ashamed of having a baby at 15 and all that went with people knowing this. The social sin of being 15 and pregnant is incomparable to the deliberate deception and manipulation of vulnerable young girls by so-called carers in a way that would affect the rest of our lives and those of our children.

There are two things that I am truly sure of, that there is no simple answer and that I have paid too great a price already. Thank you.

(The witness withdrew)

LISA WINDON, affirmed:

Ms WINDON: Firstly, I would like to thank the Committee for the opportunity to speak today. I bring to the inquiry my experience of two aspects of adoption, that of an adoptee in 1965 and that of a birth parent in 1991.

The people who became my parents were having great difficulty in conceiving another child. They already had one son, born in 1962. To the best of my knowledge they had been through the relevant processes with two or more agencies, however had not been accepted as potential adoptive parents. My father several years ago explained to me that they had sensed his apprehension. He stated that he understood that the test results had been inconclusive and did not believe that adopting a child was the solution. He was not convinced they would have no more children. He also stated that when the phone call came to tell them that I had arrived, that even at that point he did not want to pass this message on to his wife.

My adoption was a private adoption. Dr McBride at Crown Street Women's Hospital was my adoptive mother's gynaecologist. I was born at the Royal Women's Hospital at Paddington. The conversation with my father had come about following the death of the doctor at the Royal Women's Hospital who had been involved in the process of my delivery to them.

In November 1964, prior to my birth, my parents had been asked if they wanted a child that was due in January. They had accepted. My birth mother was informed by the social worker a couple of months prior to my birth that I would be going to a childless couple who couldn't have any children and would accept someone else's child as their own. She states that there was never any suggestion that she keep the baby, that she was encouraged to consider adoption. No alternatives were ever offered. She was simply told that if she kept the baby she would be dependent on herself or her family to raise and support the child. She could see no way that we would survive. She was never allowed to see me.

There were no illegal actions in the process of my adoption. My birth mother had given the consent prior to adoption. However, I believe that my adoption was a result of a collaboration in order to provide this couple with a child, to allay their distress, despite the fact that test results were inconclusive and despite the fact that after due consideration they had been rejected by the specialised authorities of the time.

The results of this adoption were not short of tragic. Another child was born to this couple late the following year and another child followed just over a year after that. It has taken many many years for me to try to understand the reasons for the constant mental and physical abuse meted out by my adoptive mother from my earliest days. I can only equate it with the prolonged torture of a prisoner, designed to prove that I was inferior and worth less than her own. I endured constant humiliation and derision. I endured a very slow death of my soul. My spirit was almost crushed.

This was a respectable middle-class family. She was a well-respected professional, a school headmistress. My only conclusion is that I was a constant reminder of a period of perceived failure in her life, a reminder too that a mistake had been made. I finally understand that I was not the problem but the idea of my existence in their lives was.

In 1980 at the age of fifteen, I was raped by the market gardener I had been doing some casual work for after school. I did not tell anyone. There wasn't anyone to tell. It would have been my fault anyway, so I believed it was. Within months I became aware that I was pregnant. I was terrified and very naive. I was finally found out when I was seven and a half months pregnant. I told my parents how I became pregnant and my mother simply asked me why I hadn't just run away from him. Even though this man was almost thirty years older than me, a husband and a father, he was never called to answer for his actions at that time. Recently, I asked the question myself. The Department of Public Prosecutions, however, regrets that they cannot proceed due to lack of evidence.

I was taken to the Royal Women's Hospital for medical attention and saw the social worker whilst I was there. Within a week I was taken to St Anthony's Home for pregnant single girls at Croydon. I requested that I use the Anglican adoption agency. Most of the girls at the home used the Catholic adoption agency. As I was not using this service, I had very little contact with the in-house social worker provided. I met with a social worker at Careforce Ashfield. I saw her on two further occasions, for the signing of the consent at the hospital and the one home visit prior to the end of the 30 day revocation period.

All in all the procedure appeared very straightforward with no complications. I understood what I was doing, as much as one can attempt to at that age, unaware of the long-term implications for myself and my child. I was aware of the relevance of the signing of the consent form and the workings of the revocation procedure. However, to the best of my knowledge there were no outside options available to me. As far as I knew my parents' word was final. Unless I had their support or blessing there was nothing left for me to do but let my child go. That is what girls who got pregnant before they were married did. I had been adopted, the precedent had been set.

At no time during the discussions with the social worker was I offered choices or alternatives that would enable me to keep my child. It was taken as fact that within my world there were no options. No information of any kind was offered. I was completely unaware of any support mechanisms, social or financial. I came from an almost rural township. I was extraordinarily unaware of anything outside the family or school. No options were ever raised or discussed. It was up to me to live with what was then termed my decision to adopt. This was untrue. These decisions had been made for me. I was not expected to be able to make my own.

If circumstances had been different and alternatives had been presented, would I have stood up and thwarted my parents expectations? I do not know. If I had known that there was community social support and Government financial support so that families could stay together, would I have chosen this? I do not know. If I had known that other girls managed without their family's support, would I have dared? I do not know. If I had known of the pain, suffering and grief that lay in store for me, would I have avoided this? I do not know. And I will never know. None of these issues were ever raised for me to even consider.

When I did fantasise about keeping my baby there was one consideration: Would I be a good parent to this child considering the nature of its conception? I did not want this child to possibly grow in an atmosphere of resentment, being a constant reminder of the chaos that was created in my life. I did not know what to do with these concerns.

There is absolutely no doubt that I would have had to leave home, but if knowledge of support mechanisms had been available to me, I would at least have had the opportunity of considering this. I left home within six months anyway due to a complete lack of acknowledgment that anything had happened in my life. No counselling had been offered or sought. I hadn't known to ask. My parents had no emotional interest regarding the future of my child. We weren't family. This was not their grandchild. I was having to surrender the only person in the world that I knew I was related to. The problem was dealt with and solved clinically. I was indeed denied any access to non-adoption alternatives.

What measures would assist persons experiencing distress from such adoption practices? Acknowledgment that mistakes were made, that deception occurred, consciously or unconsciously, assisted by society's so-called moral standards at the time. Acknowledgment that single pregnant girls and women were not granted the dignity afforded to proper married women, nor given credit for their capabilities and intelligence. Acknowledgment that these practices, despite their origins, rationales or outcomes, led to varying degrees of suffering for those involved. Acknowledgment and honesty for all concerned. These things will assist the healing.

(The witness withdrew)

CAMERON HORN, sworn:

Mr HORN: I guess it is the writer in me that wants to talk about words, words like "illegal", "unethical", "stolen white generation". These are damning words to use to describe the acquisition of children for adoption, but these are not my words. These are the words used by the Centacare Catholic Adoption Agency themselves to describe their own practices.

Craig Wilson, Centacare's Director of Youth Services, used these words, "illegal" and "unethical", to this very inquiry, and "the stolen white generation" is a phrase used quite blithely in conversation about adoption by Bill Johnson, the Chief Social Policy Researcher for Centacare Sydney. These words provide a telling self-assessment, but they are broad brush strokes. They don't refer to singular cases.

So what words do Catholic Adoption Agency officers use to describe individual cases? Try these words: "There was a problem with this adoption"; "there was a problem with this family"; "the birth mother's parents are very unhappy with this pregnancy". These were among the words used by [social worker 1], the Principal Officer of the Catholic Adoption Agency in 1980 as she handed my daughter over to the adoptive parents. So what was the problem? Perhaps it was that at no stage did we, as natural parents of the child, ever express an independent, uncoerced desire to have our child adopted. Perhaps the problem was that I had repeatedly asked the Catholic Adoption Agency worker, [social worker 2], how I could stop this adoption, but she refused to give me any advice. Perhaps the problem was that I had twice been threatened with grievous bodily harm, and possibly murder, by my girlfriend's father should I pursue any alternative other than adoption. Perhaps the problem was that I had had the temerity to resource all the necessary baby paraphernalia and baby-sitting among my family, ready for when I brought my baby home. Perhaps the problem was that my girlfriend was locked in her room from February 7 to May 12, 1980, apart from ten days isolated in a private hospital room. At seven months' pregnant she and her mother were thrown around their kitchen by her father as they tried to stop him coming at me with deadly intent as I tried to get out of the house.

This man over a number of months repeatedly pinned his daughter up against the wall and spat into her face every disgusting insult you could think of. Throughout her labour my girlfriend pleaded for someone to phone me to get me there for the birth, but nobody bothered to help her, and just hours after my beautiful little girl was born my girlfriend's father came into the hospital, forced her up against the bedhead and again threatened her and spat insults into her face as she screamed for help so loudly that members of my family heard her three floors down and ran to rescue her, thinking that she was going to be killed. All the while, not one person in that hospital came to check on what was happening.

Despite all this, my girlfriend still defied her parents by saying to me in front of her mother on the day of our child's birth, "Cam, I want us to be a family. I want this little girl to be Rebecca Horn. I want that so much", to which I replied, "So do I, beautiful, so do I. We will do it somehow."

But the real problem with this adoption was through all this [social worker 2] and [social worker 1] knew the sort of pressure that was being applied to us, yet they did not lift a single finger to help this lovely young girl in this terrible situation. This is 1980. This is not ancient history. All they ever told her was that they would find a nice couple, just like us.

To be honest, I have been unable to find even one point of similarity between the adoptive couple and us, except perhaps that they do seem nice. That hardly makes a perfect fit. It seems the agency itself doubted the fit, since they told the adoptive parents of their good fortune with the words, "We have found you a baby but it has red hair." How dare they even suggest that she was in any way blemished. It didn't matter to us whether she had two heads or fifteen fingers, she was perfect to us.

Over the years, because of the misinformation given to them by the agency, the adoptive parents told my daughter that her birth mother wanted her to have two parents. I am here to tell you, and to tell her, and to tell anyone else who asks, she always had two parents, always, before she was even born. She also had three welcoming grandparents willing to look after her, but unfortunately she had one relative who was a lunatic, and that is all the agency needed.

I actually walked in as [social worker 2] was spreading all those forms across my girlfriend's hospital bed. My girlfriend verbalised her understanding of them to me, that to sign would simply give her an extra 30 days to decide, something that seemed very attractive to someone in her situation. [Social worker 2] was there. She heard the misunderstanding. She said nothing. I replied, "This is wrong, completely wrong." [Social worker 2] was there. She listened to every word. She didn't leave the room and give us some privacy. She sat down on the other side of the bed from me and heard, not for the first time, how I felt about adoption. In fact, [social worker 2's] reaction was simply to move her pen to one of her forms and turn to my girlfriend and say, "And did you give your baby a name?" The fact is that I had named that child months before she was even conceived. I will say it again, she always had two parents. Unfortunately, I wasn't able to get there when [social worker 2] arrived at the hospital for what I believe was her third attempt at extracting my girlfriend's consent.

It has taken me over three years and a thousand dollars of solicitors' letters to retrieve some, but not all, of those documents, and the coercion is quite plain. For example, on the same document on which my girlfriend was forced to state that I did not keep in touch, [social worker 2] wrote a note, "Cameron wanted 'the girl' to keep the baby." How did she know I wanted to keep the baby if I didn't keep in touch? There is a note from another social worker stating that [social worker 2] had informed her of the dispute going on between myself and the girl's parents. On another [social worker 2] described my girlfriend as "very controlled".

It was patently obvious to [social worker 2] and [social worker 1] what was going on, yet not once did either of them offer us any of the assistance or alternatives they were duty bound to offer, despite us asking. Instead [social worker 2] added to the duress, I believe, by (1) presenting hastily and incorrectly prepared documents and (2) by not informing us of our child's whereabouts during the 30 day revocation period. I believe that is kidnapping.

[Social worker 1] and [social worker 3] have stated that adoption is "a viable alternative for children in need of permanent care". What their paper failed to say was the Catholic Adoption Agency was artificially creating situations where children appeared to be in need of permanent care. Not once did [social worker 2] or [social worker 1] bother to check my legal rights, despite my repeated requests to find some way to stop this adoption.

So what were my rights? Section 23 of the 1965 Adoption Act plainly states that I had every right to oppose the adoption. [Social worker 2] never informed me of that, despite my repeated asking. All she ever said was that they only needed one signature

for a consent. However, in 1976 the New South Wales Government passed the Children Equality of Status Act, specifically to grant an automatic legal relationship between fathers and their ex nuptial children. Even if I had to have my guardianship formally declared by a court, [social worker 2] had a duty to tell me, but she didn't. The fact is that under section 6 a father's guardianship of an ex nuptial newborn did not have to be declared by a court, it was automatic unless expressly revoked by a court. This had been precedented twice before 1980. Since the Adoption of Children Act required that everyone who is a guardian of a child must sign the consent, every single newborn adoption in New South Wales which post-dates 1976, but does not have the consent of an easily accessible biological father, is invalid.

Perhaps the Catholic Adoption Agency was not aware of the existence of this law, although the Attorney General Frank Walker stated in Hansard that his department specifically briefed the Catholic Adoption Agency. Some in the adoption agencies treat this inquiry simply as a research opportunity for their memoirs, as if they did nothing wrong. Their defence is that they were beholden to the culture of the times. Since when has treating someone with a little dignity and according to the law been a matter of culture? These consent-takers ask us not to judge them by today's standards, but the immutable higher laws by which these church entities are supposed to operate has never changed, and that is what condemns them.

As for carefully worded apologies, the only statement which would mean anything to me is one personally addressed to either myself or my girlfriend, signed by [social worker 1] and [social worker 2], admitting culpability, a breach of duty of care and regret for their practices in my personal case. I would be more than happy at any time to speak to these people and discuss with them such a statement, although I would warn them that the words "illegal", "unethical" and "stolen white generation" will feature prominently.

(The witness withdrew)

ROSEMARY HELEN CHANEY, sworn:

Ms CHANEY: I thank this Committee for giving me the opportunity to address you today. On August 16, 1965, I gave birth to a son who was deliberately kidnapped from me as I lay unconscious on the delivery table in the Women's Hospital, Crown Street, Sydney. Those responsible committed the most horrendous crime and human abuse. I was denied the chance to hold my baby in my arms, shower him with love and affection and nurture him through his life. I was robbed of being able to open his baby blanket, count his fingers and toes, smell his wonderful baby smell and breastfeed as my milk began seeping from my breast as God and nature intended it to do. I was robbed of the opportunity to watch him grow; his first tooth, his first step, his first words, his first day at school; to teach him right from wrong, help him build self-respect, self-esteem; share love with his biological family; the chance to meet his first girlfriend, to share his pain and joy while watching him grow to manhood.

My nightmare was caused by social workers who sat in judgment of me, a pregnant, 19 year old naive country girl, labelling me as unfit to raise my baby because I was not married. These persons did not ask how I became pregnant, nor did they care. I was stereotyped, as were many other girls also imprisoned with me in a ward known as Waiting Patients, as having loose morals, sleeping around and getting myself pregnant. Go and sin no more was the only advice ever given to us in the words: You must go away and get on with your life; forget about this and in time you will have another baby when you are married. I was scarred for life and scorned. I never forgot.

Although I repeatedly told everybody involved with my care that I wanted to keep my baby, once imprisoned within the hospital I lost my right to keep my child.

In 1976, while studying my medical records, I discovered the notation, "Baby for adoption (Almoner's orders)", written in big bold letters. I also found that the registration of birth forms included errors and was not the original form I had completed. The registration forms and consent for adoption form which I saw in 1973 bear a signature which is not mine.

During my incarceration I was subjected to psychological propaganda, insipid food, lack of exercise, fear from constant threats and psychotropic drugs prescribed by the honorary psychiatrist, Dr Harry Bailey, the infamous Chelmsford doctor. Dr Bailey's report states that I would be better managed on a regime of drugs that were used on Chelmsford patients.

Accused of being an unfit mother who signed the dotted line, thereby giving up my rights to my child, it has taken me years of painful and emotional trauma and persistence to uncover the reasons why I lost my son. I suffered a nervous breakdown after being informed that my son had been legally adopted and there was nothing I could do about it. I attempted suicide twice before discovering that my son had not been legally adopted until over nine months from the time I had attempted to take him home. I spent a huge amount of money and emotional energy investigating the loss of my son and trying to reclaim some dignity and self-esteem.

Not only have I pieced together a great deal of exactly what did happen, I had to fight very hard to be given access to my medical records, the court records and other paperwork held by government departments, such as Community Services, refusing to take No for an answer. I have been threatened, bluffed, lied to and empathised with in an effort to delay the inevitable or to side-

track me. It has cost me thousands of painstaking hours and dollars to discover what the perpetrators and their cohorts would have preferred to keep hidden from me, wanting me to just go away, shut up and drop dead.

I suffer from post-traumatic stress disorder, diabetes, the results of an eating disorder in my determination to destroy myself, two failed relationships, very little confidence and no self-esteem. I have two daughters who have lost their fathers and been denied a relationship with their brother. Every day I live with the fear and dread that not only I but my innocent children and grandchildren may or will one day suffer from some debilitating disease, the effects of Stilboestrol DES, a drug administered to me firstly by way of injection and then in consistent oral doses to stop and prevent further lactation. This robbed me of the desire to breastfeed my daughters born later. I have a mistrust for professional providers, fearing that I will once again be manipulated and abused. I have only been able to find understanding, respect, acceptance and acknowledgment of my pain from other mothers similarly placed, those in Origins and, in the attempt to right the wrong, became a founding member of Jigsaw, now known as Adoption Triangle.

I first saw my son in 1972 when he was seven years old. It took me another 16 years before I was briefly reunited with him. During one visit his emotions surfaced. He stood in my doorway and told me that he hated my guts because I had not grabbed him when I had had the chance. He told me his adoptive parents did not approve of him seeing me and that he had had to visit me without their knowledge. I last saw him on March 12, 1992. He was still angry with me for what he felt was my abandonment of him at birth. He had grown up being told that I did not want him and he could not accept the truth.

Writing this speech has brought memories flooding back. Tears flowed and anger bubbled to the surface. I feel overwhelmed at the cruel and inhuman treatment I experienced during my pregnancy and immediately afterwards. Hopefully giving evidence in this inquiry will be another step toward healing myself, even though it rips away at my heart and soul as the wounds are reopened, as the sadistic torture is brought to the fore when I should have known only joy and happiness at the time of giving birth to my baby.

Someone once made a comment which I feel is most appropriate to finish with: If someone took a pedigree pup or kitten from its mother and tried to give it away before it was weaned, the RSPCA and animal welfare agencies would jump up and down and scream abuse, yet free-thinking human beings took innocent newborn babies from their natural mothers before they were weaned and gave them away to total strangers. Just another form of cruelty. Proof of man's inhumanity to man.

I call for some compassionate understanding, acknowledgment and justice for mothers whose babies were illegally removed. I hope that this Committee will recommend bringing to account those people responsible for illegal removal of babies from their mothers; bringing to account those persons who destroyed or tampered with medical records and birth registration forms; that adoptions that can be proven to be done illegally be acknowledged and overturned, making them null and void; a judicial or royal inquiry so that the truth can be brought to light. Very few witnesses who have testified on behalf of anyone involved in the field of past adoptions other than those personally affected have been able to give any real insight as to what and why these practices of baby stealing were allowed to happen. Hearsay evidence is not good enough. Those who took part in these practices are the only ones who can shed light on why they participated. We need to hear from them, not substitutes.

Also that every mother who has been affected by such heartbreaking atrocities as these adoptions will be able to go on record publicly and permanently to tell their stories and not only help their own healing process but the truth will be available to their children to read and the lies will be exposed once and for all time; that counselling centres with staff who have first-hand knowledge and experience of adoption be set up free of charge to assist and encourage adoptees and their natural families to reunite with photos, school reports and other important information to be shared with the natural mothers to compensate for lost years without their children; compensation for trauma suffered at the hands of the public system which resulted in the illegal removal of babies from their mothers at birth and costs incurred in obtaining official documents and other relevant information regarding these stolen babies; that all information be made freely available without cost and on request to both parents and child; information available and held by government departments, such as Community Services, Births, Deaths and Marriages and the equity court files regarding their adoptions, including reports from officers as to the family environments, and that reimbursement of moneys already paid out for such be made. Also that information withheld or blackened out be included uncensored to other parties involved.

It has taken me 30 years to piece together the truth, sighting medical records, asking questions of people in authority, delving into other records, persistent inquiries of departmental officers and visiting the hospital annexe in which I was held captive, and I still experience continuing nightmares.

(The witness withdrew)

MARIANNE HIMMELREICH, affirmed:

Ms HIMMELREICH: Thank you to the Standing Committee on Social Issues and this present Inquiry into Past Adoption Practices for giving me the opportunity to talk publicly about the experiences I went through in giving birth to my son

and the subsequent adoption.

My son was born in late March 1973, two months prior to my 19th birthday. I was the oldest of seven children of Catholic migrant parents, who had established their home in a rural coastal city. I left my parents' home at 17 to attend university in Sydney, and I became pregnant to my boyfriend of 18 months in June 1972, half way through my first year at university.

He lived in the same city that I had grown up in and I returned there each weekend to see him. He was two years older than I and locally employed and residing with his family. Although the relationship was a steady one, there had been no talk of any future commitment. We did use contraceptive precautions, but I nevertheless found myself pregnant.

I went to the student medical services and from there was directed to the nearest local hospital for prenatal care. My boyfriend left it to me to make any necessary decisions, and I was very much guided by my parents, who in turn were guided by their Catholic views.

If I did not wish to marry, then I had only one option, adoption, according to my parents, and this was reinforced by the social worker whom I saw at the hospital. There was no third option presented to me where my child and I could remain together as a family unit in our own right. I was not informed that the supporting mother's benefit would be introduced in July 1973, three months after my son's birth, nor of any of the available means at the time whereby I could have kept and raised my child myself. I was told if I loved my child then I would want what was best, and that was for my child to go to a two parent established home, to a much better life than I as a single mother with no present means of support, would be able to give my child.

The shame and stigma attached to an out-of-wedlock pregnancy was enormous and this effectively silenced me. In my family I was now an outcast to be not seen once my pregnancy became visible and to be shunned and hidden from the rest of society, as if my condition was somehow contagious and would adversely affect anyone who came into contact with me. I felt that I needed to show gratitude that I was given access to medical treatment and a chance to redeem myself by now doing the right thing, which was to give my consent for my child's adoption. In this way I could re-enter society once again, very much humbled into silence but now also traumatised and grief stricken.

I signed the adoption papers on the sixth day after my son's birth in my pyjamas, was then allowed to dress and leave the hospital. If I wanted to take my son with me, then I first would have had to find him, as he was removed from me straight after his birth and I felt that I would have had to confront the whole hospital establishment to do this. I also had no place to take my son to. I had become isolated from my peer group during my pregnancy, there was no family support for me to keep my son, no community help that I was aware of and marriage did not present a solution to me.

I left the hospital hoping and believing that what the social worker had been saying to me, that I would be able to get on with my life and leave this experience behind me would be true. I resumed my university studies immediately. I continued to see my son's father for a number of months, but found the pain unbearable and ended the relationship. I entered another relationship but the pain and grief continued unabated. The first two years after my son's birth were horrendous in terms of raw pain. Discussion of my son with a couple of friends and my boyfriend did not seem to help. I was unable to bring myself to seek professional help for fear that I would be further harmed in the process.

I now entered a new relationship just after my 21st birthday, still in tremendous emotional pain, married and had a daughter in this relationship nine years after my son's birth. I acted as if my daughter was my first born child and this also brought on a lot of emotional confusion for me. Substance abuse came into my life during this time for a period of ten years until 1985 and helped me to live with the ongoing emotional grief. The time then came about when I had to face the reality of my life. I had been so traumatised and so removed from myself in a number of areas of my life that I found it difficult to know where to start. It was now 1988. I was separated from my husband and living with my five year old daughter and it was fifteen years since I had given birth to my son.

A local radio announcement for Adoption Triangle prompted me to contact them and I was informed that I could put my name on the adoption register at the Department of Community Services when my son turned 15, which I did. This relieved me of a tremendous anxiety and concern that I had carried about his welfare during those last 16 years. I was also able to obtain non-identifying information about him and his adoptive parents for the first time. Three years later in 1991 the new Adoption Act came into being and I was able to obtain his adoptive birth certificate and a year later made contact with him.

The feeling of intense joy and relief to know that my son was okay, alive and well and no longer a figment of my imagination were enormous. I believe that he was also very much relieved to meet me and to know where he had come from. After an initial promising start to the reunion, I have not now seen my son for more than five years and the grief continues at some depth unabated. I continue to make occasional outreaches to him, but for his own personal reasons he has found it difficult to respond. The hope that reunion would provide some relief for my grief was short-lived. The fantasy that had sustained me during those years that he would re-enter my life as my son did not occur and again I had to deal with the grief as he distanced himself from me. There seems to be little resolution in this ongoing grief process around the loss of my son in my life.

I have found the inquiry to be most beneficial. A part of my life that was kept hidden for years was now being freely discussed in a public forum and the shame and stigma around my son's birth and adoption has begun to dissipate as I have been able to discuss my experiences and feelings, of which grief and rage have been the most difficult to process.

I am sure that adoptees have also suffered as a result of the separations from their mothers and their family background.

My son, along with other adoptees, has grown up believing that he was not wanted, that his mother willingly gave him up for adoption, and that is a terrible handicap for any child to live with.

I would like to bring to the Committee's attention that if any good can come out of this inquiry it would be to let the thousands of adopted people know that they weren't unwanted, that they were loved by their mothers and that it was the system in operation at the time that brought about their removal from their mothers and into the homes of their adoptive parents. This, I would feel, would enable adoptees to also start to face the reality of their lives and make any necessary adjustments.

Until I had some hope that reunion would one day be possible, I was not able to start to look at my own experience of the loss of my son to adoption. I had to use a lot of my energy to keep the experience hidden from myself, as to contemplate opening it up when there was no hope of reunion was beyond what my sanity could deal with. This I feel accounts for the long period of silence from mothers about the loss of their children to adoption. Until they were given the necessary information and the means to contact their children, they were effectively silenced.

I would like to now give thanks to those people who have gone before us and worked for the positive changes in adoption legislation and practices up until now. I feel that adoptees also need to know from official sources, and this present inquiry is one such means, that their mothers did not willingly give them up for adoption and mothers need to know that their experiences of the loss of their children to adoption have been seen, heard and believed by the wider society, and that this practice of separation of children from their mothers via adoption or some similar process will not be repeated.

My thanks go to the Committee and their staff for their time and attention here today and during this inquiry and I look forward to the Committee's report and findings. Thank you.

(The witness withdrew)

LINDA FRANCES DEVASAHAYAM, sworn:

Ms DEVASAHAYAM: As I feel my story is so similar to that of others who have spoken during the inquiry, I would like to talk about the after-effects that the adoption practices of 1973 had on me. Briefly, though, I will tell you that I signed the adoption consent form under extreme duress. My medical records show that I was given morphine for the first four days in hospital as I had a caesarean section delivery. From the fifth day, when I became ambivalent, I was given pentobarbitone daily for five days. This included the day I signed the papers and the evening before I was discharged. There is no way I was of sound mind and no way I could have comprehended what I was doing at all.

I am going to call my daughter Lisa, both for her anonymity and because that is what I named her, although I gather now that that is what I named her in my mind. The birth certificate shows the baby unnamed. All these years I actually called her Lisa and that would fit in with the fantasy I built up in my mind.

When I got home from hospital I know I hardly spoke at all. I virtually sat there like a good little zombie and did just what I was told. I recall not being allowed to open a sash cord window as it might damage my suture line or some such thing. I was in such a shocking state, crying when I was on my own. It was as if everyone pretended that nothing ever happened and nothing was wrong. I just had to get on with my life and forget that I had even had a baby. I have never been allowed to grieve for my loss, no friends or family to rally around me to help me through and no counselling.

Months later my mother found me a job at Sydney University. I was actually fired from that job because I had built up a fantasy. The reality was so painful that the fantasy felt very real and comforting. I had carried this baby for nine months and loved her from the moment I knew I was pregnant and then, to come out of hospital with nothing, your self-esteem is in tatters. You are left with a sense of unreality. It really is as if it never happened. I fantasised that I still had Lisa with me. I told people that I had a baby, but she was sick in Camperdown Children's Hospital, so whenever I needed to I could say I was going to see her when in fact I was going to sit by the pond at Sydney University or any other quiet spot and cry. I did that so often, just crying. I also told people that Lisa's father was killed in a car accident. Of course, he had not been. Someone from work rang the Children's Hospital and then found out the truth from my mother and I was sacked from the job.

It would have been very clear that there was something very wrong with me. The truth was just too hard to deal with. In retrospect, I think I was creating the artificial death of my baby to gain sympathy. Although I do not remember much, I know I went on down the spiral into detrimental relationships where I did a lot of the using of people as well. I figured no one could ever hurt me as much as I had been hurt ever again and it gave me licence to treat myself badly. Nobody mattered to me any more and I did not matter any more. A few times I thought seriously of suicide, though only half-hearted attempts, thank heavens, but I would not have cared much if I just happened to die.

Through the years I managed to find all kinds of abusive associations because I had no self-esteem. The words the social workers used on me: You are not worthy, you would be a dreadful mother, you have no rights and if you really loved your baby you would give her to a deserving couple, which meant that obviously I was not deserving, or to a family who could love my baby,

as if I could not. They made out that I was doing a good thing by handing over my baby and, once I signed the papers, in society's eyes I became a terrible woman who gave up a child. How could you give up your child? So I was condemned. Had I known I could have kept my baby I would have moved from doing something good to being this incredibly selfish woman who could not provide for my child and was only thinking of myself.

How could anyone give up a child? It is probably the worst thing one could do and I did not make that decision. That decision was put upon me, it is what I was told to do. I did not know I had the right to say I wanted to see my child, let alone keep her.

These days I feel as though I walk around with a hole in my stomach, like a cannonball has shot through my stomach, there is such a huge part of me missing. I am sort of living a parallel life where it is as if I am split down the middle, on the one hand feeling that you do have to get on with life. I have a beautiful six year old and a wonderful husband. We have a future, although I find it difficult to think very far ahead. I have to put on the facade of coping and looking confident because I am in business as well. There is also this part of me which is stuck back in 1973 where I have no self-worth and I am that 18 year old girl still waiting to love and nurture my baby and, of course, my baby is just not there any more.

Meeting new people is always a challenge these days. When I am asked how many children I have, do I tell them the truth or not? If my six year old is with me and I say she is the only child, she instantly reminds me, "No, I'm not, mummy, what about Lisa? Did you forget?" Then I have to explain or I can tell the full story of what happened, but because people do not know about it you are wrongly judged. Close friends are those who have been through similar things or who have great depth of understanding. So many people believe that I had a choice. After all, according to modern day philosophers, life is all about the choices you make. Well, I am sorry, but on this one I did not make that choice. I can say that in every other aspect of my life, but this was not my choice. They say to own your own experience. Well, I cannot do that either.

I would truly love to get on with my life, get past this and move forward, but I cannot unless there is acknowledgment. I need that acknowledgment for myself and my daughters. I want accountability for what was done and, please, never allow this to happen again.

I might just add that I am very thankful for this inquiry because since it began I have sent copies of the transcripts of evidence to my daughter. She has come to understand fully, after nearly nine years of contact, that I did not want to give her up, so she no longer directs her anger at me, and pity help the person who is now getting the anger actually. For a long time it was definitely directed at me. Now I am spoken to as a human being, although I will never be called Mum and I will never be called Grandma by her son. I have noted that my six year old is allowed to be called her sister and she is allowed to be an aunty, but I will never be Mum or Grandma and that really, really hurts.

(The witness withdrew)

BENITA RAINER, affirmed:

Ms RAINER: I have asked to speak today because I wish to convey my experience as an adopted person. I was born in Paddington Women's Hospital in 1952. Having received my medical records, I can testify to having been adopted when I was 16 days old. This occurred despite the fact that, as my birth mother told me, she had never thought she would go home without me. When she realised that she would have to give me up for adoption she became very agitated. She was told by her mother to "think of your father's career", and she always obeyed her parents. Her parents then felt that they had made a mistake after they saw the state she was in. They went back to the hospital to view me again, but as my mother told me, "It was too late. You had already gone."

The first thing that I would like to have known is that even though my birth mother's father's friend was the doctor who delivered me, Dr Kendall, none of the family was informed of their rights. So the logical thought at that time was, "There is nothing we can do. It is too late". Yet in 1952 they had the right to revoke the adoption until the court order came through, four months later in my case.

I grew up in a home where I was loved, protected and supported. I think that few people, both adopted or raised with their natural parents, have experienced love and security to the degree that I did throughout my upbringing. However, I am here today to make the following statement. Even given that I experienced the true meaning of love during my upbringing, not a day of my life has gone by that I have not experienced the affect of that adoption.

Told that I was adopted at the age of seven, I felt a coldness and a numbness that seemed to spell out the feeling that I was somehow less than other people, different, even potentially an alarming person because I was an unknown quantity. The affects deepened in adolescence. I had great difficulty making friends and always felt different to the people I was raised with. Aboriginal people, part of the stolen generation, at least knew that they were Aboriginal. To be adopted is to be in a void. It is as if you have been handed a book entitled "The Story of My Life", but when opened there is nothing, all of the pages are blank. I had no past, no history, no-one else that I was part of, and so when I left home to go up to university, I had no family to visit, which increased my inner sense of loneliness, social isolation and feelings of inferiority. But what I would like to stress at this point is that I really

thought that I was being incredibly self-indulgent. It was only one year ago that I had any knowledge that there was any more to it.

In 1975 at the age of 23, when I had completed my degree, and so when I mistakenly thought that I could handle any emotional affects, I looked up my natural mother. As my adoption had been arranged privately through solicitors, my adoptive father knew her name and I obtained her address via a sympathetic person in the medical records library at the hospital.

I am now 47 and I can report that although we stayed in contact for about eighteen years, until my daughter was about ten in 1993, the relationship was fraught with very painful difficulties. I knew nothing about support groups or the Post Adoption Resource Centre. I had done it all on my own. It has only been as a result of the media coverage of this inquiry last October, one year ago, that I came into contact with Chris Cole and Diane Welfare, who put me onto PARC, told me of the book "The Primal Wound", and as a result of the information that I have obtained and that I have worked out for myself, I now understand the following:

The after-affects of abandonment on my baby self were: feelings of anger, rage, grief, despair, low self-esteem, of vacillation between being overly independent and strained independence, rejection of others when they came as close to me as I wanted them to, extreme loneliness and hyper-vigilance.

Good relations are, a priori, that you are an equal with others, and as a result of my adoption experiences I never felt I was. I always felt less than those around me who knew who they were, where they came from, and who had grown up in that matrix of belongingness and beingness which is a wholistic and self-nurturing experience known as identity.

I over-compensated for the loss of that by achieving a persona with marked qualities of arrogance, coldness and snobbishness. It is as if I am still surrounded by that same cold numbness that I first became aware of when, at the age of seven, my mother first told me that I was adopted.

As I included in my submission to Parliament, there were affects of this experience on my health, and, indeed, it threatened my life itself. I had an abortion in 1973, rather than go ahead and give birth to a baby and then not know where the baby was, how the baby was, where the baby was. I felt I couldn't bear that and I had an abortion.

Three weeks after I told my adopted father that I had looked up my natural mother, he died of a heart attack, and six months after that I tried to commit suicide. I thought that was the only reparation that was possible for what I thought was the terrible thing that I had done. My adoption had affects on my health and threatened my life itself.

If asked what help, after the act, that I would find useful, I would answer that I strongly resented having to pay for the information which enabled me to obtain my original birth certificate and medical records file recently. In addition, I wish to trace the birth records of my ancestors and would have to pay further for this. Unlike those who already know the details, I do not.

Finally, I know that there are people who would like to trace their adopted children but who cannot afford to pay the cost for the supply authority and all of the rest. If the current governmental policy is "user pays", then I would suggest that we who have been affected by adoption have already paid and should not have the added indignity forced upon of us of having to pay financially any more.

Finally, I am receiving counselling from PARC, the Post Adoption Resource Centre. As I live in the country, I am being asked to pay the STD rates for the telephone calls and to not use their 1800 number. This is because they cannot afford to pay for all of their running costs. I consider this very inequitous. I am obviously not blaming the organisation, but unfortunately they are not funded enough to provide properly for people who need to use their organisation. I already find it difficult enough to pay the telephone bill, as I am the only person receiving a reliable income in my family of three adults and one teenager. I consider that all of these financial inequities need to be addressed.

This is what I wish to impart to you. I don't think questions are going to happen in this situation but my final sentence was I would be happy to answer any.

(The witness withdrew)

WENDY PAMELA JACOBS, affirmed:

Ms JACOBS: There are two issues I would like to address in this forum. One is the involvement of medical practitioners and hospital staff in the loss of my son to adoption. The other is the psychological damage caused by adoption, especially to adopted children. I believe there is a connection between the high rates of suicide in young men in this country and the high rates of adoption in the 1950s to the early 1970s.

On August 5, 1972, my husband drove me to Queen Victoria Hospital in Annandale for the birth of my first child. I was admitted at 10.15 p.m. under my married name and with my husband listed as next of kin. The only people who knew it was not

my husband's baby, apart from my husband and my immediate family and the baby's father, were my obstetrician, [doctor 1] and the psychiatrist, [doctor 2], to whom [doctor 1] sent me during my pregnancy. In my one and only visit with [doctor 2] he told me, in essence, that my child's life would be ruined if he was raised by a single mother and that he would be better off in a two-parent adoptive family. That was the only so-called counselling I received. [Doctor 1] did not mention adoption during any of my antenatal visits, nor was there ever any discussion of my plans for my baby. I did not ask any questions about adoption because I had no intention of giving up my baby. I had gone to live with my parents and had arranged for three months' maternity leave from my job as a biochemist where I worked full-time until a week before the birth.

After admission to hospital I was given a dose of chloral hydrate and left on my own. At 4 a.m. on the Sunday morning I was woken and given an enema. My son was born three hours later and taken from me immediately after birth. [Doctor 1] arrived in time to stitch my episiotomy. The next thing I remember is being in a ward with several other mothers and watching the babies being wheeled in for their afternoon feed. My baby was not brought to me and I had no idea why. I went searching for him and found him at the back of the nursery in a bassinet labelled "Baby for Adoption". I have no idea how he got there. My baby was brought to me at feeding time the following morning. I tried to breastfeed him, but found it difficult. A nurse took him from me and weighed him. She said, "He hadn't got any milk", and took him back to the nursery to give him a bottle. I cannot remember the other occasions when I tried to feed him. All I remember is feeling that I was a failure as a mother and that perhaps my baby would be better off without me.

I agreed to sign the consent for his adoption. I did not know at the time that because I was married my child was legally presumed to be my husband's and he was required to give his consent as well. He was not consulted. The social worker who took my consent told me I had thirty days in which to revoke my consent and she reassured me that my baby would be well looked after by a foster mother during this period.

After I got home I think I was still in shock. I had been totally unprepared for what had happened to me and, although I desperately wanted my baby, I had been made to feel I was an unfit mother who did not deserve to have him. Also I did not know how to revoke my consent, so I did nothing.

Twenty years later I got copies of my hospital records. According to my records, [doctor 1] was phoned after I was admitted to hospital. On his instructions, I was given chloral hydrate at 11.15 p.m. and the birth was induced at 4.30 a.m. These notes are written in red in my records. In my history and progress notes dated 5 August 1972, which is the day I was admitted, it is written: "[Doctor 1] said baby for adoption. Mother undecided". The words "baby for adoption" are underlined in red. There are two more entries in red: "Retaining custody of baby" on the third day and "Baby for adoption" on the day I signed the consent. My son's records contain one entry in red made on the day of his birth: "Babe to be treated as an adoption until seen by [social worker 1] tomorrow". [Social worker 1] was the hospital social worker and she did not work on Sundays. I have also seen records belonging to another mother who had her baby in Queen Victoria Hospital in 1966. "Babe for adoption" is written in red in her records too.

The only reason I can think of for making these entries in red is to alert the hospital staff to the fact that these mothers and babies required special treatment. This meant being separated at birth and kept apart at all times thereafter. This was confirmed in a letter to me from [social worker 1]. She wrote: It was the policy of the hospital that mothers of babies for adoption should not have access to their babies.

I also discovered from my records that I had been given 100 milligrams of pentobarbitone after the birth and that I had not found my baby until the afternoon of the second day when I had always thought it was the first day. After being drugged with chloral hydrate, getting less than five hours' sleep and going through a rapid and very intense labour and then being drugged again with barbiturates, I must have slept through several of the feeding times before I realised anything was wrong.

I discovered my son had not gone to foster care immediately after I signed the consent, but had remained in hospital for 30 days. He then went to foster care for three weeks as his parents were still awaiting departmental approval to adopt. I suspected that my baby may have been reserved for this particular couple, especially since the adoptive father's solicitor told me that he used to be [doctor 1's] solicitor as well and he also knew the psychiatrist, [doctor 2].

When I met my son, Andrew, in June 1993 I discovered that he did not have the wonderful life I was promised. His parents separated when he was seven and his adoptive mother took him to live in Goulburn. Andrew left home in year 11 and then moved back to Sydney after he finished school. He told me he had not spoken to his adoptive mother for two years.

I saw Andrew again briefly in January 1994 and I wrote to him for his birthday in August. My letter and card were returned with a note from his flatmate informing me that he had been killed by a train at Easter and that the police had concluded it was suicide. My son had been dead for four and a half months and I did not know. I visited the cemetery where Andrew was buried and I left a photo and a letter at his grave. After that I received a letter from his adoptive father telling me to stay away from the grave and not to add to the grief he already felt at losing a son and a business partner. He also insisted that Andrew's death was not suicide and threatened to take legal action.

Last year I tried to contact Andrew's adoptive sister and a few days later I received a letter from the adoptive father's solicitor threatening me with a restraining order if I made further attempts to contact her.

After Andrew's death I started to research the literature on adoption and was horrified to discover a large number of journal articles dating from 1943 describing the trauma caused by separation from the mother at birth and the emotional problems suffered by many adopted people. I refer the Committee to Origins' submissions 3, 3A and 3B. Nobody warned me that my son might suffer emotional problems as a result of his adoption. In an article published in *The Bulletin* nearly five years before my son was born, Wilfred Jarvis, a clinical psychologist and lecturer at the University of New South Wales, was quoted as saying that 15 years of research had shown that mothers who surrendered their children for adoption seemed to suffer chronic bereavement for the rest of their lives. Nobody warned me that this might happen to me.

I believe that adoption is a risk factor for suicide. Dr Graham Martin, Director of the Child and Adolescent Mental Health Service at the Flinders Medical Centre in South Australia, wrote in a letter to me:

I agree wholeheartedly that adoption may be one of many factors in the background of young suicides. In a recent article in a *Medical Journal of Australia* the authors write that the suicide phenomenon in boys and young men might be a cohort effect, a damaged generation. This is the generation born when adoption rates were very high. I have been unable to find any studies of adoption and suicide, either by researchers in suicide or researchers in adoption. I hope this situation can be remedied in the future by some research into the effects of adoption on mental health of both adopted people and their natural mothers.

(The witness withdrew)

KATHLEEN VLAMING, affirmed:

Ms VLAMING: I would like to thank the Committee for giving me this opportunity to be able to speak. I would also like to say that these pages may give everyone the impression that I dislike my mother. I do not dislike my mother. I love my mother very much.

I was sent to Queen Victoria Hospital at Annandale, which was organised by a doctor in Windsor. I had to stay at the home for six months until my baby was born in October. I had no money or moral support of any kind. While I was there I had to scrub floors and work in an ancient laundry. The only job I liked was putting the flowers in vases and taking them to the mothers - I mean the married mothers.

While my son was being born, I was told to shut my eyes until he was wheeled away. I heard him cry, but I didn't get to see him until he was ten days old. I didn't see any family either until four days after he was born. I was very lonely and confused. I was in a ward with married mothers who had their babies brought to them every four hours for bonding and feeding. I didn't know where to put myself in this time.

I was given tablets to dry up my milk. The tablets were not very successful for me. I had plenty of milk. I would have been able to feed my baby boy if I had been given the chance.

I found out a couple of years ago, when I got my son's medical records, that he was sick while in hospital. No-one told me about it. I am sure he would have felt better if I had been allowed to hold him and cuddle him in my arms, not a stranger's.

I didn't know until a couple of months later that a telegram had been sent to my parents saying that the "package arrived safely", as though he was a bundle of clothes or something, instead of a tiny human being.

I was never informed by anyone, not doctors or social workers, that there was financial help available to unmarried mothers, but I was told many times throughout my long stay that I should have my baby adopted out, so he or she could have a good life, and two parents who had money and a house and all that material stuff. I know that he would have chosen to grow up with his real mother, penniless or not.

I remember asking a social worker if I could meet the adoptive parents of my child before I signed the papers. That must really have amused her. I realise now how naive I was and so was very easy prey for doctors and social workers.

I left the hospital on 29 October after seeing my lovely son for a few seconds. I went to stay at my parents' house, but I was so distressed about leaving my baby behind I went back on 31 October to get him. The hospital staff were very reluctant to let me have my baby but I took him home anyway, even though the papers were signed.

I called my baby Paul. It was wonderful to hold him in my arms and bathe and feed him. We slept in the same room. Paul slept in a cane clothes basket, but I don't think he minded. We were together at last, but not for long. I had my baby boy with me for seven weeks.

On 9 December I was told by my mother I had to take my baby to Scarba House at Bondi. A social worker and Mum must have been corresponding without me knowing. On the 10th day of December, when he was exactly seven weeks old, we went from the city in a taxi to Bondi. There was a social worker with us, who was acting maybe as a bodyguard in case I tried to make another escape. Mum held my baby. He had hiccoughs all the way. I cried all the way to Bondi. He was handed over to a sister, but before she could whisk him away he looked at me and smiled. I got the first smile.

I was re-united with my son in November 1993. It was a wonderful day which I will always treasure, and I hope he does too. He is married and has two children, but, unfortunately, they will never know I am their grandmother. I have only seen them six times in seven years.

The last time was in April last year. I went to Wollongong with my partner and my two sons to see them. Previously I had written to them asking if I could see the school he went to and the church where he and his wife had been married. He agreed he would do that. He picked me up from the motel where we were staying at 9 pm at night. We went back to his house for a cup of coffee. I was looking forward to seeing the children, but naturally by this time the children were asleep. My son drove me around Wollongong and showed me the church and school. It was 10 p.m. and so it was dark, so of course no-one saw us together. I am very disappointed with the whole visit. Tomorrow my son will be 33 and we hardly know each other.

I request this inquiry be able to overturn the Statute of Limitations.

(The witness withdrew)

BARBARA ANNE HARDY, sworn:

Ms HARDY: Firstly, thank you for this opportunity to speak about our experiences. For many decades we have been unable to put into words the trauma of losing our children to adoption, the depth of despair and the effect that that loss has had is a daunting task to convey. The pain of being denied the right to hold and, in some cases, even see your child is indescribable.

The treatment I received at the hands of, firstly, the hospital staff and then, a few days later, a social worker has been etched into my mind. The cruelty and total lack of human kindness shown to myself and my son is something I will never forget. To be told to shut up by two nurses when I dared to cry out in pain during labour was only the beginning of my punishment for having a child outside of marriage in the 1970s. For some reason, these two nurses left the labour room, which gave me a few precious moments alone with my son, who was laying across my leg. I was heavily drugged with pentobarbitone, Pethidine and Sparine and it took all my strength to prop myself up to look at my baby. Days later I again managed to look upon my son, this time gazing at him through the nursery window. The image of his face was to become the only comfort during this traumatic time in my life.

I would like to point out that at no time during my pregnancy did I ever see a counsellor, nor any social worker. I was visited in hospital on the fourth day of my confinement by a social worker or district officer and again given more pentobarbitone before and after her visit. Surely this practice of administering dangerous sedatives must prove collusion between the hospital and staff and the various adoption agencies. The woman used all her professional training to obtain my signature, the well-rehearsed sentences that were playing with my emotions, and a natural concern as to my child's welfare, instilling into me over and over that surely I wanted only what was very best for my son. I was made to feel a bad mother to even consider bringing him up myself, what future could I offer him and how he would be better off to be raised by a stable married couple, something no one could really guarantee. Her demeanour started out in an amicable manner, but when I remained in a state of confusion she became agitated and started threatening me, saying that my son would end up a State ward if I did not tell her the name of the father, and I assume also if I did not sign the papers. Clearly she came to my bedside with only one objective: To put in progress the handing over of my son to complete strangers.

Much has been said of the societal mores of the day, a convenient excuse for the approach taken by social workers. Their covert practices are in breach of our basic human rights as mothers of our children, something that was overlooked in the haste of obtaining our consent. We had the same right as any mother prior to signing the adoption papers.

I became hysterical and needed to be sedated after the visit from the social worker. In my medical records it states how upset I was over the baby and the next six months I remember very little. Slowly, over the next two years, I somehow managed to regain some kind of normalcy in my life. I had no grief counselling and no follow-up from the social worker [...] and who also was a JP.

As I said before, it has taken many years to put this loss into words. The severing of the bonding process with our children and the lack of acknowledgment of our rights put us in 'limbo'. We knew something extremely traumatic had happened, but it was something we never spoke of to our families. My son's birthday and Christmas would be times of deep depression, never knowing where he was and whether he was being well cared for, even if he was still alive, were constant thoughts running through my mind for the next 20 years.

Before talking about our reunion, I would like to say that there was no real guarantee how well-matched our children would be with their adoptive parents. When my son's adoptive father stated to me some years ago that he could not fathom my son, that he was such a deep thinker, it saddened me to think that he had not been able to communicate his feelings to the people

who had raised him and my son also said to me that he had never spoken so much since meeting me. The issue of having no control as a baby in the adoption process has caused many problems now, decades later, during the reunion with my son. Our destiny has been decided by others. I too had no real choice after being drugged into submission and the social worker's only reason for being at my bedside was to obtain my signature. Being in control now is paramount with my son and he feels justified in calling the shots. I hope he realises I really do understand how he feels.

In the beginning our reunion started in a very promising way. He was extremely keen to find his real mother and even went to obtain his original birth certificate the very day the adoption laws changed in April 1991. Consequently, he found me first because I applied for his amended birth certificate a few weeks later. After several attempts he finally tracked me down and we talked and talked for three days, practically non-stop, on the phone, and a week later we met. His adoptive father's initial reaction when my son announced that he was in the process of finding his mother was: "Let sleeping dogs lie". Somehow from that cliché one can only assume that they were not exactly supportive.

After a few months of pure bliss everything seemed to fall apart and my son went through a series of extreme mood swings and I had to endure his angry outbursts in letters and on the phone. I felt I was being tested to see how much I really did love him.

In the eight years of our reunion there have been many important events in his life. Thankfully I do have photographs of these, but I was not included on his wedding day, nor at the birth of his first child, a daughter, and, most devastating of all, the death of his son at birth who was the image of his father.

The problems created by adoption have caused such indescribable heartache for both mother and child and to hear social workers state that, in hindsight, they would have gone about things differently is totally unacceptable. Surely anyone could see what a cruel sentence, lasting a lifetime, these actions would cause, with no rituals to honour our children at birth and no rituals surrounding the loss soon after, as in a normal bereavement, with the words "Run along now and get on with your life" the most common advice from social workers in the past. This would have to be the most unreal expectation ever to be uttered, showing no human kindness.

I left hospital on Christmas Day in 1970 without my son and he has always been in my heart and in my thoughts every day for the past 29 years. As for the past eight years, they have been extremely difficult. I still grieve the loss of my son. For 20 years we were apart and the awful prospect of possibly losing him again is something ever present in my mind. I feel we are both caught in binding situations. He feels beholden to his adoptive parents for all that they have done and continue to do. He is bound by feelings of gratitude and guilt and I, in turn, find myself in a different binding situation playing a waiting game and forever being respectful of everyone's feelings. I continue to hope our reunions will develop to a comfortable level and some time in the not too distant future to meet my granddaughter for the first time.

To conclude, not only have we somehow endured decades of unresolved grief, but also had an intolerable burden of guilt placed on us. Instead of being a social worker's client and treated with utmost respect, we were psychologically manipulated at our most vulnerable times into thinking we were unfit to mother our own babies and, the cruelest of all, thinking that we actually had a choice and that we were doing the best for our child, the main point in obtaining our consent. Hopefully this inquiry will expose these coercive practices, publicly reporting and naming them for what they are, plainly kidnapping. Our children must hear the truth. They have grown up with the all consuming 'why'. This inquiry can answer that question and finally present the history of adoption practices in Australia in its true light.

I also request for this inquiry to implement the overturning of the statute of limitations and/or a Statewide criminal investigation under the New South Wales Crimes Act.

(The witness withdrew)

PAULINE WILKIE, affirmed:

Ms WILKIE: You will have to bear with me. I have made lots of notes, but I am too distressed to put them into any order, so I will just say things.

Firstly, I would like it to be known that at no time did I insist that my baby was to be adopted, and why wasn't I consulted or represented in the Supreme Court the day the adoption order was made? Is it only the Supreme Court matter that doesn't require the legal parents be considered, as in 1962 the law stated the revocation period was up until the order was stamped by the court? Nobody bothered to tell me or my parents.

My baby was born at the Mater Hospital in 1962. I have no recollection of the birth. I was not even allowed to see her, even though now I have found out I was the sole legal guardian of my baby. I remembered nothing from being in the ambulance

to waking up in the unmarried mothers' room later, I don't know how many days later.

I think just forgetting the notes, I would like to point out that I feel that unmarried mothers were treated cruelly and differently to other people. A few instances that I have are being given a shopping list while you are in the home to buy baby clothes for your baby to supply to the hospital. I was working with children, three and four year olds. All the heavy lifting resulted in me needing a hernia operation. The night before I was to have the hernia operation, [the Sister] at the home at Waitara said that she would have to shave me instead of the nurses at the hospital. I can't go into all the details of that night, but I want to table them as extra.

The operation itself - I had to have local anaesthetic. The surgeon doing the operation wouldn't believe me that I could feel it. I was starting to squeeze another doctor's hand and I said, "I can feel it", and the surgeon said to me, "You can't possibly be feeling anything". Later, the doctor holding my hand told him that I could feel it because I kept squeezing his hand. Then they realised I could feel it and gave me more anaesthetic.

On my medical records it shows that Stilboestrol treatment was started the next day and "baby for adoption", and that was even before I had been given any forms to sign or anything. Also it shows that five hours after the birth I was given sodium pentobarbitone. I have asked a midwife about this and she thought that was very strange, five hours after the birth.

There were no other options offered. My story of the consent form is really the same as everybody else's - "If you are a good mother, you will do the best for your child and she will be adopted by good people", but I later found out she was adopted by a Hungarian couple, who even returned the boy that they were adopting because he had something wrong with him. I would worry all the time that if my child had not been perfect, where would she have ended up.

Her being Hungarian, she firmly believed that she knows the truth but she says things like, "Until we came to this country, this country was nothing, we made this country", and all this sort of thing.

I think I have completely lost myself. I will just table the rest of this. I don't think I can say any more.

(The witness withdrew)

VIVIAN LINDSAY, affirmed:

Ms LINDSAY: I have evidence of systematic abuse in the appendix to my submission and in evidence at home that I do not have time to discuss now, but I want it to be verbally mentioned for Hansard and I will go into that further at a later date.

I am a mother who had two babies taken away by adoption by means of a protracted campaign of active persuasion and coercion, threats of physical violence and various systematic brainwashing techniques which I was subjected to during four months' incarceration in the Sisters of Mercy Convent, Pacific Highway, Waitara, New South Wales. I am part of a hidden sub-class of women who have been denied the same rights as other Australian women in the period in question. We are Aboriginal, non-Aboriginal and ethnic Australians. For me it happened in the mid 1970s. I am also a registered nurse, midwife, childbirth educator and mental health worker and for three years I have been working with women who have experienced various degrees and forms of abuse at the hands of adoption workers, both in the position of group facilitator and a 24 hour telephone support service which I operated from my home in Newcastle, servicing the Hunter Valley and Central Coast. I have listened to hundreds of women, the bulk of whom are too terrified of authority to speak or write to this inquiry about the abuses they have suffered. I have presented a paper and workshops on the trauma of mothers which usually run for two hours, so you can appreciate that ten minutes is a very short time. I will raise critical points, but will not be able to discuss them in detail.

Firstly, I would like to talk about some of the psychological torture experienced by myself and many other mothers who have spoken with me. I name my torturers as the Department of Child Welfare worker [...], housed at the Mater Hospital, Crows Nest; a consent taker [...], also from the former Department of Child Welfare, now DOCS; plus a consent taker from the Catholic Adoption Agency [...] is the best I can do, I have the evidence written down, but it is hard to read a signature.

I will give you a definition of "torture": To afflict with severe pain of body or mind. That is from the 1997 Macquarie Dictionary. I would like to read out to you a list of some of the psychological torture which I was repeatedly subjected to by the nuns and social workers while I was incarcerated in the convent. This psychological abuse is reported to me by mothers across the board in all hospitals and religious institutions that housed single mothers: Villa Maria, Burnhouse and Hillcrest in Newcastle have been repeatedly named. [Sister 1's] name is mentioned with regularity, especially the way she barred mothers' exits until she extracted consents, and here are the quotations of the words said to me by all the other mothers: "The baby's life will be ruined; the baby will suffer if you keep it; it will kill your father if you keep the baby; it will kill your mother; it will ruin your life; it will ruin your boyfriend's life if you get married and keep the baby; he will hit the baby and you because he will feel trapped; if you marry someone else, he will hit the baby because it is not his; he will hit you because he will become resentful; he will go to gaol if you keep the baby; the baby is not yours, if you take it anywhere you will be found and taken to gaol; the baby belongs to the adoptive parents". As you can plainly see, some of these statements are physical threats against my person, the person of my boyfriend and the person

of my baby as well as my parents. These threats are aimed to extricate a baby from a mother for the purpose of adoption. This contravenes the Act.

I would now like to read out some further comments which I was continually bombarded with which were aimed at destroying my right to keep my own children: "You are too young; you are not married; you are selfish if you keep the child; how will you provide for the baby; it won't be a baby forever, you know". You can see that this is active persuasion and denigration of mothers' abilities, in contravention of the Act, violating the counselling relationship, forcing the mother to defend herself and her needs while deceiving her re her rights and her benefits.

They went on to depict adoptive parents as superior beings, and I really mean that in the full sense of the word: "They are superiorly entitled to the baby". That is against the Act because it promotes adoption. They are permanently placed in our psyches as our abusers. In our psychological world they are abusers. These are some of the quotes: "The adoptive parents have a house; the adoptive parents are married; the adoptive parents have money; they can love the baby more than you can". That is a very brief list and that is across the board. I hear that from mothers all the time. They tell me, and I have given you a short list of what has happened to me and a short list of what I have heard and there is a lot more than that.

Another definition of "torture": The infliction of severe physical or mental suffering usually in order to obtain information by or with consent by acquiescence of a public official. The other mothers and I were continually subjected to this kind of torture in order to remove our rights to mother our own children. We were being psychologically and physically abused to supply adoptive parents with babies.

I would now like to list some of the physical torture of mothers causing extreme anguish, agony and early death by suicide and cancer. Definition of "torture": Great mental suffering, agony. Separating mothers from their children in the first days of birth by physical force, that is physical separation, drugging them with twice the maximum dose of sodium pentobarbitone, drying up their milk with a now known carcinogenic drug, Stilboestrol (which, by the way, mothers in our situation have not been informed like the other mothers in society that they were given this drug and that it is carcinogenic. It has only been advertised as a drug for women who had miscarriages.)

Definition of "torture": To twist or turn into an abnormal form. That is what has been done to us, against mothers' will without permission and in violation of the 1965 Act and of other criminal law.

I have made a list of some of the duress and inducements that were used to sabotage the 30 day period of myself and the other mothers: Not to tell the mother about it. This was a frequent form of abuse. Threaten her with "That would be breaking a promise if you revoke the consent". Other quotes: "That would be cruel to the adoptive parents". They would state, "You will never again see this baby" and "You no longer have any rights", and this is while the mother is signing the consent document, which she cannot understand, within days of giving birth and this ignores and kills the revocation period, so it is an inducement so that the mother will not use that revocation period when she gets told about it.

They do not give the mother the address, the direction to the Supreme Court or information about the process. When the mother goes to and/or rings the adoption agency and/or hospital within the thirty day period, they tell her, "You are too late, the baby is already placed". If she complains about having her right to revoke violated and takes the matter to court, she will be erroneously deemed an unfit mother. This happened as late as 1978 to a Newcastle woman who is married to her boyfriend at that time and had three consequent children. She is writing a submission. She is one of [Sister 1's] many victims who operated in Newcastle Mater Hospital during the period under question.

The current services for mothers are run by the same institutions and people who took their babies, but in any terms that is unacceptable. I was present at an information meeting at the Post Adoption Resource Centre where [social worker 1] and [social worker 2] listened to a mother crying that she was forced to sign papers. Their response was, "That's sad". At the same meeting an adoptive parent, guest speaker, laughingly stated that she got her doctor to fake her infertility for her application to adopt. [Social worker 1] laughed along with the joke.

[Social worker 1] established and nurtured the ethos at the Post Adoption Resource Centre. I have counselled mothers who have [social worker 1's] signature on their consent forms. They are among the most deeply tortured mothers I have encountered, so much so that I am moved to name her as a perpetrator.

I have submitted evidence in my submission against [social worker 3], also of the Post Adoption Resource Centre, and a former adoption worker. It shows unethical and dishonest research that I was subjected to, which is in my submission, and I have got other evidence at home regarding that.

In the words of a DOCS worker, "An independent royal commission must be implemented to subpoena files from DOCS and other agencies, then the inquiry will clearly see the attitudes towards and treatment of the mothers".

If the Committee's approach is that the mores of the time justify and excuse criminal behaviour and violations of basic human rights, then we are in an unsafe place to expose the perpetrators and there will be no safe place for mothers.

I actually need to name - I have got about a minute and a half left and I need to name the departments that are involved because this is to let you know that it is systematic.

I want a thorough investigation into the involvement of many respected, feared and powerful departments in our society. I will now read a list of these Government and non-Government organisations, with the violations they perpetrated against mothers. Please insert into Hansard a list of mothers' rights at this point if you can.

The Police Department - threatening mothers to obtain consent in collusion with consent-takers; the Corrective Services - ditto; the legal system, magistrates - erroneously deeming healthy, young, unmarried mothers unfit as late as 1978 and disallowing return of the child before 30 days; the Department of Child Welfare, now DOCS - placing physical and psychological barriers between mother and baby, whilst pregnant, whilst taking consent and in the 30 day revocation period; Social Workers Association - ditto; Department of Health, medical and nursing staff - ditto, and by use of verbal, emotional, chemical, physical violence and entrapment. All religious institutions and their connected adoption agencies and agents - ditto; and many nuns gave mothers large doses of Valium upon return to the convent and did not tell mothers where their babies were located or allow them to see them; the Department of Education - expelling girls for being pregnant, while pregnant or when they returned to school.

I charge the above people and institutions with crimes against humanity. They have contravened the united nations mandate for protection of mother and child. They have contravened the 1965 and 1991 and preceding Adoption Acts of the Australian Parliament. I charge all people mentioned with kidnapping and abduction. And my son has written four lines that he would like me to read out to you.

"It is good to know that I am not evil, like my adoptive parents told me. Even though I am not evil, sometimes I feel it is hard to shake it. It is good to know that not all mothers have mental health problems that they inflict on others", referring to the adoptive mother. In reference to me, "I am proud of you for saying this, because I can't. I can't sum up my life in ten minutes."

(The witness withdrew)

JAMES WADE, affirmed:

Mr WADE: I am the father of a daughter born in 1954 when I was sixteen and a half and my girlfriend was 18. Her parents were very strict Catholics. They found out that she was pregnant when she was six months' pregnant and she was placed in St Anthony's home for unmarried mothers. She was imprisoned there until the time that she was to give birth at St Margaret's Hospital. I was not allowed to visit or speak with her in any way.

On 23 June 1954 our daughter was born and I arrived at the hospital later that afternoon. I was allowed to nurse our daughter and again, two days later, I visited and nursed her and we made all the plans that young people usually make. My parents had already said to me that if I was half a man I would bring them both home.

On the fourth day I visited again to find my girlfriend in quite a mess and she said to me that the baby had been taken, our daughter; that her aunty and a couple of nuns had made her sign the papers and taken the baby. I asked the nuns where the baby was, that we wanted to take her home, and I was more or less ordered from the premises.

I went back two days later with my mother and was told that my girlfriend and my daughter had been taken back to St Anthony's home at Croydon. We went there and were told that the baby had already been adopted and there was nothing we could do about it. They refused to let us see my girlfriend and became very abusive and told me that, if I did not leave the premises, they would call the police.

We went to the Department of Child Welfare in Young Street and to the Catholic Adoption Agency and just about every other place we could think of in the next two weeks and were told the same story at each one, that the baby had been adopted.

We married two years later and we tried to have more children over a six year period. My wife, the mother of the child, had four miscarriages. Each time she had a miscarriage her health deteriorated mentally and physically. All our friends were having kids; we were losing kids. Subsequently the marriage deteriorated to the extent that we divorced in 1968. The mother of my daughter remarried and was killed in a car accident in 1977. She did not have a chance to see her daughter.

I found my daughter when she was 38 years old. She had not been told she was adopted and that made it very, very awkward. It took 20 months before she agreed to meet me. I am very, very sad and very sorry that daughter and mother will never meet. I am very angry because we were not given any alternatives or options or help or direction at the time. We were told absolutely nothing. The mother was taken back to St Anthony's and treated like an animal, had her breasts wrapped up in bandages.

When I tried to find out where my daughter had gone over the years I kept getting letters back from the Department of Family and Community Services and adoption agencies saying there was no information available and in 1988 I received information back - and this has been tabled - regarding the parents of our daughter. A couple of things surprised me, if I may use that word: They already had an adopted son, one year old at the time they adopted our daughter. They lived in a home that they were renting

with only two bedrooms. I cannot understand how they were allowed to adopt a second child with two bedrooms, but that is neither here nor there. The biggest thing for me is that, if we had only been told just a few things at the time of the birth, we would never ever have given her up. We were not made aware of any options whatsoever.

38 years is a long time. When the adoption laws changed, the hardest thing for me to do was to prove that I was the father of the child because on the birth certificate and all the records was the mother's name and father unknown. I had to legitimise being the father, which took quite a lot of work and a lot of time. If the people involved at the time who did not give us any options and did not give us any help could only have realised what it is like to miss out on 38 birthdays, Christmas days, fathers' days. It is a long time and I really believe that the child was stolen and it was an unforgivable and illegal crime.

(The witness withdrew)

LYN MARIE WILLIAMSON, affirmed:

Ms WILLIAMSON: I am both an adoptee and a mother who has lost three children to adoption. I am also a sibling of an adoptee.

At no time during my pregnancies was I given any other option besides adoption. For example, advice on financial assistance, housing or mothercraft. I was not advised of any emotional harm that adoption may have caused me or my children. I was not given any counselling after the birth of each child. I believed adoption would ensure a safe and secure future for my children and I had nothing to offer as a single mum.

At least that was how I rationalised my last two adoptions. There was no preparation for the loss of my first baby. It was akin to Victor Frankle's experience as he watched his fellow Jews walk to the gas chambers and lose their lives. I watched dozens of girls go into labour wards and lose their babies, disappear and become silent.

Adoption has affected my life in a deep and profound way. My childhood was plagued by insecure attachment and a sense that I had been rescued from ending up in an orphanage. I had one adopted sister. There was never any closeness between us. She says we weren't really sisters and we have nothing in common.

As a teenager I tried very hard to get married and have children. This didn't occur. The factors that led up to me becoming a pregnant, unmarried mum were constant disapproval of my attempts to form a relationship. My pregnancy was denied, and even from the family I had to hide myself in a wardrobe if we had visitors.

The day after my 18th birthday I went to the labour ward. Immediately after giving birth, I asked the midwife to give me my baby. The nun said, "Take it away, it's for adoption." The nurse promptly left the room with my baby while I was tied up in stirrups. I could do nothing physically to stop this. I have never seen that baby again.

It was then that I thought the staff knew something about me that meant that I couldn't be a mother to my child and that I wasn't worthy to even hold him. The significance of this birth was such that I was not only robbed of seeing my child and holding him, but I was robbed of any enthusiasm for life.

The grandiose perception that I had done the right thing by providing a child for a couple who could not do what I had just done burnt a hole in my soul that did not compensate for the total loss and enthusiasm in my life. Everything appeared meaningless. The reality that I still had life after this loss was only tempered by the dream that I could one day get married and have children.

This dream would not be realised until I went through the same inhumane process twice more. I went on to have two beautiful children that I now successfully rear on my own.

I found my mother, I found my brother and I found two of my children, but I am yet to lay eyes on my first born son.

During my search for my son I initially spoke to his first adoptive father. He was very apologetic and remorseful, but they separated one year after adopting my son. He kept saying, "I know you had adopted him so he would belong to a family." My son was raised by a single mother for many years. My son's adoptive mother told him that his real father was a world famous surfer and that I was a dope smoking no-gooder. In fact, this story belonged to another girl in the unmarried mothers' home, who had gone on to become a successful business woman, but was very unfortunate not to have any more children. My son's adoptive mother also told him that his first adoptive father physically abused him in the first year of his life. This was refuted by his adoptive father, who claims that his adoptive mother put whiskey and sleeping tablets in his bottle, hit him and became excessively jealous if attention was shown to him by his adoptive father. His adoptive mother allowed him contact with his first adoptive father for four years of his life, provided that he pretended to be his uncle and not his father. The adoptive father remarried and wished to re-adopt my son. It was soon that all contact would cease by the first adoptive mother.

For my mother, her forty years' silence began giving birth to my brother with a pillowslip over her head. I met him when he was 43. He didn't know he was adopted. Six months after our reunion, he phoned to say that he had found his birth certificate and it had his name on it. He thought he may not have been adopted.

After four years of searching I found my mother. I dearly wanted her to tell me that I was of aboriginal origin. Instead, she told me my father was Klu Klux Klan. We are trying hard to accept each other's suffering and get to know each other before time runs out for us.

My two other children were raised in the same adoptive family and were never told that they were siblings. For years my daughter and I wanted to be reunited but we were kept apart. I had a request from the adoption agency on behalf of my daughter's adoptive parents that I write to her telling her of my troubled adolescence, and at this stage [a social worker] from PARC became my advocate, pointing out the implications of that request. I did send letters and photos but for months they were withheld because she would not do her homework.

During these years of yearning for reunion, I became aware of how low the status of the mother is or was. All my children's adoptive parents have always known my name. I knew only their first names and I used to read the Sydney telephone books looking for A and H anyone. I received some photos of the vicinity of my children's home and I physically searched these areas, hoping to find them at McDonalds or walking home from school.

A case conference was held, but the reunion still did not occur until my daughter turned 18. I met my daughter for the second time at Mona Vale beach. We went back to the Royal Women's Paddington, the hospital, to the part where she was born and we left together holding each other as it should have been.

My daughter was then expected to keep our reunion a secret from her brother, my son. When she was 13 years of age, her cousin told her that she was living with her real brother unbeknownst to her. She was then expected to keep this a secret from him. During reunion, I listened to the story of how my children's life began from when they left the hospital. It was difficult convincing my children's adoptive parents that it was not the doctor who named my son, as the doctor had claimed this privilege. I had named him after my father and cousin.

There were dramatic stories of how my son's hospital discharge letter had been mistakenly sent to me. He was 13 at the time and my address was still on his records. There were official complaints made, etc, as if I was someone who could cause serious and great harm to my son, that he needed to be protected from me.

The first day I spent with my son in reunion, at the end of that day, when he was getting on the train, he turned and said, "Goodbye. Thanks for having me." Those words have warmed my heart ever since. He has come and lived with me since, twice, for short periods of time, to the delight of us all.

Our sole purpose in this life is forming relationships with God, our mothers, our fathers, our siblings, our families and others. No man has the right to falsify the connection between mother and child or siblings. The false documentation of birthright or birth certificates is a defilement of human rights. It goes against our sole purpose of being. To have connections and search them out is a natural thing to do.

I recommend that Origins and such organisations helping mothers be expanded in all ways for the networking that they do and just be given every assistance by our Government to make amends for what has happened to us as mothers and adoptees, and that they always be consulted regarding recommendations for adoption practices.

I know you here today have some convictions about adoptions and we no longer need to sit here and feel sad. We can go and leave here today and try to put some of the recommendations that are put forward here by Origins and women such as Vivian, who has done all the good work, and Di, everybody, all the other mothers here. Thank you.

(The witness withdrew)

GAIL BELL, affirmed:

Ms BELL: I spent six months at St Anthony's, Croydon, from March to September 1967. I told the nuns that I wanted to keep my baby, but was repeatedly told not to be silly. I was constantly pressured to surrender my baby for adoption and received daily verbal abuse from the nuns and other staff. I was constantly told that if I loved my baby I would give him to a proper two-parent family where he could have a good life and everything else he needed. I was told I was selfish when I insisted that I would keep my baby. They said that I should forget about the baby and get on with my life. I never have forgotten about my baby. Whenever I asked for help or asked about non-adoption alternatives, I was told I was not a fit person to keep my baby and I should think of the unfortunate people who could not have babies of their own and that I would be able to have as many babies of my own as I wanted when I was older.

On a number of occasions I asked to be able to go and see my father, who I had not seen for five years due to my parents' divorce, to see if my father would help me. The nuns would not let me go. They told me my father would send me back there and when I got back there the treatment would be worse, I would be treated worse than I was already. In fact every time I asked to go anywhere, whether it be the shops or anywhere at all, the answer was always No. I think that they knew that I wanted to escape and go and find my father for help.

My rights as a mother were never considered and my baby's birthright to know, to be loved and to be nurtured by his natural family were not considered. My decision to keep my baby and my requests for help to enable me to keep my baby were persistent, but the coercion and intimidation from the nuns was equally persistent. I told [the Sister] repeatedly over the six months at St Anthony's that I wanted to keep my baby and twelve days after his birth I refused to sign the adoption consent form. My constant refusal to sign on 22 September seemed to irritate her. I was crying all over the form and when I asked to read the form she shouted at me. The forms were on the table with a heavy book over the top section and all I could see were the dotted lines to sign on. They were soaked. I was not allowed to read the form and I was crying all over it. She shouted at me: "You are not to read it, you are to sign it". I left her office without signing and after she had shouted at me, "Get out of my sight, you silly girl. Your signature doesn't count anyway, you are a minor, your mother can sign these forms". My mother did not sign those forms. I have since seen the proposed consent form with my name on it but it is not my signature. I have copies of those that I wish to table. As I left her office, [the Sister] told me that if I really wanted my baby I had 30 days to come back for him. Then she added, "I don't know why I'm telling you this, but I have to". I asked to see my baby. He was kept in a locked nursery and she denied my request.

I left St Anthony's on 22 September when my baby was twelve days old. I made frequent trips back to St Anthony's asking for my baby. I had not signed the form, so I still thought that he was legally my baby. I was told he would go to a respectable home, would be loved and given everything he needed. My repeated protests were ignored. My continual return visits to St Anthony's were treated with contempt by the nuns. On one occasion I was told to wait in the waiting room. I did, for two hours, and I went and asked the girl at the desk where [the Sister] was. She told me she had gone out and was not expected back until about 8 p.m. Another time I was threatened that she would call the police and have me removed from the premises. One time she had all the doors locked and just would not let me in, every door at St Anthony's locked.

My baby was placed in the care of the adopters on 9 October when he was 29 days old, still without my consent and against my wishes. The adopters were a Maltese couple and not naturalised Australians. They applied for Maltese passports ten days after the adoption order was finalised in April 1968. They left Australia permanently about two weeks later. I believe that, because of my mother's Maltese bloodline, my son was chosen specifically for that couple who had made their application for adoption only one month before he was born.

I was never given any counselling or any option other than adoption. I was constantly told that I was no good and that my baby was better off without me; he would never amount to anything if I kept him; he would be taken from me by welfare and made a State ward and spend his adult life in gaol if he was to grow up with me; he would be ridiculed by his peers and that I just should forget about him.

I never signed any consent forms and believe the signature was forged.

I met my son in 1992 in Malta after I had been in contact with the adoptive people for several years. They would not allow my son to know that I was in contact. He was totally dominated by the Maltese people. He suffered a severe identity crisis; he did not know who he was. On the first day I met him he said to me, "How could you have left me like a stray dog when I was born?" That is what he had grown up believing, that he was just dumped like a stray dog and that he was worthless. He chose a life of drug addiction because, I believe, of his rebellion and his identity crisis and not having anybody to relate to as his own family. He was forced into an alien materialistic lifestyle that was against basic needs. My son died on July 13, 1994, of an opiate overdose.

While I was at St Anthony's, every fortnight we had to sign a cheque, a social security cheque, and from that cheque we were given, I think, \$2 a fortnight to spend and the rest of the money was kept for our board and keep. Also, while I was there, we performed long, hard, heavy work. We were never paid for that work, but our money was kept for our board and keep, which was unreasonable.

For many, many years, much more than 20 years, I had been trying to get a copy of the request to make arrangements for

adoption of a child form that applied to my son's adoption. I had applied to all the relevant authorities and was told there was not one on my file, so I kept asking why there was not a request to make arrangements for adoption of a child form on my file. There should have been, but I was told no, there is not, and some 20 years later, or more than 20 years later, this is what they sent me: a blank form, a request to make arrangements form which is blank. I never requested anybody to make arrangements for the adoption of my child.

(The witness withdrew)

LORNA BLAMIRE, sworn:

Ms BLAMIRE: I am the mother of two adopted children, born in 1969 and in 1971. My husband and myself were told the mother could change her mind and we would have to return the babe. At that time the Salvation Army, I thought, told me six weeks. Our son was 23 days old, our baby daughter was 19 days old and we were quite prepared to hand the baby back to the mother as we were law abiding.

We were passed by the child welfare and the Salvation Army. Our home was inspected by both. We paid the Salvation Army the administration fees and we paid our own solicitor.

When the law was changed in 1991, I told them both about it and asked them not to put a veto on. As my husband had passed away when they were six and eight in 1978, I was the only one to advise them.

My son has met his mother and his half sister and brother. His mother has a good husband, and all have stayed at our house and we have all stayed with them, as they are not from Sydney, not Sydney people. We told our children they were adopted from a very early age. Until the law changed in 1991, we never knew a thing about them, nor did we ever ask. We always told the children that for some reason or another they did not fit into their parents' plans.

My son still lives at home, he has moved out on occasions, the door was never bolted, and my daughter lives next door. We have had a very happy relationship with my son's family. My daughter has at this stage only inquired at the Salvation Army, and her mother's name wasn't on that, so she has never bothered to get her birth certificate, and she is quite happy the way things are. She says she has had a good home and so has my son. That is all.

(The witness withdrew)

MAUREEN O'NEILL, affirmed:

Ms O'NEILL: I was 16 years old when my mother told me that I was pregnant. I said, "Don't be silly, Mummy, I am not married." I tell you this only so you can understand my youth and vulnerability at the time. What followed can only be described as a nightmare, from which I still wish that I could wake up.

From the moment my pregnancy was diagnosed, I was vilified by the adults around me. The family doctor berated me for my loose morals. He made a point of making my physical examination as painful and humiliating as possible and when I became distressed he scathingly told me to get used to it, as it was only a taste of what was to come true.

I was booked into the Mater Hospital, whose matron had been the midwife present at my own birth. I was examined, tested for VD and taken to see the social worker. I stated emphatically that I intended to keep my baby. From this point on I was harangued by the social worker to do the best thing for the baby. At no stage did she or anyone else indicate to me that there was any form of assistance available to me or my child. In fact, she reiterated constantly that there were only four options, marry my baby's father, give the child up for adoption, become a prostitute or take a housekeeping position with a single father. This, she informed me, always included the provision of sexual favours.

After an abortive attempt to place me in Waitara, I was sent as a mother's help to the family of one of the hospital's doctors. His wife was experiencing complications with a pregnancy and required rest. They had five young children and my job was to tend the children and keep house. They gave me one day off and an allowance of \$10 a week. They were a religious family and I was expected to work hard and participate in religious ceremonies and be present at family functions.

I used my allowance to gather a layette for my child and was fully equipped with clothing, pram and cradle. Everyone knew that I intended to keep my baby.

My labour was long and difficult and I was treated with open contempt. Every examination was performed rectally. After the birth I was sedated and kept prisoner. This became evident after I sneaked out of my room and was discovered in the unmarried mothers' ward where I was talking to other girls. After this my sedation was altered and a nun was put outside my room to guard me.

During this time the matron, the family friend, visited often and tried to persuade me to sign the adoption consent form. Finally, I was taken from the hospital during the night. My memory of this is very vague. I recall being taken somewhere in a taxi, walking up a flight of stairs. I think that I can remember being told to sign a piece of paper but I can't be sure. I was shown a signed consent form the next day and told that I had surrendered my daughter. I do remember looking at the signature and not recognising it as my own.

Shortly after this I returned home. Not one word was spoken about what had transpired, except that my mother continued to administer Stilboestrol, which had been prescribed without my consent to dry up my milk. A few days later I called the social worker and told her that I wanted my child back, that I had no recollection of giving my consent for her adoption. My daughter was about two weeks old. She told me that she had already gone to her new home and threatened that if I tried to retrieve her she would have me arrested.

Desperate and overwhelmed, I attempted suicide. The family doctor threatened to permanently commit me to a mental hospital. Terrified, I made the effort to pick up the threads of my life, but it was obvious there was something very wrong. I was constantly dreaming about my daughter, sleepwalking, I developed stress-related illnesses.

I resolved to get married and have another baby. This was the panacea that everyone had been prescribing, "There will be other babies, lots of them", as though somehow that would make everything all right. I married at 19 and shortly afterwards gave birth to a son, but my sense of loss became even greater.

I became obsessed with the need to protect our son, believing that if I was a really good mother to him I would be absolved of my previous sin. My stress symptoms exacerbated and my reunion dreams developed into nightmares. I conceived again, and this was when a particular nightmare started. In the dream I was heavily pregnant and running down a dark tunnel. I was always pursued by the same beast, a hooded surreal creature armed with a huge knife. Sometimes I would manage to escape its clutches. If it caught me, I would collapse in despair because I knew it was about to cut my child out of my belly. It would take me hours upon waking to shake off my fear and despair. At six and a half months, the child I was carrying died and I developed septicaemia. I was in labour for eight days, and at the end of this clinically died for four minutes.

Once again, I attempted to pick up the pieces of my life. What followed was 12 subsequent miscarriages always preceded by the same nightmare. Then a miracle - I gave birth to a girl. My joy knew no bounds and I told myself that God had finally forgiven me my terrible transgression. I believed that God was punishing me, not for conceiving a child out of wedlock, but for allowing that child to be taken from me, as if I had somehow had a choice. Happy as I was, I realised that she couldn't replace my first born, no matter how much I wanted it, but I managed to move forward in my life, despite a divorce. For many years I survived as a single mum, working and studying, although I always felt that I was somehow damaged, but I didn't quite understand why.

Ten years ago I married a remarkable man who showed me I was worthy of love and happiness. This was the beginning of a healing odyssey for me. Early in my marriage the adoption laws changed and I had a series of medical complications. My health began to deteriorate. I didn't connect it with the reunion process. I was surprised, however, at the mountain of grief that started to surface and I understood that I had never fully grieved for the loss of my daughter, or indeed the subsequent babies lost through miscarriage.

I was re-united with my daughter eight years ago and within a few hours of this my mother, who had been the driving force behind the adoption, died. I became very ill and severely depressed which was to last for seven and a half years. During this period, I sought every avenue of help that I could, to no benefit. I struggled daily with suicidal urges. All this time well-meaning friends and health care practitioners exhorted me to pull up my socks and recognise how blessed I was. They, as did I, seemed to think that the very act of reunion would somehow erase the trauma of the past. I fervently wish that was the case, but it isn't.

With the onset of this inquiry, my symptoms became unbearable and I became very close to suicide again. I couldn't bear to spend the rest of my life in such mental, emotional and spiritual agony. Then in January of this year, I had a breakdown and was subsequently diagnosed with post-traumatic stress disorder. Since then I have been receiving ongoing counselling and have joined a support group for women who were also victims of the unethical or illegal adoption practices of the time. Daily I face the pain and guilt of the adoption and have been put in touch with the feelings of shame and self-loathing that were engendered in me at the time.

My health is improving rapidly and my depression has lifted. I am not on anti-depressant medication, although I have to be constantly vigilant because as soon as I attempt to suppress my feelings the symptoms return. I spend a lot of my time crying. I think that I am past personal anger, but I still react very strongly when I hear other women's stories.

This forum is my only opportunity for redress, and I suggest to you that not only was my child stolen from me, but also my life and my youth. I want my baby and my life returned to me in tact, but I know that isn't possible. The best that I can hope for is that you, as representatives of the current Government and policy-makers, will give us an undertaking that such destructive and subversive adoption policies will never again see the light of day in this country and that no other young woman will be abused and tortured in the way we were. Please give us back some hope.

(The witness withdrew)

DENISE SEYMOUR, affirmed:

Ms SEYMOUR: I have some appendices relating to my evidence and I would like to have a copy of those given to the Committee members to make it easier to follow what I have to say.

My experiences in hospital are in my submission and similar to many other mothers. I had not seen my son for two days and on the third day my father came in drunk and security had to be called to throw him out. I was screaming and was sedated again. The other women in the ward complained. They had been given their babies soon after birth to encourage breastfeeding and bring their milk in. It was upsetting for them and affecting their breastfeeding. The next day my son was brought to me and I left hospital.

After going to my parents' home with my son I naively visited the Community Welfare Department in Blacktown on three separate occasions to get help. I needed help with money and a place to live. Each time I went there I saw [district officer 1]. I told [district officer 1] about the domestic violence in my parents' home. I had also told the hospital social worker about it. Nothing was ever offered to me to help me. Not once did any social worker offer me any assistance; not once was I told of the existing benefits and help I could have had. Each time I saw [district officer 1] she used coercive language and methods to convince me to give my son up for adoption.

In desperation, and not fully understanding what I was doing, thinking that if I gave them what they wanted they would help me, I signed the consent on 17 August 1970. I never made an informed decision, I never made a choice. I was coerced into signing those documents as my free will was taken away from me through the withholding of knowledge and using my own fears and insecurities against me to discipline me into consent and secrecy. When I questioned anything I was bullied and told I was being selfish and was harming my baby by denying him a life I could never give him.

I was called and asked to go back into the CWD office on Monday, 24 August 1970. I was there for some time being convinced to complete and sign more papers, which I can only assume were the request to make arrangements, but I made excuses not to do it and my DOCS file states that "at this stage of the afternoon Denise was not in a fit state to complete these documents as she was tired and anxious to get home to care for the baby".

I would like to submit a copy of all the documents they had on file at the adoption branch in Parramatta as appendix A.

I was then told I had to appear in court the following day by [district officer 1] and [district officer 2], also an officer of the CWD in Blacktown. I have taken the liberty of typing out the sworn statement [district officer 2] made under oath at Minda Children's Court on 25 August 1970 and I have named this appendix B. It reads:

I interviewed the girl now before the court at the Blacktown District Office yesterday in the presence of the baby.

I said, 'Denise, you phoned the office this morning asking urgently for help. Why?' She said, 'I have nowhere to go with the baby.' I said, 'Last Monday you filled in papers applying for adoption of the child.' She said, 'Yes.' I said, 'And you were living at home with your parents?' She said, 'Yes, but I had to move out on Thursday.' I said, 'Why?' She said, 'There was a terrible argument with my father. He was assaulting me, hitting my head, pulling my hair and I can't stay there any longer.' I said, 'Where did you go on Thursday?' She said, 'I went to stay with my friends, the Richards in Seven Hills, but I can only stay there for a while.' I said, 'Do you have any money?' She said, 'Just a few dollars.' I said, 'Have you got a job at present?' She said, 'No, I haven't been able to arrange anything.' I said, 'And you really have nowhere to live?' She said, 'No.' I said, 'You are unable to keep the child until the adoption procedure can be finished?' She said, 'No, not really.'

That was the help I received from a social worker. In that court on that day my son was declared destitute and made a State ward. This was an aggressive adoption tactic put in place by these two social workers because I had not signed the papers they wanted when they wanted and they used the law to take my baby away from me. At this stage I had signed the adoption consent and not the request, so they had the baby, but they used the law to make sure that I could not get my son back when I revoked my consent.

A report dated 8 September 1970 (sic) from my DOCS file, which is appendix C, states that he appeared at Minda court on 8 September 1970 (sic) after two weeks remand on account of neglect, destitute, and was committed to State control and, although the adoption consent was signed on 17 August 1970, the mother changed her mind several times regarding adoption and the papers were held pending the finalisation of the court appearance today. It is understood the mother was not present when the order was made, and I was not present because no one informed me that my son was on remand until 26 September. This was another part of the knowledge I was never given.

Since I had not been told I could revoke my consent and knew nothing about it, I was devastated that I had lost my baby and told my elder sister, Merrilyn, about it. She told me I could revoke my consent and took me to the place to do it. I signed the consent order on 17 August 1970 and I revoked my consent to the adoption on 15 September 1970. This was exactly 30 days. I received a letter acknowledging and validating this from the Supreme Court, and this is appendix D. I was informed that if I got married I would stand a better chance of getting my son back. In my desperation, I was going to marry a long-time friend of mine, Douglas, but he was sent to Vietnam. I kept ringing and writing to the department asking to see my son, but I received nothing back and he was not restored to my care.

My son spent the first six years of his life in and out of institutions, in and out of abusive foster care, and he has been deeply affected by this. I have listed the five different places he was in as appendix E.

I spent the next six years ringing, begging to see my son and have him restored to my care and for several months in 1972 I was allowed to see my son every Sunday from 2 p.m. until 4 p.m. at Corelli, an institution for children in Marrickville. Then he was abruptly fostered out again and I was told I could not see him any more. My son still has nightmares about Corelli and has never recovered from his experiences.

In 1976 I was approached by a social worker from the Chatswood branch of the CWD. His name was [social worker 1]. [Social worker 1] spent some time explaining to me how happy and well-adjusted my son was with the people who were now fostering him. [Social worker 1] told me I was never going to get Brian back - those were his words. He told me Brian had been fostered out and that they wanted to adopt him. He painted a picture of Mr and Mrs Right and asked me how I could be so selfish in denying Brian his chance for happiness. [Social worker 1] wanted me to sign a request and consent again, even though I had already signed them six years ago.

At this stage I was living an aimless life, I did not really care about what happened to me, where I was or who I was. I had been fighting to get my son back for six years. I signed the papers. Two months later my parents were not home for the weekend and I took an overdose of sleeping pills. A friend of the family visited unexpectedly and saved my life, but at the time it did not feel that way.

In 1991 I was contacted by DOCS who informed me that my son had never been adopted and wanted to see me. He was twelve years old. I ended up driving to Perth and entering into a bitter wrangle with [a foster parent] who had been fostering my son since 1976 and who tried to destroy me and my son in the process to get me out of his life.

During that time, in trying to sort out the mess they made, the department subjected my son and I to five case conferences, three psychological reports, an independent review, an assessment at home situation, six ministerial inquiries and five reports, but that is another part of this whole illegal story, the end result of which is that my son remained a State ward for eighteen years (appendix F).

What do I want? I want the law to investigate why adoption was promoted to me by the hospital social worker; why my baby was taken away from me at birth in hospital and withheld from me for three days when I had not signed an adoption consent and was the legal guardian of my baby; why I was sedated and given Stilboestrol without my consent while I was in hospital. I want [district officer 1], [district officer 2] and [social worker 1] to stand in a court of law and tell the world why they denied me all knowledge of my legal rights and options to keep my baby; why I was not warned of the dire consequences of adoption; why I was not informed of my legal right to the 30 day revocation period; why I was not given my legal right to make a fully informed decision; why those covert and overt methods were used to coerce me into signing adoption documents; why they took my free will away from me through the withholding of knowledge and using my own fears and insecurities against me to discipline me into consent and secrecy; why power-over tactics were used to bully me when I objected. I want these people to be found guilty of what they did to my son and I. They ruined his life and a good part of mine.

I want the statute of limitations overturned so that my case and the cases of many other mothers can be heard. I want a judicial inquiry or royal commission to be held. In the meantime I want an apology from all of the Government agencies and organisations, religious or otherwise, who participated in separating mothers from their babies. This is the very least that these people can do. I want to say to all the adopters who are here today: I was never on drugs; I was never a prostitute or a whore; I came from a good family and if you were told otherwise by community organisations then you were lied to.

(The witness withdrew)

TRACI HOLLEBONE STONE, affirmed:

Ms HOLLEBONE STONE: I want to focus on the third term of reference. My written submissions cover the first two and the third. However, it is important for me to state what I want publicly.

As I state in my written submissions, I am back in contact with my adoptive parents and my relinquished son is in gaol for attempted murder. I also want to state that it is very clear to me that I was stolen from my mother and my son was stolen from me.

To assist myself and others post adoption, these measures need to be implemented: Comprehensive research into the over-representation of adoptees in institutions, that is prisons, youth drug rehab, juvenile justice, on the street and also youth suicide; similar research for mothers, who are over-represented, and also the effect of adoption on birth fathers; appropriate training for health care professionals working in the adoption field, and by appropriate I mean honest, clear information, without the charade of the adoption myth; funding for consciousness raising and healing groups for all parties involved.

I want adoption as it is to stop immediately. I realise some children do need permanent care. However, secrecy and identity imposition are unethical and criminal. I want a written apology and public acknowledgement of responsibility from all parties

involved in the theft of myself and the theft of my eldest son, that is social workers, doctors, relevant hospital staff, consent-takers, adoption agency staff, health department, State Government, registrar, lawyers and magistrates. These acknowledgements are to be given to myself, my eldest son, my mother and father and both sets of adoptive parents.

I also want the Statute of Limitations set aside. I want all these parties to be legally, criminally charged where appropriate, the costs to be covered by the Government. These people colluded with each other for their own gain, rather than follow the best interests of the child, and they failed in their duty of care, which was a legal obligation.

I want my eldest sons and my order of adoption discharged and legal status granted to our original birth certificate. I want the legal use of my original birth certificate. I have legally changed my name from the adopted name to my birth name.

Adoptees are discriminated against in our society. Any other person in Australia can change their name on their birth certificates. Adoptees need their mother's permission to do it, or their mothers have to do it for them. I am a 41 year old woman and it is an insult to me to ask my mother to change my name on my birth certificate, and I don't have contact with her at this time. I also want my father's name on my birth certificate. While I recognise the rights of my adoptive parents, I am affronted that they are named as my mother and father on my adoption birth certificate. That is a lie.

I want stringent guidelines as to who can take on the care of children, either fostering, adoption or whatever. I want research into adoptive parents and also foster parents. From my experience adoptive parents generally have deep psychological and sometimes psycho-sexual problems.

I want reparations for myself and my eldest son and my subsequent children and my grandchildren. My adoption has affected five generations of my family at this time. I want compensation to cover the costs of the thousands of dollars and many hours I have spent in therapy and counselling and identity and family research.

I want to bring to light how few adoptees have been represented during this inquiry and ask why. My belief is that they have been brainwashed in placement to believe lies imposed upon them and are living under hostage conditions.

I have covered this in my first submission. You have probably read it. Adoption is a market-driven business, and I ask when will child slavery stop in this country? And to clarify that, by child slavery I mean the use of children to fulfil the needs of adults.

If you wouldn't clap, okay. We are all here supporting each other and I don't really need it.

I know it is a strong statement and sometimes the truth is harsh. Many adoptees would disagree with my views, which I think reinforces them.

Finally, I want to mention that when I was a child I just wanted my mother to come and rescue me. In my deepest being I still feel this way. It is very painful and it is something that will always be with me. No amount of assistance measures will remove my experience.

Thank you.

(The witness withdrew)

MAUREEN CAMERON, affirmed:

Ms CAMERON: I am grateful to be able to speak before this sub-committee about my experiences at the Royal Women's Hospital in 1966.

At 18 years of age I fell pregnant to my boyfriend of 18 months. Our parents were upset. My boyfriend was studying architecture at university and I was working as a clerk. Our parents decided that marriage was out of the question and my mother immediately made plans for me to leave home. I continued working until I was about six months pregnant and starting to show. My mother then took me to the Royal Hospital for Women at Paddington. In the basement of the hospital there is a dormitory-style set-up called Pre-Term. As I remember, this was a large room with beds either side and showers and toilets at the end. There was a kitchen at the end of the hall and the girls were all rostered to complete various duties.

We were subjected to all sorts of medical investigations by various interns and doctors. We were treated like second-class citizens, not worthy of any respect or compassion. One incident I shall never forget is being visited by a group of young interns and a resident doctor. This intern told me to lie on the bed and lift my dress, smugly adding, "Come on, you've done this before". His fellow peers, including the resident doctor, all laughed. The shame and humiliation I felt has stayed with me to this day.

I continually battle with low self-esteem. I am constantly trying to hide my feelings of insecurity and unworthiness. This also has a lot to do with my mother insisting to hide away and no one, not even my brother, to be told where I was. It has only been in recent years that I have some understanding and forgiveness towards my mother. She was also a victim of the system and carried enormous guilt of her own, so much so that she was not only estranged from myself but also from my two sons, her only grandsons.

I was married ten years after my daughter's birth and I am sure that my ex-husband and my two sons are also victims. I chose not to tell them as I had only ever told two people previously and I later regretted confiding in them. Living with such a deep dark secret for so many years causes immense pain and the only way I could deal with it was to push it down so far, as if it was a bad dream.

At the age of 21 I had taken a bottle of sleeping pills. I felt that this was a cry for help. I had heard a song at a party. The song was called A Little Ray of Sunshine Has Come Into My Life. This had been released when my daughter was born and I was overwhelmed with grief and just wanted to end the pain. I returned home and took the pills and collapsed on the couch and when my father found me I was barely breathing. The nurse that looked after me in the intensive care ward told me that all I did was call out for my baby. My mother never spoke of my daughter to me and I could not deal with what happened to me any more.

My baby girl was born on 2 August 1966 after a long labour. I was having difficulties and they sent for my mother to give consent for a caesarean section, but instead decided to administer an epidural. This was quite a new procedure at the time and the needle was very painful and quite frightening. I was numb from the waist down for days and nobody bothered to explain anything to me. I cried to see my daughter and my mother had just arrived in the labour ward and she was handed my baby and she commented that she was just like me. One kind nurse held my hand and said it would be better if I did not see her. All I could ask was did she have all her fingers and toes.

It was late at night when I was taken from that cold sterile labour ward where I had spent many hours lying apart from a quick look around the door by the staff. Later on I was mistakenly placed in the ward. The unmarried mothers were sent out on to the verandah. The next morning, the babies were being wheeled in for their morning feed and I almost had my daughter given to me until one of the staff called out, "Stop. She cannot have that baby. She is being transferred out on to the verandah". As I made my way outside I tried not to look at all the other mothers nursing their babies. I did look at one mother and she had a warm smile on her face and tears in her eyes. Her compassion almost made me feel human again.

The ten days until I signed the papers on the verandah were a blur. No wonder, since I recently obtained my medical records showing huge amounts of pentobarbitone administered three or four times daily. Notations were made each day on my medical papers: "Adoption papers still not signed". I continued to refuse to sign the papers and finally, on the ninth day, the social worker told me that if I signed the papers I could see my daughter. All I wanted desperately was to see the daughter that I had given birth to. I signed these papers and was taken to the nursery and my daughter was held up to the glass window wrapped in a bunny rug for what seemed to me to be the shortest moment in time. I felt as though I had traded my soul for that one brief moment. I was also given large quantities of Stilboestrol to dry up my milk. I make note here that I have suffered calcification of my breasts and have had examinations and biopsies. I am also concerned because I breastfed my two sons and worry about any ongoing effects to them. The following day I was released and the last notation on my medical papers was: "Patient still uncomfortable". I was so heavily sedated that I barely remember even leaving the hospital that day.

Never once was I offered any help that I now know was available to me. Instead the social workers, both at the hospital and from the adoption agency, told me repeatedly that I was selfish to want to keep my daughter without a father and financial support and she would have a life with a loving family who could give her everything. Unfortunately, she was adopted by a couple in their 40s and she tells me she has had far from a happy, loving upbringing.

My daughter contacted me through her own resources on her 21st birthday and I arranged for her to come and meet my family and myself at Christmas 1987. It was a disaster. She was so full of anger and bitterness at her being, as she saw it, abandoned by me. Everyone in my family was emotionally devastated. It is only now that she is 33 years old and has since had her own daughter that she has started, so she tells me, to understand how hard it must have been for me to have lost her.

The philosophy and ideology of the 1960s have not only destroyed my life but the lives of other generations. I fully understand my daughter's feelings of abandonment as the manipulative and systematic process of a bureaucratic system also abandoned me. During those dark and quite sinister days of illegal adoptions, the people in power were doing this for their own mutual benefit. Presently our society is outraged at the treatment of our indigenous people and the stolen generation. However, until this inquiry into adoption processes, our society was unaware of our own stolen generation. I am eternally grateful for the inquiry into adoption practices so at least the truth can now be told. Nothing can ever replace the loss of a child; no words can heal the wounds, but the truth can set you free. Hopefully this inquiry will help all victims of adoption to at least have some understanding of the suffering. The suffering now has a voice for all to hear.

In closing I would like to add that recently I endeavoured to obtain my social workers notes from the Royal Women's Hospital. The social worker there, Ms Simms, told me my records had mysteriously disappeared. She told me that she had looked through all her index cards for mine and it could not be found. I reminded her that I was in Pre-Term for three months and I hardly thought that all my records could be found on a small index card. I also pointed out to Ms Simms that I had telephoned the hospital when I was distressed after the birth of my second son in 1980 and spoke to the social worker of the day. After pleading with her to send me some information on my daughter, she kindly sent me one full page profile on the adoptive parents. This showed their age, height, occupation, hair colour, et cetera. They had also adopted a baby boy two years prior to adopting my daughter. I have that information here today to be tabled and this somehow, after my recent request for records, has even disappeared.

For many years I tried to drink myself to sleep. I tried to drink to forget. My marriage broke down and my two sons have suffered enormously, as has my daughter. I have never been able to trust and have found it hard to love and receive love. I am still suffering insecurity and I am sure that all my family and those close to me have also suffered. Thank you sincerely for this opportunity to speak of my experiences and to feel some validation of what has happened to me and so many others like me. My reason for doing this is to try to make sure that this type of thing never ever happens again.

(The witness withdrew)

MONICA PUNG, affirmed:

Ms PUNG: First I would like to thank the Committee for giving me this opportunity to speak. I have waited 29 years to speak out aloud to vent my anger, frustration and disgust at the system as it was then. Also, by giving my evidence, I am putting a face behind the submission I sent in.

In 1970, at the age of 14, I was raped by my stepfather, which led to the birth of my baby boy in August 1971. The social system at the time was based on the social values of the Dickens era. For a girl who had just had a baby at the age of 15 years, with no family support, she was alone with a sense of not belonging.

I spent most of my confinement at Villa Maria. This was a home for unmarried mothers-to-be. The whole time I was there I was told that I was not a fit mother and that my baby would be much better off with a decent married couple, Catholic of course. I was also told I would have nothing to offer my baby. I was the youngest girl at Villa and I was terrified and alone in a strange place, with no friends or anyone who cared.

I have recently found out that entry into Villa Maria meant relinquishment of my baby. I was not aware of this at the time. I was left alone for most of my labour, until everyone was aware I was about to deliver, and then the room was filled with nurses everywhere, just to witness me giving birth. Apparently, each nurse had a quota of births they had to see. It was very degrading. I did see my baby for a few seconds and he was taken away. I know the nurses gave him a name, Bruce, which I thought was quite strange later on when I met my husband to be, his name was Bruce.

Apparently, the signing of the adoption papers took place nine days after my baby was born. This contravenes the 30 day revocation period. Also, I do not believe the adoption was legal. I was a minor and I do not remember signing such papers.

After the church got what they wanted from me, which was my baby, I was of no use and taken to the Children's Court, whereby I was charged with being exposed to moral danger and taken to gaol.

The name of this gaol and another I was sent to for three weeks are etched into my mind forever, Minda at Lidcombe and Worimi Leichhardt Broadmeadow. The three weeks I stayed in these places were three weeks of hell. I thought I was going on a holiday, until I reached Minda, late at night, with a welfare officer, then I realised what the system had actually done to me. It discarded me like an old rag. "Take all your clothes off, turn around, bend over, have a three minute shower, put these clothes on and get into this bed", in a dormitory where there were 100 or more girls as well. This is what I had to do or I would have been charged. I was a victim of incest and a victim of the system.

I like to call all the people who were involved in my horror the collective profit masters, controlling everything I did. A point I would like to make is should a victim of incest be subject to the humiliation of strip searches in front of other people? I had been stripped mentally and physically of everything I owned, as well as my baby. Didn't anyone have any compassion for what I was going through? She had done nothing wrong, although the authorities thought otherwise.

Last year I accessed my so-called court records and was shocked at what had been written about me by [child welfare officer 1], the child welfare officer assigned to me. I can say it was never my welfare they were looking after. I quote this from my records of what [child welfare officer 1] said, "Her apparent lack of guilt feelings on her part would seem that if the girl feels little guilt, one wonders both whether she has an appreciation of a moral code and also the ability to form the proper relationships to form friends later". I would like to face [child welfare officer 1] and tell him that I have been married for nearly 25 years and I would like him to put that somewhere where it would fit. Also, wherever I was taken, it would be best to be away from any male influence. What did they think I was going to do? Perhaps they thought I got my stepfather to make me pregnant.

On 22 May 1996 the baby I had in 1971 found me, which was extremely wonderful at the time, although the reunion, for many different reasons, has sent my life on one big roller coaster ride of massive highs to desperate lows of depression, with thoughts of suicide my only avenue left. My whole family has been totally turned upside down. My two sons to my husband of 24 years and ten years have gone through extremely difficult times because of my major depression and uncontrollable grief. I have found it extremely hard to trust anyone, and most of the time I have felt alone inside. I firmly believe that I do not deserve a place on this earth as I was told I was a very bad girl at a very young age and that I would have to pay for my badness.

A baby having a baby. It is ironic. My stepfather could have been gaoled for a term of 14 years, but it was easier for them

to charge him on carnal knowledge. He got ten months in gaol. I got a twelve month bond and a life sentence.

I want all the people involved in the atrocities against me to be held accountable, [child welfare officer 1], [Mrs X], [Sister 1], [Doctor 1], who was the treating gynaecologist at the Mater, and I know there were others involved but I just can't remember their names.

The places that the system looked at for me to stay before they sent me to Minda, were the Good Samaritan Training School at Arncliffe, which they said they had no vacancies, other possibilities were Butler Lodge hostel at Glebe and the Marilla Centre, but apparently that was near Kings Cross and that would be unsuitable, as you can guess what they were assuming that I would most likely go down there and do whatever.

With the reunion of my son, the first day we met we sat alongside a lake, he asked me all the details of what had happened and he felt very sad for what I had gone through to have his birth, to have him, but he did call me "Mum", which I realise I am fortunate, more fortunate than some other mothers, but I only exist now from day-to-day, on medication, because I just feel that the rug is going to be pulled out from under me and I am no longer going to be able to control myself.

I know when you say you are going to commit suicide people say you don't really mean it, but people who say that can't see the pain that is on the inside and they will never know what horror has been etched inside me, and I am glad for that, and I would just like to thank the Committee for allowing me here and for all the mothers and all the support we received from you today, for all of us.

(The witness withdrew)

BARBARA DIANE MOYES, sworn:

Ms MOYES: I would like to thank the Committee for the opportunity to speak here today. I am here today to support this inquiry and for Blake. They said: "It's all over now, get on with your life. You will have plenty of time to have more babies". The staff at Carramar and Hornsby Hospital did not prepare me for what was to follow when I left the confines of Boomerang Street, Turrumurra, to get on with my life. I was never counselled as to how to cope with the enormous loss and feelings of grief that were to follow. Already traumatised at 17 years old, I set out on a path of first cleansing myself of the sinful thing that I had done. You see, I was not a good Christian girl according to the Bible teachings at Carramar, so I set out to be a good Christian girl.

The 17 year old woman wanted desperately to clear the shame brought by her on her family. She wanted to show her family that the father of her child was also worthy and that he did want to marry her after all. I married the father of my son at age 21. Nearly four years later I gave birth to my daughter. She was to replace my loss. That did not happen. My daughter was planned and very much wanted, but she certainly could not be a replacement. I believed that I had put everything right, but the pain was still with me, the pain of losing my son to adoption.

I have continually castigated myself over my pregnancy when I was just 17 years old. I set out on a path of emotional destruction because I wanted to be punished for my great sin. That emotional destruction has affected my relationship with the ones that I hold dear to me. I have no peace. After the adoption of my son I developed severe asthma and have suffered chronically from asthma ever since. "It's all over now, get on with your life. You'll have more babies". The social workers report from Carramar reads: "Barbara was very close to tears throughout the interview."

The report goes on to say that SW felt that I was not quite sure about adoption. I believe the initials SW refer to [social worker 1]. Not sure was right. Why was I not sure? Because I was not informed about my options. The information I received was only about adoption. [Matron 1] and other staff only advocated adoption. Adoption was the only alternative and was the best for our babies. Our babies would have financial security; they would have two loving parents who wanted them dearly; they would have a good education and lack for nothing. The people selected for adoption come from good Christian backgrounds and could not have children of their own. What a wonderful gift we could give them: Our babies. What a wonderful thing I could do for my baby in giving him to a loving family like this. The question was asked: How could you look after your baby? How could I? I did not think I could. Why did I believe this? Because I was never given any other information that would help me make an informed decision about keeping my child. Instead I was fed propaganda about adoption and how it was the only way.

Carramar was in business, the business of adoption. In 1963 the adoptions were private, money changed hands. The Home Mission Society had set themselves up in a nice locations on the upper north shore of Sydney, a beautiful old sedate building with nice gardens, tall trees, surrounded by a high fence and gate. Behind that high fence, unmarried mothers would wait in line to give birth to their babies. The very fact that you were there was for one purpose and that was for adoption. Any mother thinking otherwise was forbidden to have discussions with the others. Any mother who changed her mind was taken aside and told that they would not be able to take care of their child. Carramar was very careful to keep a nice calm atmosphere. They were nourishing babies that were growing in the mothers' wombs. They had to meet the market demand, the demand for white babies free from the trauma of conditions that would have an emotional effect on their being. These babies were in demand. The more prospective adoptive parents, the more pregnant mothers were found. Carramar even advertised their services (I refer to the Women's Weekly

of the day).

As I came nearer to the time of my confinement I remember becoming very depressed. Coping with the feeling that I thought that I had no alternative but to give up my baby to adoption traumatised me greatly. My right as a mother to keep my baby was violated. Those who had the knowledge of the means of support I could obtain if I were to keep my child kept silent. They just kept telling me it was the best for my baby.

Recently I had occasion to speak to [an agency worker] from Anglicare Adoption Services and after 36 years she asked the same question of me: How could you have looked after your baby? Their mentality has not changed.

I became a single parent at age 32. I was pregnant with my youngest son. I have reared three children as a single mum. My children have had my love, my devotion, security, a simple lifestyle, a roof over their heads, meals on the table, but not always all the material things that others may enjoy. The most important thing was that we were together. I can boast that my children have received a good education at university level. That is how I would have looked after my baby. All I needed was the information available to do it.

My confinement was at Hornsby Hospital. My baby was induced. During the birth I was given Trilene. I remember being quite drowsy, but I forced myself to take a glimpse of my baby just before they took him out of the room. I asked the nurse: What did I have? She replied: I don't know. I was given no other information about my son, nor was I allowed to see him, although on the day I left hospital they told me his birth weight and length for future reference.

During my stay in hospital, and my records state, I was systematically given pentobarb, phenobarb, Bonadorn and Stilboestrol. I was kept very calm indeed, the drugs certainly kept me in that state. This was part of the system. They could not let the mothers get upset, they might change their minds.

I was not discharged from hospital until I gave consent to have my baby adopted. I remember so well the day I signed. [Matron 1] came to the hospital and took me to a room to wait for a man to come with the papers. I always thought this man was from the Department of Community Services. I have since learned he was the solicitor, [Mr Y]. Matron started to tell me about the people who were adopting my son. I remember clearly her reassuring words that I was doing the best thing for my baby. She went on to tell me a bit about the people who were selected for my son. She said that they were lovely Christians who owned their own home and that they had been waiting so long for a baby. In my mind, I had visions of my son being chosen by these people, that he would more likely live on the north shore, have a private school education, be loved and doted on, given every opportunity he wanted. These visions were born out of the propaganda that had been fed to me during my stay at Carramar. The irony of this is that my son was adopted by a couple from Chifley who had a six year old daughter of their own and were only 28 and 29 years old.

I remember signing with my eyes filled with tears. I remember being escorted back to the ward and being given a drug to calm me down because I was quite hysterical. At the time of signing I was a minor, just seventeen and a half years of age. I certainly was under a legal disability. I question the legality of the adoption, as I was unable to sign a consent form a week before when I was admitted to hospital and yet I signed a consent for the adoption of my child. After the consent form was signed, I was allowed to leave Hornsby Hospital. I went back to Carramar to collect my belongings and returned home to my mother's house to get on with my life. As yet, I have not had contact with my son. My hope is that it will happen soon. Today I would like to thank Diane Welfare for coming out, for standing up for us and giving us the courage to stand up also.

(The witness withdrew)

PAMELA CLIFFORD, sworn:

Mrs CLIFFORD: I would like to thank the Committee for allowing me to speak. Unfortunately, I am not well prepared, I didn't bring the things I should have, but I would like to put on notice that I will provide relevant material afterwards.

Mainly, I don't know who I am, and I have no way of ever finding that out. I was born at the Salvation Army Hospital, Marrickville, on supposedly New Year's Day 1941. I knew I was adopted from a very early age. I had good parents and I was happy with them, but in 1988 I had a burning desire to find out where I came from, so I received non-identifying information about my birth mother.

She was 24 years old, her name was Freda, she was born in a country town in Tasmania. So I investigated, I looked through electoral rolls, I wrote to several 'Freda's', strange letters that only the right person would know about. I had an answer from a woman there and found out it was the right one.

I finally met her that same year and a couple of times afterwards, and as we were talking I noticed inconsistencies in the things she told me about her baby and the things that my adopted mother had told me, such as Freda, my natural mother, said she thought my new parents were wonderful people, that she had handed me to them and she had met them. My adoptive mother had told me that she had never met my parents and that I was handed to her by the matron of the hospital. She wouldn't have lied to me. The other thing was my birth mother had blue eyes. She told me that my father had blue eyes. My eyes are dark brown.

It is practically impossible to have blue eyed parents, both of them.

When my adoptive mother died and then my birth mother died, and these things were playing on my mind, I decided to have a DNA test and I contacted one of her sons, one of her legal sons, and asked him if he would have a DNA test with me. Dr Brian McDonald at the DNA labs in Sydney did the tests. It is a Mitochondrial DNA test to find out if two people share the same mother, and we did not, definitely did not.

This absolutely stunned me really, so after getting that I decided I would go and find every bit of information about who I supposedly was. So I went to the Supreme Court, where I met the wonderful [court officer], who is in charge of the adoption information area there. She was obstructive, made me embarrassed and humiliated, when I felt really bad as it was. I had to plead for information that I had a right to see anyway. She said when she gathered my information together she would put a story together from what was on the file and she would give me the story of her interpretation. I wasn't happy with that, but one thing led to another and I got what I wanted by writing to her superior and having the proper papers sent.

The thing that really upsets me is that, it is silly, but I will never know when I was really born, I will never know my correct birthday. It is obviously a day or two before or after 1 January, because there is someone else out there who has had their identity swapped with me and I will never know who that person is, because hospital records were destroyed before the early 50s. I have spoken to the Salvation Army and they say they have no hospital records. They have no way of checking any other people who might have been in hospital at the same time as my mother, so I have no way of finding out.

I went to the Salvation Army earlier this year and spoke to a man by the name of Brian Hood. He is a captain or whatever. He said he would bring this case before their committee, which meets every month. I am still waiting, and that was February, and they say they are investigating, but I don't know what they can find. I also requested the name of the matron at the time, who obviously organised this switch. Her name was [...] and she conveniently died in 1945.

That is my story.

(The witness withdrew)

MONICA HERRICK, sworn:

Ms HERRICK: I am the mother of a 28 year old daughter, Jane [...]*. Her adopted name is Jane [...], I would have named her Rachel Margaret. I am the subject, the object, of a contact veto and that is why I have asked to speak this afternoon. If I made such a clear decision to surrender my baby daughter in February 1971, why did the gynaecologist, [...], write on my hospital admission notes that I be given valium and sodium amytal on admission? If I was so happy with my decision, why, when my admission notes said I was to be induced as soon as possible, was I drugged for 24 hours before I was induced and my baby was not due for another seven days? Why, if it was my decision, was I forbidden to see her, forbidden to leave my room and kept in a drugged stupor for six days? Why, if it was my decision for her to be given to strangers, was I drugged the morning of my release from hospital prior to being given Form 9 to sign? In my submission that I have put forward I have listed the drugs that I was given.

My social worker notes that I received a couple of years ago from the hospital show the words, "When Monica saw the baby she cried and said, 'Isn't she beautiful?'" These words were crossed out and the words "Monica had a good response" were written above. If I was so happy with my supposed decision, why lie about my response and obvious grief and why was I forbidden to see my baby until after I had signed the Form 9?

To bring my grief to the present day, the same social worker, [social worker 1], from the Catholic Adoption Agency, who at that time failed to tell my daughter's father that he had a legal right to have his name on our baby's birth certificate, had perpetuated the abuse of all of our rights by telling my teenage daughter in 1986 when she was 16 that she should not be enquiring after me behind her adoptive parents' back. She went to the Catholic Adoption Agency in Bent Street in the city one afternoon and [social worker 1] phoned and told me that she looked up from her desk and she saw a 16 year old version of me standing at the doorway in a school uniform and it was my daughter who walked in and wanted to ask about her mother and she was told, "You shouldn't be here. Does your adoptive mother know?" When she said, "No", she said, "You need to go home and talk to her", and she was sent away. The social worker at Centacare could not be bothered following up on phone calls that she made to them asking about me and this was just before the change to the adoption law in the late 1980s.

What would you do if you were a child who had been told that your mother did not want you and you made three attempts to find her through the proper channels, only to be made a fool of by being ridiculed and ignored. How would you feel? I know I would lock my feelings away and put a barrier up to any further feelings I had towards my mother.

* To protect the privacy of Ms Herrick's daughter, the Committee has resolved to remove her surname from the transcript.

The barrier available to my daughter was a contact veto. She put a contact veto in place within days of it being available and with the abusive injustice of the contact veto it became my humiliating right, as her mother, to write her one letter and one letter only, which had to go via the hands of the social workers at DOCS at Parramatta. These social workers were free to open my letter and read it themselves before deciding if they would pass it on to her. This they did. They openly read my private letter before forwarding it to her. She, as I believe in her primal pain and need to know about me, replied to my letter almost immediately in October 1991 and she responded by writing a wonderful letter which included the words, which I will read from the letter, "How often do I think of you? Every night I look out my window knowing you're out there, hoping you're happy and safe". This was written by my daughter who had placed a contact veto, despite the contact veto. She also says at the end of it, "Think of you often, love, Jane [...]". That was in 1991.

Six years later in 1997 an insensitive social worker, [social worker 2], from the adoption section of DOCS at Parramatta contacted me by phone to enquire if I had received a copy of a letter in my file from my daughter. The long and the short of this phone call was to find out that DOCS had withheld my daughter's letter to me for six years, even though I enquired for any contact from here. For all of that time I phoned consistently, continually, asking if there was any contact whatsoever or any response to the letter, the one letter that I wrote her in 1991. I was told that, no, there was not, and in a tone of voice that 'we will contact you if there are any messages; don't phone us, we'll phone you', and all the time this letter was sitting in their files. It has a rusty paperclip mark where it has been sitting in my file open for anybody to read but me. When I expressed outrage that my daughter's letter had been withheld from me for six years, realising the profound injury to her soul and her emotions, this social worker, [social worker 2], said to me, "Oh, well, I needn't have contacted you".

The blatant disregard for my rights and my daughter's rights continues today. My daughter, Jane, has asked this social worker how she might remove the contact veto. She asked her that in 1997 after I wrote her a couple of letters. The answer that she was given: "Oh, take your time". [Social worker 2] told me this herself, she phoned me and told me. The contact veto is still in place. I broke the veto last December by walking up to my daughter in the street, calling out her name and saying, "Hello, Jane, I'm your mother". She looked at me and fell into my arms and we spent ten blissful minutes together and it was ten minutes out of 28 years. We are like twins. She says she wants to know me and, yes, it is time for us to be together. She was so happy and I was so happy. I walked up to her as she was waiting for the lights to change. We stepped off the footpath on to the road, side by side, and our hands went instinctively together as we walked to the other side. I stopped and looked into her eyes and just looked. We had our arms around each other as we walked down the street. She told everyone at her work and they were joyous for her and her boss said he was horrified that she had been adopted, but was pleased at how ecstatic Jane was.

Her connection with me was short-lived. My daughter has been advised to stay away from me for God only knows what reason. I am being treated like a criminal, a common criminal. Being served with a contact veto for doing no wrong other than having given birth to my daughter is like being served with an apprehended violence order, an AVO, and you could say it would be like being issued with an AVO for sitting here at this inquiry today. I am being threatened with gaol and a fine because I am a mother who had my daughter taken from me and given to strangers. I am being threatened by DOCS, in writing and verbally, to stay away from my daughter. I am being treated like a criminal because I am fighting for our rights, as mother and daughter, to know and to be with each other in a safe environment. I am somehow supposed to - as social workers [...] continue to tell me, "You'll get over it" - get over having my child taken from me in 1971, being treated like a criminal still in 1999 by those who have no concept of the grief that we are suffering. The contact veto is as injurious to my daughter as it is to me, but I do not think she realises that.

I demand that contact vetos be abolished. They serve no purpose other than to perpetuate our illegal situation.

(The witness withdrew)

ANN JUKES, affirmed:

Ms JUKES: I am afraid I am not very well organised because I wasn't actually expecting to speak today. There are just a couple of things that I wanted to bring up. Firstly, I wish to thank the Committee for allowing me to speak today. I won't go over my story because it is very similar to all the other mothers who have spoken here today.

My son was born in Crown Street. I was labelled UB minus, as that was the system in those days, all single mothers were labelled UB minus, and I was put on the conveyor belt for single mothers. I saw a social worker who offered to make me a public patient and put me into a home for unmarried mothers. When I said that I didn't want this, she replied, "Then that is all I have to offer you." I thought if that is all she had to offer, she certainly didn't.

I would just like to mention the outcome of adoption for my son. His adoptive father was an alcoholic who shot himself when Nick was six, although the adoptive couple were described as stable and happily married by the agency YACS.

The things I would like to raise today are the signing of legal forms by minors, which would not be allowable in any other situation; the witnessing of consent forms by adoption workers representing the agencies and adoptive parents - surely this would show a conflict of interest in any other situation, but it is allowed with adoption; the quality of counselling; the fact that we were not given a copy of legal forms that we signed - I only saw mine a little while ago and discovered that it actually had on it how to

revoke our consent and we did not have to go through the adoption agency. I suspect that is why we were not given copies of those forms.

I have actually written many letters over the years trying to do something about changing the adoption laws and so on. I had a letter from Mr Aquilina when he was the Minister of Youth and Community Services, telling me that the Supreme Court ensured that all adoptions were carried out according to the law, which I found laughable, because my son was adopted in 1970 and the law had been in place for at least two years and I couldn't see how the law had protected my rights in any way.

I actually wrote to the courts asking them how they did this, how they ensured that all adoptions were carried out according to the law, and I had a reply from Justice Waddell, and basically he couldn't tell me. I think they have acted as nothing but a rubber stamp.

I believe the whole system from top to bottom is corrupt and should be properly investigated and all those involved should answer for what they have done. That is all I would like to say. Thank you very much.

(The witness withdrew)

ANNA HAY, sworn:

Ms HAY: I did actually request to speak and was not fortunate enough to come out of the ballot, so I have not prepared anything, but, having listened to the people speak today, I want to make clear that it is not just when we were put in a situation with no support that we were abandoned, but now, when we are legally supposedly given the right to information, we are also abandoned in many different ways.

I had my child through the Catholic Adoption Agency, the unmarried mothers' home at Waitara supposedly called the Sisters of Mercy Family Centre, which was the most degrading, distressing situation I have ever been in in my life. I have travelled through many, many countries in the world and I have never experienced degradation like I did there and in the subsequent hospital stay at Crows Nest. The doctors and nurses felt no shame at laughing at my predicament, at leaving me during the course of the pain of childbirth, not explaining anything about what was happening, and on several occasions after the birth I was separated from my son, who is now 27. I was chastised tremendously for sneaking into the nursery to try and see him, but I was reassured that he was the most beautiful baby that had been born there at that time. I had no doubts about that; he was my son.

Over the years following that I now realise I had an extremely severe depression - very severe - which was never treated. I went to work in a hospital and became a registered nurse. I witnessed many people giving birth and supported many young women who were rushed in in the middle of the night who were single and were so afraid they did not even want to take their pants off to have their baby, did not want to open their legs so that the baby did not have to come out because of what was going on in their lives.

I had several pregnancies following the birth of my son. I had nightmares continually from the time I left my son in the hospital. I had gone back to collect him and I believe it was in the period of time that was legally my right to do so and I did not even get over the threshold of that establishment. I never saw a social worker and I believe [social worker 1] was highly influential at the time. I have not got any records of social work documentation because they do not exist apparently and I was there for a very long time. I had two abortions because I was so afraid somebody would take my children. I had another pregnancy which did not succeed. I have since never had another child.

In the 1980s I wrote letters to every department of community services that existed in New South Wales seeking help to find my son because I was told that a young man, my son's age, was searching for me in the town where I was born, even using my name, or at least he knew his mother was a Wilson and my age. I was given no assistance. I have letters piled up in a file saying, "Sorry, we can't help you in this matter". I even have one from the department that subsequently handled correspondence with the Catholic agency and they correspond with his family.

In the late 1980s I went to Waitara several times and was interviewed by a man called [adoption agency employee 1]. This man never took one note throughout the entire time. He supposedly is in charge of adoption up there. He never took one note of anything I said to him, but I foolishly thought I could trust him because he said he would get in touch with the family and help me sort this out. I had exchanges with him mainly over the phone at which time he told me my son was a very good looking young man who was exceedingly tall and healthy and very happy and I thought, well, he has had contact with him, but in actual fact he had not had contact with him. That came out later on.

When the laws changed and I went and sought my son's birth certificate I had a veto placed on my contacting him. Bob Miller was in charge at the time and I did not find him very helpful or sensitive to my situation whatsoever, so I hate to offend anyone who feels that Bob is just a saint but there are other people who have had other experiences. He told me the consequences of me breaking that veto were two years' gaol or \$2,000 or something outrageous of this nature and I just thought: I don't give a damn, this is my son and the laws have changed. I broke the veto that week, that day, by going and finding my son and I took

steps then to contact him.

My son had been told by [adoption agency employee 1], and his family, that I was a happily married lady with three children of my own; that there did not seem to be anything I needed; that I was curious about my son. "Curious", that is a good word. I have never regretted breaking the veto.

Margaret McDonald was put in charge of the legislative review over the adoption changes and there was a public call for people to ring up and say what had happened to them. I rang, I wrote and I told them how I had broken the veto, how I had been treated by the so-called system and how my son and his family had been treated, and I do not have any animosity towards those people except that they are victims as well of the system being deceitful and our society's expectation of what is needed to produce children. That was never recorded. I was very particular about having a look at the results of that inquiry. Nothing came out about anyone breaking vetos and I just feel that there has never been once that whatever I have had to say has been truthfully recorded and I have grave fears that that is going to happen here as well.

Last year I did my honours thesis at university. I went back to university four years ago, nearly five now, and I passed wonderfully, but do you know how I had to get into university, because they refused me admission because I could not prove that I was educated or intelligent enough to do it. I claimed disadvantage because I was kicked out of school for being pregnant and they said: Well, come on, we'll take you on as social reparation.

I had a breakdown last year because this brought on the depression that I was keeping a lid on for 27 years. I have no regrets that that happened and that I had to take time off, it has been the best thing that has ever happened to me. Last week was, I think, or this week is mental health week. I do not know any group of people who need more help, and I mean help. I have been sent bills by Waitara for the assistance they have given me. I have been sent bills. I cannot think of anything more disgusting and shameful for a Catholic organisation to do beyond what they have already done. All I wanted to say is that this had better be a damned honest inquiry or there are going to be a lot of people very, very distressed, and we have already been put through the mill fairly soundly and we do not want to go through it again.

(The witness withdrew)

25 October 1999

Room 814/815, Parliament House, Sydney

RICHARD COLIN CHISHOLM, Judge of the Family Court, Family Court, affirmed and examined:

CHAIR: You have received a summons?

Justice CHISHOLM: Yes.

CHAIR: And you are conversant with the terms of reference?

Justice CHISHOLM: Yes.

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

Justice CHISHOLM: Yes.

CHAIR: Do you want to briefly elaborate on your submission or make a short statement?

Justice CHISHOLM: Well, the situation is this: I handed in a submission some time ago and I have the questions. I have given some thought to the questions and I would be quite happy just to respond to the questions, if you would like to proceed in that way.

CHAIR: Yes, and you can then elaborate on anything that comes out of those.

Justice CHISHOLM: Yes. Could I just say by way of general introduction that I did some work on this subject most recently in connection with the Law Reform Commission's inquiry into the Adoption Act and we have published a big fat report about that and basically everything I know is in that report and I have not done any research since then, so it is not a continuing activity for me. It is a continuing interest, but not research activity.

It seems to me, when looking at the questions, that they fall into a number of categories. Some of them are fairly straightforward legal questions which I think can be answered reasonably simply; some of them are deep philosophical questions which we could discuss for months. If you are happy, I might start with the easy ones, the technical legal questions, and then we can move on to the more challenging ones.

CHAIR: Yes.

Justice CHISHOLM: Could I start with question 12?

CHAIR: Yes, this is where we asked you to explain the requirements for the signing of consent as determined by the Adoption of Children Act? In particular, could a mother sign a consent while still a minor and, if not, could anyone else sign a consent on her behalf?

Justice CHISHOLM: Yes.

CHAIR: And you would realise that, in many cases, these questions have arisen out of evidence given to the Committee where people have argued one way or another or talked of their experience.

Justice CHISHOLM: Yes.

CHAIR: So there is usually a history behind some of these questions.

Justice CHISHOLM: Yes. I do not know the details. Some of the details about what is required are contained in regulations and forms and I do not have a detailed knowledge of that. In terms of the actual forms, all I can say is that consent was a formal thing. There was a form to be signed and there was a requirement, the details of which I do not know, for a person, usually I think a DOCS officer, to explain things to the person giving consent or perhaps someone from a private adoption agency. I do not know those details and I suspect that those details would have changed over the period of time.

However, I can answer I think what might be the heart of the question, which is: In particular, could a mother sign a consent to adoption whilst still a minor? I am very confident that the answer to that is Yes. That is, the Adoption Act requires the consent of people who are parents and it does not say anything about age and I think, on an ordinary statutory interpretation, that means that the mother of the child, whatever age she is, is required to give consent. There are various bases on which consent can be dispensed with, but they do not include anything about the age of the mother. I do not know of any case that has actually decided that point, but my reading of the legislation is that the mother's consent was required no matter how young she was.

Question 10 is: The Committee has heard evidence that in the 1950s, 1960s and 1970s a mother giving up a child for adoption was not permitted to have contact with the child in the days after birth to prevent bonding and to enable the mother to "get on with her life". Could you comment on whether or not the mother was still the legal guardian of the child prior to giving the consent? Could the refusal to allow access, despite possible good intentions at the time, be considered illegal or unethical or both?

My view is that the mother remained guardian of the child until she gave consent. That is, till then she had all the rights of a parent over the child. I think that means that, in theory, any actions in relation to the child by somebody else would have had to be with her consent. So my answer to the question would be that if somebody, a social worker or someone at a hospital or somebody else, prevented the mother from having contact with or access to the child prior to her giving consent, that would not be authorised. That would be as unauthorised as if any other person stopped a parent having contact with their child. The only exception I can think of would be where there was some medical emergency which required urgent intervention, but the situation, I think, is exactly the same as it would have been with any other parent and a child.

In terms of specifics, if you said, well, was a wrong done and, if so, how could it be remedied, that is a rather tricky question I think. But can I give an example: If a stranger takes a child and puts the child in a room without authorisation, that is the tort, the legal wrong, of false imprisonment. I would think that if an unauthorised person, which could include a social worker or someone working in hospitals, took the child into a room and refused to let the mother see the child, that might well be technically false imprisonment of the child, or some other civil wrong. Whether it would be a criminal wrong I am not sure. I do not think it would. I cannot think of any crime that it would be

But there is no doubt, in my mind anyway, that the mother had exactly the same rights to the child as any other parent, and anything done to the child without her consent would have been just as wrong as if it was done to any other parent. So the fact that adoption was looming and that inquiries had been made and that the mother was, let us assume, unmarried, young, all that stuff, makes no difference. I do not think there is any doubt about that.

The Hon. Dr A. CHESTERFIELD-EVANS: Can I ask why is it not kidnapping? I mean you would say it was kidnapping with mitigating circumstances if it was indicated that adoption was coming but the forms had not yet been signed and it was preparation for an inevitability. That would be a mitigating circumstance rather than changing the nature of the situation, would it not?

Justice CHISHOLM: I cannot remember whether there is a separate crime called "kidnapping" and, if there is, whether it contains something like "for gain" or something like that, but, subject to that qualification, if one wanted to describe it as kidnapping in a non-technical sense, that seems to me to be pretty right. It was certainly an unauthorised taking of the child.

CHAIR: Is not being permitted to have contact the same as unauthorised taking? There is a range of events and actions here.

Justice CHISHOLM: Yes. I suppose the precise legal analysis might depend on the actual situation. For example, if the hospital authorities stopped the mother going into a room, you might say, well, it is not the mother's property, the hospital belongs to someone else and the nursing staff are not committing any offence or civil wrong by stopping the mother from going into a particular room. That is a very artificial sort of technical analysis. On the other hand, if the mother said, "Give me my child", and was told, "No, you can't have the child", that is clearly a violation of the mother's parental rights.

The Hon. Dr A. CHESTERFIELD-EVANS: When you say that kidnapping is not a crime on the books, it is called something else, is it not, like rape is called something else?

CHAIR: I think I will have to ask those in the gallery not to interject. We have had this experience before and sometimes this can be a very emotional inquiry. This is a formal hearing and we are taking formal evidence.

The Hon. Dr A. CHESTERFIELD-EVANS: Is it an item under the Crimes Act, for example?

Justice CHISHOLM: I did not come along prepared for that question and I am not really an expert in criminal law. I just cannot answer that without notice. The only point that I would make is that, as far as I can see, it is no different to the situation with any other parent. I suppose that is the point that I would make. Whatever the law is about somebody coming along and taking someone's child without authority, that is the law that would apply in this situation. I have not checked the law to see whether that would constitute kidnapping or some other specific criminal offence.

The Hon. Dr A. CHESTERFIELD-EVANS: That is up to?

Justice CHISHOLM: Up to the giving of consent.

The Hon. Dr A. CHESTERFIELD-EVANS: After consent, assuming it was given freely and without duress, which might be thought to invalidate it, it is like you have handed over the situation?

Justice CHISHOLM: Yes, legally, once consent is given, the whole picture changes and the key legal thing is that guardianship of the child, which previously resided with the mother, is transferred to either the Minister or the Director General (I forget which). Basically legal guardianship is transferred to DOCS, and from then on the legal authority to determine where the child should be, what the child should wear, who the child should have contact with, everything, is, from that point on, in the hands of DOCS. But my view is before that, the mother's rights are not in any way less than anybody else's rights.

The Hon. H. S. TSANG: I am not a lawyer but I am just exploring what rights they have. When a mother is going to the hospital and going through the pre-natal stage, staying in the home, it is almost as if it was a verbal consent by the mother of the child. So, does that sort of alleviate the authorities of the hospital because that was the norm? Does that sort of help? Given that the Committee is going to do a report, I have to be sure in my own mind. Today that practice is completely illegal but in those days it was the norm and the way of life.

In terms of law, would that seem to be a consent, a verbal consent, when you go to stay in the in the home and the priest says, "You can't keep the child now. You stay here. It is good for you not to see the child when it is born; it is good for you", and you never raise a protest and you accept that this is the norm? Does that mean that it is not all right but all right?

Justice CHISHOLM: It may well be. That would depend on a careful, factual analysis of each case, but if it were the case that, say, a mother came into a hospital or a nursing home or whatever and appeared to consent to everything and did not protest and these things just happened and when the nursing staff said - let us assume a situation which may or may not have ever existed, where the relevant people, the nursing staff and the social workers all said to the mother in advance, "This is what is going to happen. You are going to come in when the child is born. For your benefit and for the child's benefit we are going to take the child away. You won't see the child. Do you understand that?". Supposing everything worked as well as you could imagine, and assuming, then, that in this particular case the mother did not protest or argue or indicate anything other than consent and stayed there, it may well be that the correct analysis would be that she consented to everything.

However, that factual analysis, I think, is an extremely sensitive and tricky one, because whether the mother really consented to all that would depend on what she thought about all sorts of very difficult questions, like how much pressure she was under, what she understood about the situation, what alternatives she felt she had, and whether she was misled. So that factual analysis, which I am sure is very familiar to you people, would be required to reach that sort of conclusion.

But if all the facts went the right way, so to speak, then the correct analysis might be that all those people, although they had no independent authority, would be acting lawfully in the same way as a babysitter would be acting lawfully by looking after the child when you leave the child with the babysitter.

These easy little questions turn out not to be so easy. Now that was No. 10. Can we go now to question No. 15 which is

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CHAIR: Do you have any comments on the rights of a mother to have custody of the child and make decisions in relation to the child's medical treatment prior to signing the consent?

Justice CHISHOLM: That is really consistent with what I have said so far. I think the mother has the same rights in relation to medical treatment and everything else as any other parent prior to giving the consent. I think that falls within that general principle.

I might just add that there were some cases in which two separate legal things happened in relation to these babies. One was the adoption process and the other was the ward of State process. I do not know about the numbers or the quantities, but there were some cases in which the child was made a ward of State very soon after birth and, also, procedures were put in train for adoption.

I have no idea how common that was, but I know it happened in one reported case. In that situation, of course, the parental rights would be transferred to the department *because the child had become a ward of State* if that happened under the child welfare laws, but subject to that, the mother has all the rights of a parent until she gives consent.

CHAIR: The Committee would be grateful if perhaps later you could provide us with a reference to the case you are referring to.

Justice CHISHOLM: Yes, I can certainly do that. So that is question 15. Now questions 7 and 8.

Question 7 says, "Section 31 of the Adoption of Children Act gives the court discretion to refuse to make an order if a consent was not properly given, for example, given under duress, yet the court was unaware of this fact and subsequently made an order for adoption, would that order be valid? If not, what would be the status of the adoptive parents" and so on.

I think the answer to that is very, very clear, and that is that the orders we are talking about are orders of the Supreme Court. That is a superior court and the rule is that orders of a superior court, even if they are made without jurisdiction or if there is something wrong with them, remain in force until they are set aside. So even if the court should not have made that order because the consent was no good, the adoption would still be valid. It would not be a nullity.

Now, it would have been vulnerable to appeal at the time, but let us assume there never was an appeal and now the time for appeal, let us assume, has gone by, so all these adoptions would be legally valid in my view even if the consent was wrongly given because orders of a superior court remain in force until they are set aside.

CHAIR: Question 8 is related.

Justice CHISHOLM: Yes, "Was it possible under the Act for a valid adoption to occur without consent, or against the wishes of the mother." Technically, for the same reason, the order would be valid until set aside. "If so, are you aware of whether

or not this took place?" I wonder if we could leave that question because I think that issue is really better dealt with in some of the other questions.

CHAIR: Yes.

Justice CHISHOLM: All right, that is questions 7 and 8. Now there is only one more easy one, which is question 14, which is, "Could you briefly explain to the Committee about the processing of the adoption in the Supreme Court? How was this undertaken? Who was present?" I did not have any practice experience in adoption. I was only an academic so I never saw it happening, but my understanding is that you really have to distinguish between cases that were uncontested, which were a tiny minority.

Not many cases of adoption were legally contested in terms of a battle in court. The vast majority were uncontested. I am not thinking at the moment of step-parent adoptions or ones like that, I am thinking about adoptions run either through a private agency or the department. I think the process was that the department and/or the private agency would prepare all the papers, and those papers would go in a bundle to a judge every second Friday or something like that. The judge would deal with them in chambers, that is in his private room, going through the documents and making the orders without any formal court appearance in the majority of cases. It is just possible I am wrong about that, but I have always understood that to be the situation.

Now, the case might get into court in either of two situations: One is if the case is contested, if somebody says, "Do not make the adoption, consent is invalid" or something like that or if the department wants to dispense with consent where a mother, say, is refusing consent and the department says to the court, "Dispense with the consent" for whatever reason. That is a contested adoption and that would be in open court.

Secondly, sometimes the judge when he looks through the papers comes across some problem or perceives the case as raising an issue and then the judge might take it into court and deal with that issue in open court, perhaps calling on people for submissions.

But broadly speaking, in the vast majority of cases, as I understand it, it all happens - it is very difficult to avoid using the phrase "rubber stamp" but if rubber stamp means the judge is doing it in chambers, privately looking at the papers and signing it, that is what happens and neither the natural parents or the adopters went into court for anything. There was nothing visible that happened. Then the adoption order would be made and the certificate would be sent out. So people would, I think, learn because they get something in the mail that the adoption order has been made. I do not have a detailed knowledge of that process but that is my understanding.

CHAIR: You mentioned cases where the department would go to court where the mother had not given consent. Were there many of those, do you know?

Justice CHISHOLM: I just do not know, and I do not know whether those statistics have ever been collected.

CHAIR: I know this is a generalisation, but would the court normally grant an adoption in that case?

Justice CHISHOLM: The Act has always set out a list of situations in which consent can be dispensed with. It is all in the book, but they include, for example, cases where a parent has abandoned a child or abused a child or where the parent cannot be found. There are some others. The situation is that --

CHAIR: I am wondering what the attitude of a court would be to a case where a young women, like the ones we have been talking about, refused to give consent. We have heard evidence of children going into foster care. I am just wondering what the attitude of the court would be in those cases.

Justice CHISHOLM: There is only a small number of reported cases on these questions and so it is dangerous to predict from those what the court's attitude generally is because often the reported cases are the exceptional ones so one has to be very careful. Some of the older cases suggest that courts which were not adoption specialists tended to take quite a strong parental rights view and to be suspicious of adoption. There are not many cases, and I could dig them up and I would be happy to send them to you, but there are some cases in which sometimes, to the fury of social workers and adoption people, the court would insist on the rights of the biological mother, as it usually was, and be quite resistant to the adoption.

I think that that attitude, which was probably fairly strong, say, in the 1950s, gradually became less strong as adoption became increasingly specialised. There would be, in the Supreme Court, a particular judge who would do most or all of the adoptions. That judge, especially as the number of adoptions built up, would be constantly exposed to the work of adoption and to reports about the kids and those reports would set out the social work wisdom of the time. The adoption judge, as the numbers got bigger, would be very exposed to the thinking of the times by the department and by the adoption agencies. So my guess is that, if you ask that question about the Supreme Court judge who does the adoptions, the answer would be that he would have been quite sympathetic to adoptions and would have taken seriously and, broadly speaking, accepted the wisdom of the social workers and the people who write the reports that come to him in case after case.

If you ask that question about other judges who did not know about adoption, I think they would start off with a strong parental rights approach and sometimes - I think this is true, although there are quite a small number of cases - when you get an appeal from the adoption judge to a generalist appellate bench, maybe the Court of Appeal in New South Wales or the High Court,

the generalist judges tend to take a stronger parental rights line than the judge who has been most exposed to the adoption literature and practices.

The Hon. Dr A. CHESTERFIELD-EVANS: Would you say that it is a kind of regulatory capture, which is a phrase that the Trade Practices Act might use, where you have a sub-culture which captures a section of the legal system so that then the legal system sanctions, if you like, the rubber stamp of the judge in chambers, reinforces that behaviour on the department and agencies?

Justice CHISHOLM: Well, I would hope that that is too strong a term. "Regulatory capture" is a phrase that I have heard most commonly in relation to the regulators who are administrative people. I do not want to go into this at length, but I would hesitate to use that term about Supreme Court judges because I do not think that they are so easily captured, but with that possible reservation I think the essence of your point, if I may say so, is quite right.

Judges work best where they have two competing sides. I mean that is the way that the system has been set up. In almost all the adoptions, what the adoption judge gets is the pro-adoption case. They get the bundle of papers prepared by the people who want the adoption processed. Normally there is nothing from the other side, the judge does not hear any opposition, so that the adoption judge would be constantly exposed to material coming from one side only. Judges are just ordinary people, of course. What is special about judges is the *process* and the process works best if there is something to be said on each side and when something is not said on each side then the process tends not to work very well, so regulatory capture is perhaps another way of putting that.

The Hon. D. F. MOPPETT: If a person, a mother, had experienced this process and it had gone through basically uncontested and was stamped by the Supreme Court, but then the mother, on reflection, decided that she was unhappy with the current status and felt that the consent was invalid, for whatever reason, would it be necessary for her to approach the Supreme Court directly or would a complaint to community services automatically initiate a review of the judicial process, given that it was so much a process rather than a proper evaluation of pros and cons, particularly where no cons were offered. Would you comment on that?

Justice CHISHOLM: Well, first of all, of course, there was a period of 30 days within which consent could be revoked. I am assuming that you are talking about a period after that?

The Hon. D. F. MOPPETT: Yes.

Justice CHISHOLM: I am not sure if it was always 30 days. I mean we are talking about a period of time and the legislation might have changed a bit, so I am not absolutely confident that everything I say would be true at all points during that period.

CHAIR: From 1967 it was 30 days.

Justice CHISHOLM: Right. Well, in fact I think in the very early days, in theory, consent was revokable up until the time that the order was made. Anyway, I think that was the starting point and I know that it was 30 days under the Adoption of Children Act 1965. Whether there was some different position at other times I am not sure, but I will assume for your question that, whatever that revocation time, it has now gone and the adoption order has been made.

The Hon. D. F. MOPPETT: Yes.

Justice CHISHOLM: It has been extremely difficult to set aside an adoption order and in fact there is now a provision in the Act along the lines - and I would have to check the details - that you need the Attorney General's consent to set aside or to revoke an adoption order. Again, that is something which could be easily checked. I think that is the situation. If that is right, then the mother in your example would be faced with the, on the face of it, fairly hopeless task of persuading the Attorney General to consent to proceedings to set aside the adoption and, unless the case was very special, you would not expect that to happen.

The purpose of that section is very much that adoption orders should be for keeps. That was quite clear. There is a 30 day revocation period but, once that is up and once the order is made, the adoption is very, very difficult to dislodge, much more difficult than appealing against other orders of a court.

The Hon. Dr A. CHESTERFIELD-EVANS: The people who were consent takers, who in a sense have come to us as apologists, for want of another word, for the process, have said that they were cogs in wheels; that they were the mores at the time. The mother did not support her daughter; there was no money for the child's upbringing; the family and the State would not pay for it; there was no choice. The church people have said they were just smoothing the path, it was already determined.

Justice CHISHOLM: Yes.

The Hon. Dr A. CHESTERFIELD-EVANS: If the judges were reinforcing that by, as you say, effectively having one-sided cases, would you say that they were the mores at the time and was this part of the rights of the child movement; that because adoptive parents were assumed to be superior to unsupported parents, the rights of the child movement has given rise to this social movement and it was very widespread at the time? Do you think that it really was that the adoption system was an expression of a social morality at the time, or should I ask a sociologist?

Justice CHISHOLM: Well, yes, that is true, I am just a lawyer.

The Hon. Dr A. CHESTERFIELD-EVANS: But you were practising at the time.

Justice CHISHOLM: I was interested in the field as an academic, yes.

CHAIR: Question 5 probably raises these questions in relation to the factors and circumstances which should be considered.

Justice CHISHOLM: Yes. Could I give a short response to that question. Obviously that is a huge sort of question. I think there is a lot of truth in that general picture. I think that there were a lot of - and I use the phrase "a lot" because I think one thing I have learned in my present job is not to generalise and every case is potentially very different - social factors of the kind that you have mentioned pushing in the direction of adoption over much of this period. I think that is true. The alternatives that many of the mothers faced, I think, were pretty few and grim, particularly if they did not have family support, they did not have money and so on.

On the other hand, I think there were also some other strands in the picture. One strand was the question of illegitimacy and the stigma associated with illegitimacy. Early on, the big thing about adoption was that it was seen as the solution to illegitimacy and the stigma of illegitimacy attached not only to the child but also to a large extent, I think, to the mother. Adoption was seen as, in a sense, something like a purification exercise, putting things right in the sense of getting rid of the stigma of illegitimacy. It seems hard to conceive of it now, but I think it was part of the story.

It is a very difficult question and I really do not know what the answer is, but it is possible that one part of that was a condemnatory or blaming attitude to the mother. Some of the practices that one hears about seem difficult to explain unless there were some sense of anger or hostility towards the mother (probably not to the children). So I do not think that there is any doubt that most of the people, most of the time, thought it would be best for the child to be adopted, rightly or wrongly. I just wonder whether, going along with that, as an undercurrent that might have been there some of the time, was a fairly punitive attitude towards the mother.

As I say, some of the practices can be explained, like the pillows and the sheets and all that stuff, by a belief that a clean break would be best and the mother would grieve less if she never saw the child and all that. But some of them seem so cruel that one just thinks that that is perhaps not the whole story. I am not sure. In some ways it is a difficult task that I, as a lawyer, sometimes have to deal with in specific cases, but I do not know how you would answer that question. It is an important one.

Can we deal with question 11. That is really the end of the more technical ones. The next set of questions I think deals with the application of legal principles. I may have already answered question 11 but I will just say something about it. It is: - The Committee understands that as social attitudes change so do the attitudes of judicial officers. We are aware of the paramount consideration principle. Do you feel that judicial understanding of what would constitute the welfare and interests of the child may have changed over the period? For example, do you think there would be a bias in ensuring that the child is cared for by the adoptive couple rather than the single biological parent? - I really think I have answered that in what I said about the adoption judge and other judges, but the question goes on to say: - In your experience, what factors does a court now examine to determine the best interests of a child? -

All I can say about that - of course there are far fewer adoptions now - is that I think the range of factors looked at is now fairly wide and the judge currently in charge of adoption, whoever it may be, would be aware of the literature and the issues and so on. The reports that normally form part of the application would cover, I think, a wide range of things. I imagine you could get hold of some recent reports which would illustrate it. In the Family Law Act there is quite a long list of relevant factors, which include things like the wishes of the child, the child's relationship with the parents and other people, whether anybody has abused the child, protecting the child against various kinds of problems - a long list - and once you see the list you think, well, of course, they are things that should be taken into account.

There is not any equivalent list in the Adoption of Children Act, but I would think that reports to the court would follow a similar pattern and I think that all the matters that would be relevant, for example what alternatives there were, would be taken into account. I cannot really give a detailed answer about how that is currently done.

Question 5 is: - In your view, what factors and circumstances should be considered in deciding whether a particular adoption practice was unlawful? In particular, could you comment on what types of action would constitute fraud, duress or other improper means when taking consents? -

Then question 6 says: - The Committee has heard that there was significant social stigma attached to single motherhood. Alleged examples of treatment received by mothers include, and then there are some examples. -

It is probably best to answer the question by reference to the examples first. The first one is failure of adoption agencies, hospital staff and social workers to provide advice about alternatives to adoption in circumstances where the mother was dependent on the agency for advice and support. The question under the Act was whether the actions would constitute fraud, duress or other improper means. As a matter of law, I would say, of course, that it is terribly important that the advice should have told those mothers what the alternatives were and present those alternatives in a neutral fashion. It is an obviously correct practice. Whether failure to do so would count as fraud, duress or other improper means I am not sure. I do not think it would be fraud. I do not think it would be duress. Whether it would be other improper means is a bit hard to say.

Looking back, it might be better if the Act had said that the people taking consent should tell the mother of all the alternatives. If it had said that, it would be clear. So whether as a matter of law it would be regarded as improper means to fail to outline those alternatives, I have some doubt about that, just because - improper - is a fairly strong word in the law. The courts take phrases like

that fairly seriously and they do not readily include all sorts of things that they happen to disagree with under a phrase like "improper means". So I think failure to provide information probably would not of itself fall within those words.

The next one is, forcefully reminding expectant mothers about the difficulties they would face as a single parent. It seems to me that is a classic example of something where you would really need to know the details to form a judgment. I do not have any doubt that forcefully reminding expectant mothers of the difficulties could, in some circumstances, constitute duress. If you think about mothers who are in the very difficult situations they were in for all sorts of reasons, quite apart from the physical effects of child birth, they are obviously extremely vulnerable. To forcefully remind them of the difficulties they would face as a single parent, in those circumstances it seems to me that could quite easily constitute duress, depending on how forceful it was.

My own view is that in interpreting duress, certainly today the courts would try to take a holistic picture. Obviously a forceful suggestion that might not be duress in one situation could be duress in another because it is applied to a particularly vulnerable person. It is hard to imagine anybody in a much more vulnerable position than these mothers. So I would think that it would depend on the facts, but I would think that forcefully pointing out to these mothers one side of the story, and really pushing it, could easily amount to duress in my view.

The next one is informing mothers that they would face criminal sanctions as vagrants if they did not consent to adoption. That is an easy one because it seems to me that is fraud, assuming that it is untrue. I assume that it is just not true that the mothers would be likely to face criminal sanctions as vagrants if they did not consent and, if it is untrue, then it is unquestionably fraud, trying to get something by a deceitful proposition. If it means that the consent takers were actually going to ensure that the mother did face such criminal sanctions, then it would be duress. So, I think either way, that particular dot point would fall within those words and the consent would not be valid.

The last one, refusal to discharge mothers from hospital until they either signed the consent form or decided to keep the child, I think that is duress, no question, and, indeed, depending on what counted as refusing to discharge them from hospital, I would think that would be false imprisonment. I think that is outrageous, but it certainly falls within those words.

The Hon. Dr A. CHESTERFIELD-EVANS: One other not on this list but which has been mentioned in evidence is that they cannot see their babies until they have signed the consent.

Justice CHISHOLM: Duress; next case please. I would think that is appalling. I mean the Act does not say appalling. It is impossible not to be moved by this topic, but I think the technical analysis is that that would be quite improper. In fact, I think there is the phrase, "other improper means". No question that it would be other improper means.

If I can digress for a moment, my impression is that the whole situation was such a power laden one with so much power of various kinds on one side and the power would include being controlled by people other than the mother, the people other than the mother knowing the system and the mother not, the people other than the mother not going through a life crisis and all sorts of other things and a whole lot of ideology. The mother, I assume, would often be feeling a tremendously strong mixture of emotions which might include guilt, shame, despair, confusion, anger or anxiety about her family perhaps not supporting her, all kinds of things and the other people are not presumably going through those experiences, so in terms of a power relationship it must have been just overwhelming.

And so in that context, I think, you can understand how the mother's rights would be lost sight of, but then if you look at the law and see their rights, some of the practices you described quite clearly are wrongful.

The second last category of questions is seeking information about how much things happen. I have just lost track of which questions they are. Question 9, "Are you aware of any evidence to suggest that the actions of government and non-government bodies in relation to adoption practice between 1950-1998 were (a) unlawful (b) unethical? If so, are you able to provide some brief examples?" Essentially I do not have anything to add to the Law Reform Commission report. We did put lots of stuff in there. The Commission received a lot of submissions which included other examples, and they would be on file. I am not with the Commission any more. I imagine they would be happy to make those available to you.

I suspect that most of the material of the kind that we got, you have got too, probably from lots of the same people and to some extent I think the sort of exercise that you are going through now we went through then. So I would be surprised if you did go and look at the Law Reform Commission's collection of material, that it did not look rather like your own collection of material. So I simply just do not have anything new to say about that topic.

That leaves a set of questions which are all about two things. One is the relationship between law and ethics in this area and that is questions 1 and 2, and the other one is the question of time frame, that is, do we judge those people then by our values now or do we try to judge them by their own values at the time. Can I say something very brief about those large topics and then I will be happy to take it further if you would like.

As to the first, I am not a moral philosopher or an ethicist (if there is such a thing) but it seems to me that the relationship between the law and ethics is easy to state in a sense, and that is, it is easy to see that they are two different things. The easiest way to illustrate that is that you can change the law by passing a piece of legislation and it changes the moment that legislation comes into force, whereas you cannot identify a change in ethics in anything like the same obvious way. So, on the face of it, I would say that laws are things that you can pin down, identify and point to an Act of Parliament or a case and say that is the law and if somebody says, "How do you know it is the law" you can say, "Well, there it is". Whereas if something is put forward as an ethical

proposition and somebody says, "How do you know that is right?", you cannot point to any authoritative source in the same straight forward way as you often can with law.

Now, of course, within a religious belief set you might be able to point to an authoritative source. With Christians you might be able to point to the Bible or with other religions you might be able to point to other accepted moral authoritative text. But subject to that it seems to me that ethics is something on which you just cannot identify with precision and state with authority what the ethical answer is. So people differ and people do not differ crazily, but they differ in all sorts of ways and there is lots of common ground and there are ethical views that most people would agree with, so it is a sort of a messy, fluid kind of area.

So, in terms of these questions, if I can sort of shift on to the other topic, it seems to me that it is possible to identify in a fairly rough and ready way things that are unethical and you just have to say, well, we are people who live in the world, we read a lot, we have talked to people, we have looked at this and we all agree that it is unethical. For example, to lie to a woman when taking consent, to deliberately mislead her. Probably everyone in this room would agree that is unethical, whatever the law says, so there are quite a lot of matters on which it is not very difficult to work out what is ethical and what is not.

In terms of the time frame question, it is a wonderfully difficult question, to what extent one should blame people in earlier generations, using a standard of our own values and ignoring the values that they started with. Ultimately it seems to me that is, in a sense, a choice that the blamer has to decide. If you are wanting to blame somebody, you can choose whether to blame that person by reference to your own standards or the standards of 1860, 1967 or whatever the period was.

I note your terms of reference in the sense of reporting are that you are asked to *describe* things. You are not asked to decide who is to blame as I read the terms of reference. I would have thought that if you were able to identify whether particular practices infringed the ethics, (a), of today, (b), of contemporary ethics, if I may say so, you would have done your job. So in a sense I do not know that you have to really raise that question of whether one should judge people by today's standards. It is always difficult to work out what the standards of the time were, but you would have heard evidence no doubt, and there would have perhaps been guidelines or social work texts or other sources of guidance as to what were accepted as ethical standards at the time.

That is all I can say initially about those difficult questions. I would be happy to take that further if anyone would like.

CHAIR: Question 16 is the question of whether the consent of the father, when known or acknowledged, was required in order for the adoption to be valid.

Justice CHISHOLM: Until the 1980s everyone would have said that the answer to that question is simple, that is, is the father's consent required, and the answer was No, unless he is married to the mother. Under the previous law, the mother was the guardian of the child and the unmarried father was not, full stop. So the sections requiring consent, the exact words of which I forget, made it quite clear that, in the case of a child whose parents were married, you need both parents' consent. In the case of an illegitimate child, to use the earlier terminology, you only needed the mother's consent.

There is a slight complication to that, at least up to a period, namely that if, after the mother gave consent, she married the father and the adoption order had not yet been made then the father's consent became necessary. That has actually since been changed, but there was a period when that was the law. Basically the answer was mum's consent is needed; dad's is not, unless they are married.

In recent times - certainly since the Children (Equality of Status) Act in 1976 - there has been a tricky legal argument about whether the father's consent really was required since that time under the Adoption Act. It is a tricky argument because the Adoption Act speaks of people who are parents or guardians and, as a matter of law, it is arguable that the father was a guardian. Now whether the father was a guardian within the meaning of the Adoption Act is a very tricky question. You can argue that, if you read the Adoption Act, the word "guardian" does not include unmarried fathers. On that subject there were some amendments to the Family Law Act in the 1980s which also affected the position. It is a topic which at university is always set as a moot topic for the students just because it is wonderfully tangled and there are a couple of cases going in different directions on it. In practice, however, my understanding is that the adoption industry proceeded on the basis that the father's consent was not required and that was basically the way the game was played and against that there was this highly complex and technical legal issue about whether, as a matter of law, the father's consent was required, but broadly speaking, as I understand it, the practice was that his consent was not required.

There were some amendments, and I really do not have the details in my head at the moment, in the 1980s, requiring the father's consent in certain limited circumstances. I think they were, in a nutshell, where he was living with the mother and the child after the child was born. I think in those circumstances, even if he was not married, his consent was required, but, of course, they were not the typical case.

It is quite a tangled and tricky area as a matter of law, but I would not want the legal tangles to deflect you from the basic proposition that during this period the mother's consent was required and everyone forgot about the father. That is, broadly speaking, true.

The Hon. D. F. MOPPETT: You are free to choose however you care to answer the last question, but it would be important to us for you to address it at least: Do you believe there is evidence, from all your experience in this field, to suggest that at any time during the period from 1950 to 1998 there was systematic and/or organised abuse in the delivery of adoption and related services?

Justice CHISHOLM: The word "abuse" is a strong one and I suppose it is a word that is a bit explosive because people who feel very angry about what has happened would seize on it and say, yes, that is just what I want to say about it, "abuse" precisely captures what I want to say. And the people who are being attacked would feel themselves unfairly attacked precisely because of the same loaded nature of the word "abuse". In a sense, it is a polarising way of stating the problem.

If one substituted more technical language, for example if you asked the question, has there been a widespread practice of improper methods being used in the taking of consents, it may be that everyone would agree: Yes, there has been. If you use a word like "abuse" in the question perhaps it tends to polarise people, so some people say yes, yes, yes, and other people say, no, no, no. If you try to disentangle the language a bit and ask questions such as were there improper practices relating to consent, I would have thought almost everyone would say yes, there were, and lots of them.

The Hon. D. F. MOPPETT: In other words you feel that, if you were going to attribute terms like "systematic" or "widespread", you would like to use more dispassionate language than "abuse" and "illegal practice" and that type of terminology?

Justice CHISHOLM: Yes. I do not for a moment suggest that we should try and remove from the topic the strong emotions which are associated. That is part of the picture, and it would be silly to try and pretend that they did not exist or whatever. But it seems to me analytically it is probably quite a good idea not to start off with a word like "abuse". You could start off with a more precise description of what happened and then you look at that and say, - Well, if we agree that that is what happened, what do we think about it? - Some people may well say that that is abuse and they may be entitled to their opinion. But if you start off with the word "abuse" then one misses the chance of identifying the common grounds of agreement on facts.

"Systematic abuse" also, if you put those two words together, suggests that the people who did these things had some ulterior motive: They were really intending to punish the mothers or harm the children or something like that. Again I would not rule out the possibility that there might be some part of that in some cases, but, broadly speaking, it seems to me that most of the people who did these things were honourable people doing the best they could as they thought. Now that is not a view that everyone shares, but it seems to me that that is the case and, as to whether these things are systematic, I think that they were widespread rather than systematic, that is I do not think that they were practices that necessarily were cunningly designed as part of an attempt to do X.

The Hon. D. F. MOPPETT: Hierarchical structure.

Justice CHISHOLM: Yes. I think they were more a whole set of practices that flowed from some of the factors we have talked about. The word "systematic" does not sound quite right to me.

The Hon. D. F. MOPPETT: Sometimes followed blindly perhaps.

Justice CHISHOLM: Indeed. I think it is the case that quite a lot of people who were working in those times, now looking back, would say: Heavens, how could I have done such a thing? If that is right, those people are looking back and saying, as I suppose most of us in our lives can look back and say, how could I have done something like that? If that is the response then to describe the things that were done as "systematic abuse" --

The Hon. Dr A. CHESTERFIELD-EVANS: Systemic certainly.

Justice CHISHOLM: "Systemic" I would be happy with. "Systemic" is exactly right. I think "systemic" is a very good word because it was built into the system, but "systematic" suggests that everyone in the system was --

The Hon. Dr A. CHESTERFIELD-EVANS: Calculating.

Justice CHISHOLM: Yes.

CHAIR: Assuming the question is framed in reference to the actions of government, taking the word in that sense, then people address it somewhat differently.

Justice CHISHOLM: Indeed.

CHAIR: You have talked about individuals looking back and saying: Why did I do those things?

Justice CHISHOLM: Yes.

CHAIR: But there is also the question of whether the system was abusive or had improper methods or whatever language we are using.

Justice CHISHOLM: Yes.

The Hon. D. F. MOPPETT: Even the use of the word "systemic" depends on excluding the fact that there were many other practitioners who did not do these things. If that was the evidence, one would be reluctant to use the word "systemic", I imagine. Maybe what we are dealing with is a group of people who were the victims of practice which we, without any hesitation, look back on as unacceptable today, but we have had evidence from other people who have been through this experience and did not feel that in any way they were disadvantaged by what they experienced. "Systemic" would mean that it was widespread and almost universally the experience of people who came forward and became enmeshed in the process.

Justice CHISHOLM: Yes. That is interesting. I wonder whether it might be systemic in the sense that the sort of pressures that we have talked about might press all of the people working in adoption to the kind of pro-adoption methods which would lead to some of the abuses, but some of them were able to resist that more than others. It might be that the word "systemic" is right because that is the way that these pressures were pushing and so the people who did behave well perhaps would deserve double credit for having actually resisted the pressures. If they just went with the flow - and perhaps going with the flow meant engaging in some of these practices and the ones who did not might have resisted things --

The Hon. Dr A. CHESTERFIELD-EVANS: The medical system has a very difficult relationship with the legal system in the sense that, if you help someone who is in pain to die, you are a murderer. The legal system became very invasive with psychiatric cases in that, if they have not committed a crime, they are not mad. In this case, the mores were presumably one thing but the practices were another. I suppose within the medical system my view was, well, the lawyers think this, but they are just a bunch of wallies anyway. How dare they tell us how to do our job almost was the view. Do you think that that is important in the sense that some of these systems felt that they were above the law? Do you think that that is true or do you think it is too strong?

Justice CHISHOLM: I think it is fairly true in this area because this is an area in which there were not, for better or worse, a lot of lawyers around. It was an area of almost no legal activities. All the things that happened were done within a legal framework, but by basically the adoption people, the hospital workers and people taking consent. Those people prepared all the papers. It went to the judge in chambers. The first lawyer appears on the scene and he does not even appear on the scene, he is in chambers signing things. So it is not as if there was a flurry of adoption people doing one thing and a flurry of lawyers fighting them or doing other things. It is a legal framework almost devoid of activity by lawyers.

The Hon. Dr A. CHESTERFIELD-EVANS: When the law changed, it may then have been slow to be implemented because of that tradition?

Justice CHISHOLM: I think the law was there. I suppose the only people who knew much about the law would have been the social workers and the people running the system. The unmarried mothers or mothers probably did not know much about the law at the time and they were not represented by lawyers. It was a very legal framework, not subject to any real legal scrutiny but being used by non-lawyers. It was a very uneven playing field, if one wants to use that expression.

(The witness withdrew)

JUDY McHUTCHISON, Social Researcher, sworn and examined:

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

Ms McHUTCHISON: I am appearing before the Committee as a mother and a former co-ordinator of the Association of Relinquishing Mothers.

CHAIR: You have received a summons, you are conversant with the terms of reference and you wish your submission to be included as part of your sworn evidence. Do you want to elaborate on your submission or make a short opening statement?

Ms McHUTCHISON: I might make a concluding statement later.

CHAIR: You say in your submission that the establishment of groups such as Jigsaw and the Association of Relinquishing Mothers in the 1970s and 1980s brought about a revolution in the position of mothers in this State. What factors led to the establishment of these groups? For instance, who started them and for what reasons?

Ms McHUTCHISON: The advancement in the position of mothers came about because we were able to come together and focus on common goals. Before this, mothers were silent, invisible and had no legal rights to any knowledge of her child. Mothers were, over all, suffering on their own, isolated without support and understanding from others who had been through the same experience. In the 1970s, if a mother approached the department for information on her child, she would be told that as far as she was concerned her child was dead and sent away.

Jigsaw was the first support group for people affected by adoption in New South Wales. Established in 1976, it was the first opportunity people in the same predicament had to come together. Jigsaw was established primarily by adoptees angry about the situation which denied them identifying information on their parents. The situation was that before 1967, adoptive parents were given the name of the mother which was on the adoption order, but quite often these were lost or destroyed or the adoptive parent did not want to share with the adoptee the information.

Jigsaw was successful in lobbying for the establishment of the department's adoption contact register. However, adoptees, whatever their age, were required to have the permission of the adoptive parents to place their details on the register. This was the situation for a number of years and then it changed. The adoptees did not need the adoptive parents' permission to register, but if there was a match between an adoptee and a natural mother, then they had to seek out the permission of the adoptive parents

before they could have a reunion. Some of these adoptees were 40, 50 or 60 years of age, so it was a situation that caused them a lot of concern.

Uncomfortable with the aggressive, strident style of Jigsaw, Gloria Rizzon, a mother, and Margaret Barton, an adoptive mother, established Adoption Triangle in 1979. Jigsaw folded. Adoption Triangle attended to a huge unmet need in the community and assisted thousands. They managed their birthday book, which was like the department's contact register, only they had far more registrations than the department because you could register on Adoption Triangle's birthday book without seeking the permission of the adoptive parents. They advised adoptees how to search for their natural parents.

Members of the committee of Adoption Triangle would act as intermediaries when the natural parents were located by the adoptee and make the contact on behalf of the adoptee. By this time, mothers had achieved a number of successes in lobbying. I and other mothers lobbied for a policy change so that we could have a copy of the original birth certificate, and that was achieved in 1981. That is the birth certificate that has the mother as the parent of the child.

In 1982, non-identifying information was gained from the department regarding the family situation of the adoptee. This was taken from the adoptive parents' application to adopt. The adoptive parents were not contacted. It was just taken from existing information. However, in 1982 at least in the public domain, mothers were still silent and invisible. ARMS was formed at the 1982 conference on adoption in Adelaide. This was the commencement of networking between mothers from different States. I agreed to be coordinator of ARMS in New South Wales for a short while. I had no dissatisfaction with Adoption Triangle. I considered that if large advances were to be made for mothers, they needed a higher profile than merely being a component of another group.

ARMS provided support for mothers. Long-term members of our committee were Dorothy Mittas and Jan Griffiths but the contribution made by many mothers involved in ARMS was absolutely crucial to our success. ARMS worked towards gaining a legal right to identifying information for mothers. We tried to provide protection to pregnant single women so they would not lose their children to adoption unnecessarily. There was a very close working relationship between ARMS and Adoption Triangle. The main achievements in policy and legislation by ARMS during the 1980s were that in 1984 the department was willing to contact adoptive parents if the mother provided a letter from her doctor, so to provide some knowledge to the mother about the progress of her child. After the mid 1980s the department became willing to do this without the requirement of a doctor's letter.

In 1990, after years of lobbying, ARMS was successful in achieving for mothers the legal right to identifying information on their child at 18 years, with the passing of the Adoption Information Act.

CHAIR: May I interrupt for a second. I think it may well be that some of the detailed information may be better given to the Committee in writing because some of what you are saying in your chronological account also probably overlaps some of our questions. I think you have probably answered the question in terms of the factors leading to the establishment of the groups and who started them and so on, but we would be more than happy to get that information from you. Given that we have a time problem, can we go on to question 2, about your research study for your honours degree?

Ms McHUTCHISON: I just want to say that since ARMS withdrew in 1990, many mothers have been quite active and have been making excellent submissions in the area of adoption and certainly, Jenny Burrows, who is the chair person of mothers for contacts was one of those. The second question --

CHAIR: Is about your honours degree. We are interested in the methodology of your research and major findings, in particular about the changes in adoption practices in the period we are talking about.

Ms McHUTCHISON: Other Australian research, the Winkler and Van Keppel study and the Condon study had established that the psychological health of mothers was impaired compared to a controlled group of women of similar characteristics. My study was conducted by way of questionnaire sent to all mothers who had made contact with ARMS. The aim of the study was to investigate the emotional responses of a mother to the adoption of her child. My study found that mothers responded to the adoption of their child with grief and stress.

Because of the connection grief and stress have with impaired psychological health, it was considered that this provided some explanation for the impaired psychological health of mothers. Of course, my study, as was the case with the Winkler and Van Keppel study and the Condon study could be criticised by those concerned with scientific method that the samples used in the studies may not be representative of mothers in general.

Other results were that the study, in common with other studies, has found evidence which implicates relinquishment not only as a precipitating factor in impaired health, but a factor that may impede the relationships of relinquishing mothers with their subsequent children, their partners, and also affect their sexuality and their ability to conceive further children.

My study also found that there was no evidence that mothers who had their children adopted differed psychologically from the rest of the population before they relinquished. Therefore it appears that it is the loss of the child to adoption which has caused the impaired psychological health of mothers.

Regarding practice between 1950 and 1998, practice changed markedly between the 1950s and the 1960s. In the 1940s and 1950s both St Anthony's, run by the Catholic Church, and Bethesda, run by the Salvation Army, required mothers to breastfeed and care for their children for several months before relinquishing them for adoption. Also, as we know from Robert Dessaix's autobiography, even mothers at Crown Street cared for their children for several weeks after birth. I do not know why practice

changed so markedly in that short period of time to the situation in the 1960s where the mother was parted from her child at the moment of birth, a very severe change in policy, and it seemed to happen across the board.

The only material that I have read from overseas regarding such treatment is that it is contra-indicated on mental health grounds and that it denies the mother the opportunity to make a decision based on reality.

Over the 1970s less and less were mothers separated from their babies at birth.

During the 1980s there was marked reduction in overt coercion, but mothers were still signing adoption consents in the hospital and not told about the long-term effects of adoption on themselves, and the process whereby the hospital social worker made contact with the agency without seeking the mother's consent and the adoption agency would come to the mother's bedside as well, which I thought was unethical because it was not allowing the mother to take action herself if she was still seriously considering adoption.

CHAIR: We have a series of questions about the research work you did, firstly about the taking of consent. Did any of the women you interviewed give examples of illegal or unethical practices?

Ms McHUTCHISON: Yes, they did. Through my research in 1986 and my discussions with mothers since 1976 I am aware of practices which could be defined as undue influence, duress, breach of duty of care and breach of the human rights principles. This is available in my thesis. I will not itemise that here because much of it has already been brought before the Committee in the first-hand accounts of mothers.

CHAIR: Did any of the women you interviewed tell you that adoption was the only alternative available to them at the time and that they felt that they were doing the right thing for the child or for themselves?

Ms McHUTCHISON: Yes, this is what the system led mothers to believe. They were not told about other alternatives, they were not told about the negative effect on the child or themselves. They were told by adults, holding themselves out as professional, that they were doing the right thing by continuing with adoption. Some of the mothers had attained the belief that they could not do anything else. However, they were in a system which brought about the situation.

If the social workers and medical profession had behaved differently, in a neutral manner or an encouraging manner rather than in an aggressively pro-adoption manner, the mothers who relinquished their children may have proceeded to keep them.

There certainly was a need for permanent care for some children. Not all mothers would have kept their children in a period in which ex-nuptial pregnancy was heavily stigmatised, but certainly these mothers should have always been treated with respect and sensitivity.

Somewhere along the line, the child became a consumer item. There was an over-supply of couples wanting to adopt and the network of social workers involved in this area sought to meet the needs of these couples, so children were adopted, whereas, but for the interference of social workers, they would have been retained by their mothers.

CHAIR: You say in your submission that practices in the 1960s and the early 1970s were designed to achieve an outcome: adoption. In your academic studies have you come across anything that suggests that this is the case?

Ms McHUTCHISON: Yes, all the experience mothers relate suggests that. You just have to look at the way mothers were managed. Institutions which held themselves out as providing support to pregnant young mothers, such as homes for unmarried mothers and major public hospitals, did all they could to manage mothers in a manner that ensured that adoption of their children was the most likely outcome of the pregnancy. They were so efficient at this, it is not possible it occurred by chance. There must have been some level of planning and agreement which extended across the institutional level.

There was no information in the public domain to warn mothers of the effects of having their children adopted and there was no information in the public domain to warn pregnant women of the extent to which the agencies from which they would be seeking assistance had an agenda towards adoption. Adoption was misrepresented in the media and by the professionals involved. Mothers were led to believe that adoption was the end of the trauma for themselves, not the commencement of lifelong trauma.

Mothers presented to these places at a time of enormous vulnerability. The network took advantage of the mother's demoralised mental state, her vulnerability, her denial of her pregnancy, the fact that she had never been a mother before. Alternatives were not explained. Nothing was said or done to assist her out of her demoralised state and certainly nothing to empower her. No written information on adoption was made available. It was not emphasised before birth that, once the child was adopted, the mother would never see it again in this lifetime. Her freedom was curtailed within the homes, within the waiting patients. If her parents did not know of the pregnancy, she was not encouraged or assisted to tell them. Her files were stamped without her knowledge to ensure the separation of her child at birth. She knew nothing of being a mother. She was separated from the child at birth. The only thing she knew about being a mother was the pain of birth.

After birth it was not the mother who contacted the adoption agency, the hospital social worker did. The adoption agency social worker came to the mother's bedside and presented papers for her to sign that she had never seen before. The social worker came usually in the minimum time legally allowable. Very likely the mother was still deeply shocked from giving birth, she was likely still sedated. The mother was not given copies of the papers she signed; she was not told about the revocation period and some

mothers were only told about the revocation period because they refused to sign the consent, so it was an inducement to sign the consent. The mother was led to believe that she would have to go through the adoption agency if she was to revoke. Everything was done in haste and in a manner which prevented her from making an informed consent.

If you compare the treatment of mothers overseas, in England and Scandinavia, you will see marked discrepancy between the treatment of mothers in this jurisdiction and those jurisdictions.

We have, from time to time, come across material which suggests bias by the people involved. In the 1967 conference, which was brought together to mark the proclamation of the 1965 Act, it was stated:

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

One of the themes that I see coming up again is that the social worker's view is that it was their decision to make.

The Hon. D. F. MOPPETT: In your submission you stated that ARMS in the 1980s moved on to try to provide some protection to pregnant single mothers so that they would not lose their child to adoption unnecessarily. How did you attempt to do this?

Ms McHUTCHISON: Once ARMS was established in 1982 we viewed as our most urgent task the provision of some protection to pregnant single mothers. They would not lose their children to adoption unnecessarily. We tried to do this by devising a pamphlet for mothers, to which I will return. We made the adoption agencies aware that we were willing to speak to mothers and we lobbied for changes in legislation which would allow a greater time period before an adoption consent could be signed.

Further evidence of the bias in the whole system of adoption is illustrated by the fact that there was no written information for mothers and the problems ARMS had in attempting to produce a pamphlet for mothers.

When ARMS commenced in the early 1980s there was a range of information available to prospective adoptive parents, such as a glossy pamphlet and a step by step guide to inform adoptive parents what was happening at every stage of the adoption process, yet nothing was available for pregnant single mothers. ARMS was forced to seek cooperation from adoption agencies and obstetric social workers in order to provide a pamphlet to mothers because these were the bodies that had access to pregnant single women. The ARMS phone counselling service was in the front of the Sydney phone book. However, pregnant single women would not necessarily know the number was there or understand the importance of contacting ARMS. ARMS produced a one page information sheet available to mothers considering adoption.

I cannot tell you what a long frustrating task it was to draft a pamphlet which this Committee would approve. This is the New South Wales Standing Committee on Adoption. The process went on year after year after year. The main sticking point was that ARMS wanted mothers advised that they could experience long-term negative effects from the loss of their children, that mothers experienced long-term effects was the experience of ARMS and Adoption Triangle. It was also the results of rigorous research undertaken by Winkler and Van Keppel released in 1983. In South Australia also, even in the early 1970s there was a pamphlet available to pregnant women on adoption. This pamphlet stated that some women never recovered from the loss of their child.

In order that common sense prevail and the pamphlet include information on the long-term consequences of adoption, ARMS sought assistance from many bodies. A lot of this work was undertaken by ARMS member, Anne Jukes, and this activity brought a lot of response, and there is a whole list of people we contacted, including the Human Rights Commission, Dr Rigby, Victorian Standing Committee on Adoption, the Women's Advisory Council, Women's Legal Resource Centre and ARMS Victoria, and they all supported inclusion in the document that mothers be informed of the possibility of them suffering long-term negative effects in having their child adopted.

The Hon. D. F. MOPPETT: You have mentioned to the Committee that previously no copy of the completed consent form was provided to relinquishing mothers. Would you care to comment on that whole process, why you think that was the case and whether you consider that to be outside the law?

Ms McHUTCHISON: Right. It appears to me routine that mothers were not given a copy of the consents they signed. A disadvantage to pregnant single women was there was no information available to them in written form. It is hard to believe that this was not done deliberately. Even form 9, the adoption consent, could have been made available to mothers to peruse while mothers were still pregnant. This form states the legal effect of signing. It states the processes mothers were to follow to revoke their consent, yet mothers did not even get a copy of this document, not only before they signed but after they had signed it.

It would not have been difficult to provide mothers with a copy of form 9, a single page. By the mid 1960s, photocopy machines were a common feature within commercial offices. Alternatively, a carbon copy of the signed consent could have been given to the mothers. It was common for social workers from adoption agencies to approach the mother a couple of days before signing the consent and I think this had something to do with if they were going to witness the consent, they were supposed to have known the mother.

It would seem sensible to have brought the papers at this time so that the mother had a day or two to absorb the meaning.

I have never heard of this happening. When mothers signed form 9, either the part on the process of revocation must have been covered or mothers were not in a fit state to sign because they did not absorb or remember the information on the process of revocation.

I have never had a mother tell me that the process to revoke was on the form until recent times when mothers have been able to access that form through freedom of information. So all through the 1980s, those who were active in the area had no knowledge of what was on that form, and one of the malpractices that we put to Parliamentarians earlier on was that we were not told about the revocation period and we were not allowed to revoke in that time. That displays our level of knowledge even at that point. We did not know it was on the consent.

Not providing mothers with a copy of the consent they signed was not against the law. There was no requirement in the Adoption of Children Act or the regulations that a mother be provided with a copy of the consent. However, it is a convention in our society that when people sign a legal document they are given a copy of the document as confirmation of the legal proceedings they have been part of.

Mothers needed a copy of form 9 because it contained information on how to revoke and, importantly, it contained the date the mother had signed, so she was able to work out from that date when the 30-day revocation period was due to expire. So it deprived her of information. Because mothers were not given copies, they had no material evidence that they had had a child, contributing to the unreality of the experience for the mothers. It was apparently adoption agency policy not to provide mothers with copies. You would have to ask them why this did not occur but I find it strange matter that it did not.

What possible reason would they have not to provide copies? It created extra workload for the agencies. Mothers who knew about the revocation period and wished to revoke believed they had to go back through the agency, whereas they could have gone straight to the supreme court, so this was creating an extra workload for the agency which one would think they may have wanted to avoid.

As Anne Jukes said at the open forum last Monday, it was the judge's responsibility to ensure all the legalities were complied with, yet with regards to the consent of the mother and the suitability of the adoptive parents, the judge has to rely on information before him. This information is provided by the department supporting the placement of the child in a specific home. There is no independent advice to the court. It is clear to me that the judges could not undertake their role competently, fairly and impartially because they relied on information provided by a body that was corrupt and biased towards meeting the needs of one group over another.

I would expect that the judge in Equity would assume that the mother was given a copy of what she had signed because that is what is normal in legal practice. It is likely that the complacency of the judiciary in regards to the consent of the mother was because they believed she received a copy of form 9 which contained the process to revoke. This was a safeguard for mothers. Yet, as we have seen, it was a safeguard circumvented by social workers.

CHAIR: The next question is about the evidence a particular adoption worker gave us that there was a social system that was coercive. Do you think practitioners working in the field reflected the mores of their time or an individual's personal views and expectations?

Ms McHUTCHISON: Because of the social climate at the time, pregnant single women and their parents were often labouring under a great deal of stress. Because of the social climate, they sought the assistance of professionals in order to understand what would be best to do in their situation. What the social climate did was provide social workers in the network with opportunism. Those who we approached for assistance were adults. They held themselves out as professionals. We expected them to be honest and have expert knowledge. When they made claims, we expected those claims to be true. Now they claim they did not know what they were doing or it was all society's fault, yet they behaved with such certitude, such aggressiveness, such treachery.

I will just go on to society now seeing that is where social workers want to place the blame. Yes, the social conditions made women vulnerable and this provided the network with opportunism. The social climate could not have been too hostile to single mothers. Most single mothers kept their children but single mothers who kept their children were not a visible part of society because they were only single for a short period of time. They married the father or someone else. This group is now indistinguishable from the rest of society and, unlike mothers who lost their children to adoption, they are not presenting with serious health problems and serious claims against this State.

Society did not know the details of adoption. Society thought that, when a mother adopted out her child, that is what she wanted. Many in society did not understand that, once adoption occurred, the mother was not entitled to any contact with her child or knowledge of her child, no matter what her level of distress.

Who in society would have approved of a baby being taken from its mother at the moment of birth against her will, without her even being informed that this was to happen?

As my friend, Anne Jukes, reminded me last week, the politicians were representatives of that society, yet they never passed legislation that single mothers could not keep their children. Single mothers had the same rights to keep their children as anyone else in society. The politicians included provisions in the 1965 Act to prohibit duress and undue influence. They never intended that mothers be swindled out of their children. In attempting to provide some protection to mothers, the politicians refused to allow hospitals to register as adoption agencies and there was quite a lot of pressure from hospitals, particularly Crown Street, to

be registered as adoption agencies. The politicians were concerned about this, but, as we now know, and probably the Committee has formed this opinion also, the social work departments at hospitals effectively acted as branches of adoption agencies, so that protection was circumvented as well.

The behaviour of social workers in the network was not supported by society. It was not supported by the law. It did not comply with the standards of their own profession. Last year the Australian Association of Social Workers put evidence before this Committee regarding what the best practice should have been at the time. Social workers in the network have behaved contrary to their own manuals and annual reports and the practices that were outlined in these papers.

CHAIR: If we could stop there, Judy, we have Wendy McCarthy with us now and unfortunately we have to fit her in in the time she has available. Perhaps we can have a chat with you and work out whether you can table the evidence, put it in Hansard that way, or come back.

(The witness withdrew. Evidence suspended. See page 209)

WENDY ELIZABETH McCARTHY, Company Director, University Chancellor and former Chief Executive Officer of Family Planning Association of Australia, affirmed and examined:

CHAIR: You received a summons?

Ms McCARTHY: I did.

CHAIR: You are conversant with the terms of reference?

Ms McCARTHY: Yes.

CHAIR: Do you wish to start with a short statement or go into the questions that we sent you?

Ms McCARTHY: I am very happy to start with the questions.

CHAIR: Can you briefly explain your involvement with the women's movement and, in particular, could you comment on issues related to fertility, pregnancy and children?

Ms McCARTHY: Yes. I started my life as a teacher and, as a 20 year old teacher, I ran head-on into issues of pregnancy and unplanned pregnancy for young girls, because I was teaching in a girls' school in my first couple of years of teaching. During that time I also had an unplanned pregnancy and a termination myself and so I felt that I had a personal experience as well as a professional one.

Some years later, having worked in girls' schools in the US and the UK, with exactly six years' experience of working with young women, when I came back to Australia and was pregnant with my first planned child, I became very quickly involved in the affairs of the Childbirth Education Association. I think, without knowing the word "feminism" then, I was already a person who believed in the rights of women and I thought that the fundamental issue for women was fertility. I became an active member of that and I became very involved with the dignity and control of women over childbirth and I suppose I used that pregnancy and that experience to reflect a lot on the condition of women in pregnancy and certainly I was aware when I was giving birth that there were other women in 1968, when I had my first birth, giving birth in circumstances far less fortunate than my own, but it was not until really a couple of years later when I became the founding member of the women's electoral lobby in New South Wales and became very active in the women's movement that I began to understand the full implication of fertility for women.

As a childbirth education representative, I joined the Abortion Law Reform Association and I remember very clearly the discussion: If you are crazy about childbirth, why would you be going to abortion law reform? It seemed to me that that was the spectrum. If you were lucky enough to choose to birth with dignity and you had support around you, you were really one of the lucky ones, but, if the choice was not there, there ought to be a choice to be able to terminate the pregnancy, and I have never ever deviated from that view.

The early platform of the Women's Electoral Lobby was certainly very quickly and closely connected to fertility and, of course, independence of women was about fertility, it was about child care, it was about education for women and it was about equal pay and the sorts of things I suppose we have been working on for the last 30 years. My involvement from day one was really most of all centred around the fertility issue and the education issue.

As a teacher and as a new mother, and a mother at that stage of two or three children, I think I was really interested in how women fit into that and how women survive through pregnancy. It seems amazing that at that stage there was a cosmetic tax, the same as applied to lipstick, on oral contraceptives and, as undoubtedly someone has told you before, there was very little contraceptive advice for young women. Even when I was engaged to be married, as one was in those days, I found it really interesting that when I went for a consultation with a prominent obstetrician and gynaecologist he never suggested that I would use contraceptives before I was married. In fact he suggested that, as I was going overseas two days after I was married, it would

be a good idea not to use contraceptives until a couple of months after I was married because going through all those tropical climates might interfere with the value of the oral contraceptive. Thank goodness I did not heed his advice or I would have been quickly pregnant, as were other friends who took that advice.

For me, that was always the important issue, so I think I am grounded in fertility and feminism and that is certainly the perspective I want to bring to today.

During that period of time too, in the early 1970s, I started teaching. I taught at TAFE and I taught there quite a lot of pregnant girls who were thrown out of their school and were sent to TAFE, so at least they had some rehabilitation. Some of those young women I have stayed in touch with over the years. Others sat there and denied their pregnancy, even when they were eight and a half months pregnant doing their HSC, and, as a teacher - I am not feeling sorry for myself - it was torture for me to see them being put into a different category of female already because they were having a baby. The one or two who talked about it knew that they were headed on the one road and that was, no matter what, those babies were to be adopted. For someone who was sitting there as a teacher and who already had this view of how fantastic it was to be a mother, the thought that you would give up your baby was just the most terrible thought.

Those girls used to haunt me and I would try very hard to reach out to them, but with some of them it was almost better not to talk about it and let it go, it was just: Put their heads down and concentrate on their work. I think that if I go on to question 2 about the social attitudes to single mothers, that was it: Deny it; do not acknowledge it; assume that all the system is geared towards the needs of adoptive parents rather than the mothers relinquishing the child, and the whole system was geared to that.

The weight of evidence and professional advice was biased towards those poor unfortunate people who could not have a baby, not the mothers. There was very little contraceptive advice available and almost no support for them at that time. They got nothing. A couple of the girls in my class I did not speak to about it until they came back to me 20 years later. I did not know how to engage in a conversation that would in some way alleviate the distress that they were living under and having seen them a couple of times when I met their parents and their parents' total denial that this was happening - it was like this belly growing there and it does not exist - it was a very, very terrifying thing.

One of the most powerful first members of the Women's Electoral Lobby was a young woman called Sue Thompson who at that stage was the Chairperson of CHUM (Care and Help for Unmarried Mothers). I think the importance of that group, the fact that they were brave enough to set up their own group and draw attention to themselves, should never ever be underrated. It was an extraordinarily powerful thing to do and they became very important women in the women's movement and in a way they had less resources than anyone else because, in their case, they were raising their children themselves. Now I thought that these women were wondrous creatures who could even afford to be able to do that, to make that sort of commitment against all the social attitudes.

Let me just give you a little run-down on what I see about the social attitudes. The social attitudes were that the adopting mother was to be denied an existence or humanity. She was counselled continually that it was best for her to have no contact with her baby. It is pretty hard when you have been carrying it for nine months. The baby was often wrenched away from her.

How do I know this? Because when I eventually went to work in family planning I worked in three or four - I was trying to remember this morning and I think it was four - homes for unmarried mothers and I went there to work as a sex educator some years later, like 1976, so the anecdotal information that I had already been working with as a teacher was certainly strongly reinforced when I went there as a professional sex educator. The denial I think was really difficult.

I think the other thing is that, in a sense, the child had no rights either. The child was a present for those people who were deserving, who had a good home and an income and two parents in the family. That was a kind of reward for being good citizens. Even if it was not said, the implication was that the person on the other side who was giving up the baby, and the baby itself, almost had no rights and they could not engage in any sense of equality in any conversation. If there was any counselling - and, as I said, the counselling was far in favour of this other group - for these it was: Get over it and get on with your life, not realising that it was very difficult to get on with your life in the situation that you were in.

I do not think that those attitudes have changed a great deal even now in many ways because I think that the group of people who were giving that advice are my age, which is 58, and I think they are still often in positions of influence because, by and large, most of the professions in life in Australia are run by people in their 50s and I think it has been very difficult for some of those people to change their attitudes. I think they still want to think that, in the context of the time, they did the right thing. Well, I do not think the right thing was done. It was not done to the adopting mother and I do not think, on the most part, it was right for the child who was being adopted. I think those social attitudes are still more powerful than they ought to be.

What began to change attitudes was the availability of the oral contraceptive pill, I think that that was probably the breakthrough, and the rise of feminism and the ability of women, significantly influenced by the council of care and health for the single mother and the child and the availability of benefits to raise a child, but in my head and through my experience the benefits were far less significant than the psychic environment in which young mothers or older mothers were relinquishing their children. If you stand people up and ask them if they would have a baby for the amount of money that the benefit was offering, most people would say no, it would be impossible to live on, but it did at least legitimise the ability and the role of a woman to raise a child on her own, which I think has had a powerful impact in our community. So it was somewhere in the late 1960s and 1970s

that it began to change.

In the History of Family Planning by Stefania Siedlecky and Diana Wyndham, they talk a lot about attitudes in society to birth control and unmarried mothers and even the debate in the 1970s about whether or not oral contraceptives should be allowed. Whether doctors should be prescribing oral contraceptives was still being debated right through the 1970s and people forget that. As that began to change, what we found, in a sense, is that then people who did not use oral contraceptives were somehow seen as stupid. What was wrong with them? They were there, why were they not taking them? In fact the decision about contraception is a much more profound thing than just the availability of contraceptives. That was one part of it. You could go to a doctor who gave a moral view and would not prescribe it anyway on the grounds that it would increase promiscuity, a very common view in the 1970s. It was a random selection, as indeed was my choice of a doctor before I was married.

During the time that I was the chief executive of family planning, which was the Federation of all the Family Planning Associations in Australia, and at the time I was editing the book of contributions on Teaching about Sex, the Australian Experience, I think we saw then very clearly that, given an opportunity to use contraceptives effectively, people could make informed choices about when they wanted to be parents and the number of births, teenage births, peaked in 1971.

Family planning education programs really started to kick in in the late 1970s and I think we could see that but undoubtedly the removal of taxes on oral contraceptives helped. The Family Planning Association was also interesting in terms of its relationship with single mothers or single people. In the late 1960s it was seen to be a place where you could, if you were unmarried, go and get contraceptive advice, and it was certainly less risky than going to the local doctor. But it did not have a very clear policy for some time about whether or not it would deal with unmarried mothers. It said in 1971 it would help with birth control for everyone over the age of consent, married or unmarried, male or female. That was the breakthrough statement.

When we are looking at the experiences of relinquishing mothers, we think it was not until then, and family planning's audience was not as wide as it might have been. In terms of the number of consultations people would have had on contraceptive advice, family planning was a little drop in the ocean. It was a leader in terms of medical education, nurse education, community education, but in terms of numbers of contacts it was a very small number of people, to our regret.

I think the book, the experiences and the stories in the book also tell you very clearly that unless you have a social environment where people can make informed choices about their sexual activity, it is a very difficult world for young people to operate in. When we used to do various surveys about who people would go to for advice and referral, it was always their best friend. Parents were fairly low on the list. Doctors were fairly low on the list. It was nearly always the peer network, and it was not until we started to make films, write stories and infiltrate the peer network that people started to have less pain and agony about it and, of course, the availability of abortion.

One of my questions talked about the impact of the Levine judgment in 1971 on the acceptability of abortion. I have no doubt that it was an extraordinarily important additional service for people who faced unplanned pregnancies. I think for very many doctors who would not face up to prescribing contraception, and I always found this really interesting, they were prepared to send people off to have terminations of pregnancy if they, on speaking to the young woman or the woman, felt that it was not in the interests on all the grounds of the Levine ruling and women's health to proceed with the pregnancy. So I think that was a huge breakthrough in terms of saving a lot of pain and agony to many people who were facing unplanned pregnancies with no resources to help them.

I think I probably commented sufficiently on the introduction of the contraceptive pill. Maybe I should just add that I think that the availability of the pill changed the whole nature of male/female relationships, started to do that very quickly. It gave women a sense of independence and it gave them the means to be able to control their reproductive lives and I think it probably will go down as one of the most significant public health results this century, and that is the effect of the impact of the oral contraceptive pill on fertility.

I think to have something that was non-sex related, non-sexual act related was a very big breakthrough in terms of how people came to determining their sexuality, what kind of a person you were and whether you could have intercourse without having to run around for condoms or diaphragms, both of which I think are perfectly highly forms of contraceptive, but for women there had never been anything that they could swallow so easily and manage their sexual lives with. I think it was a euphoric thing for many women to be able to suddenly manage their lives in this way. That, plus the Levine judgment giving options for women, I think changed the landscape of women's sexual activity and reproductive position in ways we are only beginning to understand now.

I think what it probably also did, and this is, again, my anecdotal evidence, is that it caused a lot of pain to very many women who had relinquished their babies, who could see that if it had been just a little earlier they would not have to face that sort of pain. Of course, we also at that time began to talk a lot more about the choices that women could make not to give up their babies for adoption and to be able to keep their babies and to be much more accepting along the continuum of that.

I would like to go to question 6, about information on the availability of financial assistance and other social services for single mothers. I think, as I said, the benefit did make a difference, but I think it was overrated. I do not think it was an incentive. I think it was simply a support after the event happened. I used to be asked when I was a family planning educator if it was true that a whole lot of women were planning their pregnancies in order to get the benefit. It is such an absurdity, but I have to say to you I was asked it continuously.

The Hon. Dr A. CHESTERFIELD-EVANS: They still say that at workers compensation.

Ms McCARTHY: Yes, in the hope that you will break your leg in order to get a benefit.

The Hon. D. F. MOPPETT: For the sake of the record, you said it was not an incentive. I assume you meant an incentive for an unmarried mother to remain the mother rather than an incentive to become pregnant?

Ms McCARTHY: Yes. I think for young women in the country, rural women, the availability of information was very limited, indeed. I do not know what the figures are on adoptions in country as opposed to the city, but I do know that as a person who grew up in rural New South Wales and had my family there, that even a journey with an unplanned pregnancy, the tendency was not to confirm the pregnancy until the woman was four or five months pregnant and unlikely to be offered a termination, and a termination was something, for the most part, that happened in the big city, was wicked, expensive and difficult, so she was more likely to continue with the pregnancy.

In my experience, the options were usually to send her away as, indeed, happened to a friend of mine to live with someone in the city for the pregnancy to be completed, either a family or in a home for unmarried mothers and then to give up the baby and she would return as though nothing had happened to her. She was told to smarten herself up, put on her lipstick and get over it. Of course, that sort of denial is so extraordinarily unhealthy over a long period of time.

The other option, of course, was to have the baby and let someone in the family raise the baby which was another way of doing it but you never acknowledged that the child was yours, even within the family, which I think was at my age and stage in life for quite a lot of people that was quite a common occurrence, but the pregnancy was still denied and the birthing was denied which I think was extraordinarily difficult. For the women who kept their babies in the 1950s, 1960s, and early 1970s, I hope that they are now being reaffirmed in those choices, but I think life was very difficult for them, indeed.

I think for the women in the 1970s it was probably better because there was political support for them and subsequently think there has been that support, but the stigma attached to being an unmarried mother did not go away miraculously from one decade to another. It lingered on for a long time. As I said, in a sort of counterkick, as contraception became more available, people who were then seen not to be able to use it effectively were considered stupid that they had a baby in spite of themselves.

So it was a very small group who were able to put up their head high and say, "I chose to do it this way". So although I think it was better in the 1970s and single friends of mine who became mothers and would not have dreamed of giving up their babies for adoption managed extremely well, I still think it was not desirable.

In the 1950s, 1960s, relinquishing mothers had it tougher than any one. In the 1970s I launched a book about relinquishing mothers called *Living Mistakes*. It was the time that a woman called Joc Sawyer had come across from New Zealand to talk about being a relinquishing mother. It was a very political time to make statements about relinquishing mothers, and I suppose in my lifetime since then it is only the stolen generation that has made me cry in the same way. The thought that you had to give up this baby, the thought that you were often beside a peer group who kept the baby and who made bad marriages and somehow or other that that was seen to be better, I think that was one of the cruelties that people never think about in terms of whether you kept your baby.

Two girls in a country town get pregnant, one relinquishes the baby because it is meant to be good for it and it has a nice white home to go to, and the other one keeps the baby. She might be 16 and marries someone who is 17. It could be a perfect marriage but lots of evidence suggest it was a stressful marriage because of the circumstances under which it took place and I can see that for some of those women the difficulties of keeping those babies and trying to keep those marriages in place was very unsuccessful. The old shotgun marriage in my country town was alive and well and was a state of misery for usually the father, the mother and the baby. But I do not have much more than anecdotal information to back that up.

I think in terms of past adoption practices and the impact on women, I would just like to say two or three things and in a sense I think I have already said it. The first one is that having a baby is life changing. To have a baby and to be in a labour ward, deliver that baby is the moment when human resolve is at its peak. You actually want to be the best parent in the world. You want this baby to have the best chance in the world and you can make all sorts of decisions that become difficult to fulfil later in life.

When I first went to work in family planning, the classic piece of contraceptive birth control education was the experience that had been written up in Atlanta that said, "At the moment of birth, a woman is at her most highly motivated and that is the time you intervene with contraception". So if you wanted to break a cycle of poverty, if you could persuade the young women at the time of the birth that the best thing for her child was not to have a baby for at least another two years and to be able to get that baby on the track of growing into a healthy adult, that was the perfect time of intervention.

The corollary, of course, is if you have brainwashed a young woman at that time to give away her baby because that is the best for the child, she will often do that because she truly believes at that moment that she thinks she is doing the right thing for her baby and she does not really the pain will go on for ever. The professional people who should have been around helping her were sadly very often not there. I know people say they are well motivated but it was also a club. It was a club that cared for other people rather than the woman who was having the baby.

The Hon. Dr A. CHESTERFIELD-EVANS: You talk about this evidence of the long-term harm on the women. Obviously we have seen that as a fact here through this inquiry, but at what stage was that in the literature? I mean these folk

presumably read the literature in their field.

Ms McCARTHY: Which folk?

The Hon. Dr A. CHESTERFIELD-EVANS: The service providers, the social workers and so on. You are saying these women were going to get huge psychological problems later. At what stage was that known in the literature? I gather there was a change in the 1950s between the best thing for the child would be to have it adopted and then the extended family broke down and they said the best thing to do is to have the break at the time of birth. Presumably the idea was that a clean break was better than a prolonged break, so that at one stage, presumably based on some evidence, the break would be cleaner.

It took some time for the literature to then say there was psychological sequelae worse from the clean break than from the considered decision that after a couple of months the mother realised she could not support the child without money and she would then say, "It is my child. I love it. I have weaned it. You look after it" and it was at least a considered decision rather than a clean break made by somebody else at the time of birth. When did the literature that said it would be psychologically harmful come out?

Ms McCARTHY: The epidemiology of abortion practice and feminism is a curious phenomena because it was not until the 1970s when feminists began to use the powerful tool of narrative to talk about these issues that we began to collect evidence about it. You have to remember that at that time the voices of women were not heard in the medical profession. They were in social work but they were very much part of the model, and it was very much a medical model. Social workers were called hospital almoners to begin with. It was not until the 1970s when you began to get the power of that narrative about how women felt, that we began to get any literature. So you cannot have this debate on the basis of a body of literature that has been accepted in the medical profession because women were writing their own stories at this time.

Most doctors at this stage did not see birth in the same way as women saw it. Most obstetricians were, and still are, male and they do not have the same kind of perspective on the experience. Now the issue of adoption as far as I know had very little literature that was woman controlled or woman rehearsed or woman narrated. I did not see any of any significance until the early 1970s and mid 1970s. The early 1970s, or a little bit in the late 1960s when I was living in London and the US I began to read stories about the harmful effects of adoption.

I have to say as a young professional woman of 24 or 25 at that time, it had not occurred to me to think of it in that way because this was seen as non-professional business. So it is not in the literature in that way. That is why you have to have inquiries like this to get this stuff on the record. So what is the damage to women? You either have to accept the evidence of what women are telling you is the damage otherwise you will not find much in the literature.

The Hon. Dr A. CHESTERFIELD-EVANS: But for the terms of our inquiry going from 1950 to the mid 1970s, which is a 25-year period, the most conscientious consent taker could not have read that if the woman signed the consent and gave up the baby that she would have big psychological harm for a long time.

Ms McCARTHY: No, and perhaps if she was so steeped in a model of behaviour which said she did not ever express her own views about it or use her own commonsense or her own intelligence or her own perspective as a woman, she was highly unlikely to move outside that model. She would already be seen to be in that role as one of the few women who had a university education, had a professional role, and we are talking about one or two per cent of women in those positions. It is like a whole system of advice that was given where the person with the most to gain and the most to lose was the least consulted.

The Hon. Dr A. CHESTERFIELD-EVANS: Do you think then that what you have said means that the consent takers in a sense, by the mores of the time, could not be judged, which is I suppose the question that has been preoccupying this inquiry to a large extent. The few people who have come as consent takers, or their representatives, have said: We did what the society norm at the time was. What you have said does, in a sense, reinforce that point. I am not saying it is right, I am just saying that that is the reality.

Ms McCARTHY: Well, let me say this: They might have done what they thought society expected of them in their professional models, but there were voices of dissent which they chose not to hear and they were not supportive when the first round of feminism started and women's voices started to be heard and challenged their assumptions. I think we do need to remember that. It was a very complacent society at that time.

With the wisdom of hindsight we could say that it happened within the context of the time, so that is it. Also with the wisdom of hindsight we could say that there were dissenting voices and there were people in the Family Planning Association and the Rational Hygiene Association, as it was called at some stage, who were not being listened to and there were women whose voices were silenced as well.

I think also you would have to ask questions about the ethics of medical practitioners who did not ask questions about the effect on the health of their patients; did not think about the mental health of their patients subsequently and simply implemented what they thought was best at the time, because they were probably making it within the context of being a two parent married family.

I would hate to think that at the end of this inquiry we just said comfortably: Well, it happened in the context of the time, so that is it. I think we have to say: If that is the answer, well, as a society we have to learn to listen to some of the dissenting voices

and to listen to the layers of pain that are underneath those dissenting voices and start to question what it is that they are trying to say. If there had not been a women's movement we may not have heard those voices for a very long time because there was utterly no leadership coming from the other 50 per cent of the community, nor was there leadership coming from professional people, either male or female.

Now I think that some of the consent takers were people who were doing their job and they were not liberated to ask questions, but they have had opportunities since then to do something about it and I have seen no leadership or examples of people saying: Look, I did this and I was wrong. Frankly, I would actually like to hear some of that and I think that there are a lot of people whose lives would be a lot better if a whole lot of people who are slow learners could learn to say sorry.

I want to say one last thing and that is I think that the mother was silenced and I think the child was silenced. As a teacher I taught a lot of adopted children and I usually found that, around about 13 to 15, there was a restlessness, there was a sort of inquiring: Who am I really? Even if they did not know that they were adopted, often the school knew that they were adopted. Initially I thought maybe we were projecting this on kids and then I thought, no. They would be kids who would be acting out against the system for one reason or another, with parents finding it very hard - again that was the times - to tell them, and I think there was quite a lot of pain for adoptive parents about knowing how to handle this. I think that, as time went on as adoptive parents, they did not get much help either. They certainly got the most help in the first period of time, but later on I think, when they needed some help to be adoptive parents, they probably did not get it. They did have the child and they had a secret, but they did not have to carry the burden of secrecy and denial that other people did in order to be seen as proper people.

In my country towns growing up, a pregnancy, an unmarried pregnancy, was akin to social death and I think that giving up your baby and trying to keep that secret for the rest of your life is really a very difficult thing to do and I just do not want to sweep it under the carpet.

I suppose that, in a sense, by dealing most recently with the stolen generation, many of these issues have come up again, at the front of the mind, for a lot of people in the community to think about and I think that is a good and healthy thing to do and I think looking at the past adoption practice, having an inquiry into past adoption practices, is a good thing to do if people's voices can be heard. Maybe in another 20 years we will start to be able to write the story and get the epidemiology of what happened to women during that period of time.

The last thing is that one of the adopted kids that I work with a bit said to me: Nobody has ever asked me about my story. We might think about that too.

The Hon. Dr A. CHESTERFIELD-EVANS: We have had very few people who were actually consent takers at this inquiry as a percentage, or the people who were working in the adoption agencies at the time that this was going on. We have had the new PR managers who have come along since or the new CEOs who have come along 20 years later or whatever. Do you think we should demand an apology for what happened? If so, from whom and in what form?

Ms McCARTHY: Well, the institutions who ran the homes for unmarried mothers were accomplices in the adoption story. The Anglican Church, Catholic Church and Presbyterian Church, as it was then, certainly were three that I was involved in. They have been able to apologise on other issues; they should be capable of apologies on these issues. Maybe they need to have that conversation in the same way as they have had conversations about stolen Aboriginal children. Maybe they need to have that conversation to work out where they fit.

Maybe a lot of it was mindless, maybe a lot of it was just on the moving footway, delivering a service, but the places that I went to were hugely variable in the quality of what they did, how they managed young women. In some places the women worked as cheap labour; in others they were better cared for and they were certainly given access to at least some education. In one place, which I will not name but I remember going into and working, they were being trained to be mothers and housewives and at the same time the irony seemed to escape everyone that their babies were about to be taken away and they were about to be put back in the workforce, uneducated because they had dropped out of school.

It is always healthy, in my view, for institutions who perpetuated those practices, for whatever sets of reasons at the time, to work out why they did that and maybe to be able to say to some of those mothers and those children: Look, I am sorry, but maybe we did not get this right. Maybe they want to say: We did what we thought was best. Maybe they have to understand that they were part of the social story of what was happening to those women at the time, whether it is the consent takers, who were often public servants, whether that is possible, and probably it is harder for them --

The Hon. Dr A. CHESTERFIELD-EVANS: As individuals, do you mean?

Ms McCARTHY: Yes, as individuals. They would have been acting under public service rules.

The Hon. Dr A. CHESTERFIELD-EVANS: Do you think they should be asked if they want to apologise at a personal level?

Ms McCARTHY: I think so, but I think it would be more meaningful for the department to apologise at a personal level myself.

The Hon. Dr A. CHESTERFIELD-EVANS: But 20 years later, if you are a public servant who has inherited the history

that your department 20 years ago did X, it is not too difficult to apologise, is it?

Ms McCARTHY: It may not be difficult to apologise. I suspect it might be more difficult than you are suggesting for a department to admit that it was wrong.

The Hon. Dr A. CHESTERFIELD-EVANS: It has certainly been difficult for churches.

Ms McCARTHY: Well, the churches have proven otherwise in the stolen generation debate, they have proved capable of going back and addressing some of those issues. In the case of children, like the Leaving of Liverpool children coming out, churches have been able to come back and talk about the abuse of young boys in institutions, so we have seen significant apologies about the abuse of young men in Catholic institutions, we just do not seem to have addressed the issue of young women. Maybe it is time we did that and I think it would be a good thing to ask them to look at those issues.

I do not know that much is to be gained from the individual consent taker who worked in the public service because he or she would have been bound by the regulations at the time. If it is therapeutic for them, let them speak, but it is probably very high risk for them even now. The churches are different, the institutions are different. There was maybe a Benevolent Society one too, I am not sure. There probably was at the time, so that would be another one that you could look at.

CHAIR: Yes, Salvation Army, Seventh Day Adventist, Methodist, just about every church.

Ms McCARTHY: Yes.

(The witness withdrew)

FREDERICK CHARLES HINDE, Retired medical practitioner, affirmed and examined:

CHAIR: In what capacity are you appearing before this Committee?

Dr HINDE: I am not appearing in the capacity of representing any organisation, but I come here essentially to give historical data with respect to the first half of the period about which you are inquiring.

CHAIR: You have received a summons?

Dr HINDE: I have.

CHAIR: Are you conversant with the terms of reference for the inquiry?

Dr HINDE: Yes.

CHAIR: Do you want to make any statement before we start?

Dr HINDE: Yes, I think perhaps if I begin by a general statement which might paint the picture of the way in which hospital practice was conducted at that time. I graduated at the start of 1956 and did a number of terms in obstetrics up until 1959 when, for four years, I was the clinical superintendent of King George V Hospital, returning to Australia at the end of 1966 and going into private consultant practice.

May I say that I have been provided with the evidence that has been tendered to this Committee previously and I have read it and, to some extent, I have prepared my statements to you in relation to where I may be able to throw light on aspects of it from an historical point of view. I have no recent experience or professional knowledge with respect to the impact of adoption on mothers and relinquishing mothers and so on.

CHAIR: So what period are you really talking to us about?

Dr HINDE: Predominantly from about 1956 through to 1970 or a bit beyond, into the early 1970s.

From reading the submissions that have been made, I think it is important to indicate the situation that hospitals were in at that time with respect to the need to, if you like to use the word and I know it sounds unkind, process people with babies for adoption because there was enormous pressure on beds. To give you an example, I have counted up in my mind two of the wards in the hospital that were originally built to house in one 24 and the other 36 patients and in fact had extra beds put in wards, in corridors and in alcoves so that the 24 bed one had 37 beds and the one with 36 beds had 48, so as the superintendent it was important to keep an eye on how long people were staying, how long beds were being occupied, how long babies were staying, because of the immense pressure on beds.

At that time there was no major hospital west of King George V, although there were the Queen Victoria Hospital and the Bethesda Hospital nearby which were conducted by religious organisations.

I think at this time I should also point out that to my memory there was only one almoner, and I use that term because I

think it does emphasise that at that time the role of the person was in fact one who gave alms or alternatively arranged pensions and things of this nature. The concept of the social worker engaging in significant counselling was not really, to my knowledge, a phenomenon of the 1950s and 1960s and when you appreciate that King George V had a single almoner in that role at the time when overall the hospital was dealing, on the obstetrics side, with in excess of 4,000 births a year, you will appreciate that physically she just did not have much time to engage in prolonged counselling.

As a doctor, a patient would have come largely, as I saw it, with the decision made. It had been discussed with the family and the person indicated that the baby was for adoption and, as a result, it was the practice at the hospital then to label those papers BFA (baby for adoption). That would continue when the notes were taken to the labour ward.

I think you should also appreciate that that labelling did in fact involve a privacy issue in that the front hall of the hospital, the inquiry desk that normally receives telephone and personal inquiries, has a list of patients who are currently in the labour ward and a list of patients who are currently in the hospital. That labelling would have occurred there because the thrust of the management of adoption in those days, as you have no doubt heard and I have read in the submissions, was essentially one of privacy, getting it done quietly and the person then getting on with their life.

There are nosy people in this world, nosy neighbours and the like, nosy relatives who may well make inquiries of the hospital, so that the labelling, BFA, was not all bad in the sense that it did have direction to forestall inquiries which might not be welcomed by the relinquishing mother. There was no special practice at King George V with the management of relinquishing mothers. I have to say in terms of numbers, it would have been significantly less than at the Royal Hospital for Women which had the Benevolent Society, St Margaret's that had the Catholic Church and Crown Street that had a reputation for a long time of handling a large number of relinquishing mothers. So that our percentage of relinquishing mothers would not have been very great. I do not know if you want me to say something about the other two hospitals, Queen Victoria and Bethesda, where for a time after I returned from England I did visit?

CHAIR: Yes, we have actually had evidence from some of the young women who gave birth at Queen Victoria in particular.

Dr HINDE: The only input I can give you is in relation to the professional side of it. Those hospitals functioned to cater for two groups of people. One group was the women who were having their babies for adoption and the other was, as a private hospital for general practitioners in the area and to some extent specialist obstetricians to deliver private patients. From a medical point of view, they were staffed on the basis that if there was no problem with a delivery, the matron and the nursing staff conducted it. If there was some problem, they would contact one of the general practitioners who acted in an honorary capacity, and if he had problems then they would contact one of the specialists who similarly acted in an honorary capacity, and that is how those hospitals were staffed medically.

If I may, I would like in giving you this picture, to go to the question of sedation which I think features very largely in a lot of the submissions.

CHAIR: That is why we have asked you about four questions partly because the Committee has heard various things about the regime for all women giving birth and then other particular evidence about the regime for women whose cards were marked baby for adoption.

Dr HINDE: At the outset I can say to you that at King George we did not have a policy in those days of a special regime of sedation or drug giving to women whose babies were for adoption, with the exception of the suppression of lactation and I will come back to that in a minute. I think it is important to realise that in the 1950s we were evolving from a period of practices like twilight sleep where, in fact, women were given sizeable doses of Omnopon and Scopolamine and it was common for people to be given sedatives even in ordinary life, calming the nerves and that sort of approach.

I have brought along for you a three-page extract from a textbook published in 1956 called *Operative Obstetrics*. It was the 6th edition and it was edited by Professor Chassar Moir who was the professor of Oxford at that time. I will provide copies to the Committee, but if I may, I have marked two or three parts that I would like just to draw your attention and read briefly because I think they are germane to what we are discussing at the moment.

It begins under the heading of "Sedatives", and I would emphasise that this includes pain relievers rather than just drugs for sedation: "The purpose of sedative drugs in labour is threefold: to lessen pain; to bring about a drowsiness in which nervousness and apprehension are allayed; and to abolish memory," to induce amnesia. On the second of these three pages I have arrowed a chart in which studies had been done in preceding years, albeit that might have been in the 1930s and 1940s, comparing the effects of different drug combinations in inducing amnesia. I lay some emphasis on this, not to justify it but to say to you that, clearly in an era when people were told, as you have heard and I have read, have your baby, put it behind you, get on with it, a drug regime which would blot out the memory would be regarded as highly desirable, reinforcing that.

I am not here today to say that is good or bad but rather to give you an historical approach to how it happened. I think, secondly, just to emphasise to you the changes which have occurred, I will read briefly from a bit further down: "Unfortunately parturient women are sometimes "rattled" by a number of their well-intentioned sisters who exaggerate the dangers of parturition, and by a number of practitioners, obstetric specialists in particular, who "fuss" their patients by indicating the possibility of complications instead of shouldering all responsibility, saying little, and maintaining and encouraging in their patients mental robustness and physical courage."

Today, this is a fertile field for lawyers on failure to warn, and yet 40 odd years ago this was regarded as a highly undesirable practice. I think in terms of what you have heard, I brought this along just so that you have some documentary evidence that this in fact did reflect the way people thought at the time.

The Hon. D. F. MOPPETT: Dr Hinde, could I clear up in that extract that you have just quoted to us, was it specifically a recommendation for women who had been identified as unmarried, for instance?

Dr HINDE: No.

The Hon. D. F. MOPPETT: So the amnesia thing was regarded as desirable for all women?

Dr HINDE: So that it is completely clear, what I have quoted is from a text in regard to how labour should be managed for all women at the time. I think that it is important to realise, and I can well recall at that time the doses that were used and I specifically advert to this because of concern in some of the comments and submissions about the amount of sedation, that pregnant women, contrary to what you might think, in fact tolerate sedation and narcotics incredibly well in the sense that you need to give good doses, high doses often in order to get a satisfactory response of pain relief because this is long before the phase of epidurals. Therefore, you have to regard comment on the dosages used in relation to what might be recommended for the non-pregnant with some reticence because the doses used at that time were high in order to achieve an effect.

CHAIR: We have had some evidence tabled from various records that list dosages for a range of women, so the Committee has some evidence already but if you could tell us about King George V.

Dr HINDE: At King George V we only used pentobarb as a drug to help people sleep. If we were using a drug for sedation, it was more common to use amyltal, and the reason those drugs progressively fell into abeyance is that amyltal was commonly used for threatened miscarriages or for people with an elevated blood pressure and drugs became available more specifically useful for the control of blood pressure and it became recognised that the use of sedation in threatened miscarriage was really not a particularly helpful thing because this was the era of pre-ultra sound and you really did not know whether somebody had lost a baby in these times and it was believed that keeping them calm might help to have a favourable outcome.

Perhaps at this stage, if I could, because I am talking about drugs, I might talk about Stilboestrol. It does follow from the fact that a patient's chart would have been labelled "BFA" that Stilboestrol would have been ordered as a result, so in that sense it was a policy or practice to administer Stilboestrol. Its purpose was quite obviously to prevent engorgement, and there should not be any doubt in anybody's mind that very engorged breasts three or four days after delivery are excessively painful. The woman is careful not to bump into things and not to have anybody touch her, and you will appreciate that this in a person who was going to relinquish their baby was an experience that only made it worse rather than otherwise. So in that sense, yes, there was a practice that if the baby was for adoption, Stilboestrol was ordered.

It is important to realise that the dose of Stilboestrol required was far and away greater than you would use in a non-pregnant woman. A woman at the time of birth has very high circulating levels of oestrogen in her body. And in order to subponea present lactation, you have to give sizeable doses in order to achieve an effect. So that the evidence I read in one submission about it being many times the normal dose is quite correct, because if you gave the ordinary dose for a non-pregnant woman, nothing would happen. Secondly, there is the question of timing. Unless you start it soon after birth, and by soon I mean that day, within a few hours, then the effect of reducing the swelling falls off rapidly. You might as well not bother. So if you are going to give it, you have to make the decision to give it soon after birth.

The reason for stopping it, which is one of the questions you have asked me, is because in the late 1960s there was a preliminary report that was explored over some years subsequently showing that people taking Stilboestrol for suppression of lactation had a higher incidence of thrombosis, of clots in the legs, than women who did not. That was the main reason for stopping the administration eventually of Stilboestrol.

If I may, I would just like to comment because I am concerned about one of the submissions I read which referred to the carcinogenic effect, the cancer producing effect of Stilboestrol. When you read the burden that these women have told you about in psychological terms, I think it is to me very sad that they have an unwarranted additional burden by people saying there is a cancer risk. The only cancer risks associated with Stilboestrol are, firstly, when it was given during pregnancy. There was a vogue, not curiously in New South Wales - it was a patchy thing round the world - it was used for threatened miscarriage and in a percentage of offspring initially discovered to be female but later there were male effects noted, people had certain abnormalities in their genital tract and about 1 per cent of those women would subsequently go to develop a specific type of cancer.

I just want to emphasise that in fact the use of Stilboestrol postpartum has absolutely no relationship whatever to that cancer risk. Secondly, the use of Stilboestrol was shown in the 1970s to increase the risk of cancer after the menopause, but I would emphasise, again, that that bears no relationship to the dosage and timing of the way Stilboestrol was used afterwards. I just want to make those points, that I cannot accept the assertion that women who have taken that at this time are at cancer risk. I would like to make that strongly because I feel that it is wrong that they should have a misconception of that.

CHAIR: Was consent required for the administration of any of the drugs you are talking about?

Dr HINDE: No, people came into hospitals in those days and signed a general consent form and it was the role of the medical officer then. You normally wrote up that patient unless there was some contrary indications, I can remember doing it as

a junior resident for Pentobarb for sleeping. You may have also ordered chloral hydrate. They were ordered Aspirin and the final thing you wrote was "ward aps and ends" which was ward aperients and enemas which were at the discretion of the nursing staff.

I can well remember one of my early wards where the sister told me I could order anything else but she would look after the patient's bowels. It was the normal practice in those days to write that up and my answer is that at King George V, there was no specific consent for individual medications like that.

CHAIR: What about our remaining specific question, whether you or medical staff at your hospital had any involvement in the process of arranging adoptions and taking consents and were you asked to administer sedative drugs for stress at the time of the consent taking?

Dr HINDE: The answer to that is no. The only involvement of the medical staff would have been, having heard from the patient generally that the baby was for adoption, then you would label the papers in the way that I have said and the practices would flow on from that. To my knowledge the medical staff did not take consents. You would ask the patient what she was going to do, but it was not the practice for the doctor to take the formal consent.

CHAIR: What about in relation to being asked to administer sedatives for distress, if necessary, at the time of consent taking?

Dr HINDE: No, there was no policy or regular practice with regard to that. I can only say that it would not surprise me if, as a doctor, I may well have prescribed a sedative either before or after consent taking because the person was upset at what had happened, you know, the distress of actually putting their signature on a piece of paper, but there was no routine practice that people would be given sedation in relation to consent taking. The only thing which I can suggest is that it was, as I said, common practice to give a hypnotic at night to sleep, usually pentobarb. I have little doubt that at times the sister in charge of the ward may well have ordered more on the night before consent-taking on the basis that you have a busy day coming up tomorrow, a big decision, therefore you need a good night's sleep, but there was no hospital practice with respect to saying that, on the night before, a larger amount would be given.

The Hon. D. F. MOPPETT: I particularly wanted to address an allegation that has been made in evidence that patients were kept in hospital under some threat that they would not be discharged until they had filled out the consent form. Would you be able to enlighten us as to how this process of a person being discharged from hospital might be related to their cooperation in relation to the consent form?

Dr HINDE: Well, it would not have been formal practice to require this. I have no personal knowledge, in recollection, of that happening, but I cannot say that it might not have happened where somebody was told: Look, unless you sign you can't go home. I would not invite you to put a lot of weight on that. It is something that I can accept might have happened, but I have no personal knowledge or recollection that it did happen. You understand what I mean?

The Hon. D. F. MOPPETT: Yes, and nor would it have had any authority. It might have been an individual trying to, for whatever reason, bear some sort of weight on the individual, but if it really came to the test would you be surprised if it ever occurred?

Dr HINDE: To be frank, I do not think I would have been surprised if it did occur at a personal level between people, thinking back to the time, because you were trying to get the adoption or the papers signed and I could well imagine that somebody may have said that. I would not like to say no, I cannot conceive of that happening. Yes, I think it is possible that it might have happened, but I cannot personally confirm that it happened.

The Hon. D. F. MOPPETT: From your perspective as a person who, in your introduction, said that you were most concerned about the congestion that you had to deal with, if someone were coming back to you and saying: Well, look, I think this person ought to be retained a little longer because we have not been able to coerce them or persuade them, you would have regarded that as being a difficult request in view of the pressure to vacate the bed?

Dr HINDE: Yes, in the sense that I would not have said, well, tell them they have to sign, but yes, I feel, as the superintendent, I would have said: Well, try and get it fixed as soon as possible.

CHAIR: We have questions 2 and 8 in our written list which I think are important because they deal with whether the hospital had a policy, in particular a written policy.

Dr HINDE: I am happy to go to question 2 then.

CHAIR: Yes, because obviously they are related. Question 8 is specifically about a written policy and question 2 is about whether or not single women were treated differently.

Dr HINDE: There were no special wards for relinquishing mothers. There was not any written policy on attitude, it was just that personal of the staff. They were delivered as public patients, if that is what their classification was, and that was exactly the same as any other woman having a baby who went in under a public hospital classification and that would be that, if the birth was spontaneous, it would be done by a student doctor or a student midwife supervised by a trained midwife. If there were complications, the medical staff, the resident medical staff in the hospital - such as forceps and the like - would deal with them. If there were complex things then the honorary medical staff, the honorary consultants, would have been called in.

Certainly at King George V the management of those people was as with any other patient who was a public patient, these

days you would call them non-charged or uninsured, but as a public patient. There was no special policy allocating relinquishing mothers to any particular group, to any particular type of care.

The Hon. Dr A. CHESTERFIELD-EVANS: There was not a special policy for single women and their babies, but if the doctor wrote up a sedative it would have been PRN, would it not?

Dr HINDE: Yes.

The Hon. Dr A. CHESTERFIELD-EVANS: As required?

Dr HINDE: That is right.

The Hon. Dr A. CHESTERFIELD-EVANS: And that effectively gave a discretion to the nurses or the ward staff to use more and, in the case of single mothers, they may well have used more without the medical orders having been changed or the medical policy having been changed?

Dr HINDE: That is quite correct.

The Hon. A. B. MANSON: What does PRN mean?

Dr HINDE: It means when necessary, as necessary, with the rider that it could not be given more frequently generally than every four hours without a specific order. In the 1950s this was an era when the taking of sedatives and the like was very common. As a student, I worked in my brother's pharmacy and it was common to get people coming in asking for nerve tonics and things of this nature, people buying packets of Bex and consuming a dozen a day, all directed towards calming the nerves, so in this era that I am speaking about it would have been a natural reaction, if somebody was upset or agitated, to give them more sedation, as you have suggested, yes.

CHAIR: We have heard evidence about students seeming to be particularly involved in coming and looking at single mothers or mothers who were going to give their babies up for adoption. Do you have anything to say about that practice?

Dr HINDE: At King George V it was not the practice to specifically have more students looking at single mothers having babies. Do you want me to describe what it was like when I was a student - this is 1954 - and how it used to function?

CHAIR: Yes.

Dr HINDE: You lived in for a period of time, I think it was about four weeks, and then you came back for another two weeks. You were housed in the hospital and when there was a birth they rang down from the labour ward and everybody came running up because you had to get a certain number of witnesses or have a certain number of deliveries actually to perform. When the hospital was originally built in fact it had specific delivery wards which had, at one end, a glass window which abutted on to a verandah and on the verandah were in fact forms in three rows, rather much like you would see at a football match, where the idea was that this was for the mother, that they would not actually be in the room, the students or the student midwives would run around and sit on these and look through.

This is the way the hospital functioned in the 1940s and certainly through the 1950s it was common practice for students and student nurses to come in and witness. The description that you have had of quite a number of people coming in, ten or a dozen people, is the way it happened in those days. I have no wish to indicate to you that that is an exaggeration, that is the way it was and that is the way it continued, I think, until some time in the late 1960s.

The Hon. A. B. MANSON: Did students ever make any comments to the pregnant mother or was that done through the doctor?

Dr HINDE: I think presumably it must have happened on occasions. I cannot give you a specific answer yea or nay, I have no recollection of whether that may or may not have occurred.

The Hon. D. F. MOPPETT: I think my colleague's question is directed not so much at delivery, but at examinations that might have taken place prior to the actual onset of labour, where there was a facility for students to examine women in their late pregnancy in the hospital and that there was a preference to, first of all, make unmarried women the subject of these examinations and there was an attitude in the mind of some of these student doctors when they were approaching these women such that they sometimes expressed some degree of disdain or made discriminatory remarks?

Dr HINDE: I see the thrust of your question now. All I can say is yes, if somebody had said that that happened, it would not come to me as a great surprise because it reflected community attitudes towards the single woman having a baby at that stage. I have no personal recollection, but if somebody had said that they felt that they were treated with disdain in that way in the 1950s and perhaps into the early 1960s, yes, I think that is quite possible. I am sorry not to be able to give you specifics.

The Hon. D. F. MOPPETT: No, we are very grateful for your evidence.

CHAIR: Question 9 may be of less relevance to you, given that you are talking really about the period up to 1970, but nevertheless perhaps the last part: We are interested in the extent to which practitioners in the whole field were made aware of any

legal changes that took place and how quickly they translated into common practice?

Dr HINDE: With respect to the first half, I did read through what was said and all I would say is that on your 27 August hearing, on page 13, a Ms Smith gave you a description. I do not really have anything to add to that. I do not want to go over things which you have already heard, but say I would generally agree with the thrust of what she has said.

When the change came where the Child Welfare Department, as it was then, handled all adoptions in 1965, practitioners were quickly aware because if you were in private practice you could not arrange the adoptions yourself in the way that it was. Prior to that time, which was before I actually went into private practice, I can confirm that it was common for a specialist obstetrician and gynaecologist, who may have an infertile patient who had not been successful in falling pregnant, to say, "I will look out for a nice baby for you", and then at some stage would in fact care for a woman who relinquished her baby and that baby would be passed over, which is the way that it could be done, of course, prior to the change in the Act. I have no knowledge of what financial arrangements might have taken place with regard to that, I just make reference to it because I know it has been put before you.

CHAIR: Do you think that practitioners working in the adoption area simply reflected the mores of their time or do you think an individual's personal views and expectations influenced adoption practice?

Dr HINDE: I think that largely doctors went along with the system and reflected what were the society's views of what a woman should do if she were unmarried, having a child and unable to support it. The actual personal attitudes of doctors, obviously like anybody else in the community, may vary from one to another, but I think the vast bulk would have stood with where the system was at the time.

CHAIR: Do you have any recollection of anyone questioning the system or questioning what was happening?

Dr HINDE: That a woman should not relinquish the baby and should keep the baby in this era?

CHAIR: Yes.

Dr HINDE: No, I have no recollection of that at all at the time, not in public discussion.

CHAIR: Or amongst doctors or almoners or matrons and nurses?

Dr HINDE: No, not that I can recall.

CHAIR: It was just the way it was?

Dr HINDE: Just the way it was.

CHAIR: Wendy McCarthy's evidence would suggest that at the end of this period there was quite a lot of discussion and ferment going on, at least amongst women.

Dr HINDE: I just came in on the end of what she was speaking about, and her comments, I think, with regard to change more really relate to the second half of the 1960s onwards, rather than to an earlier period of time.

CHAIR: But were you aware of that kind of discussion that she was talking about in that period?

Dr HINDE: Not among obstetricians because as an obstetrician, you were consulted by a patient who largely at that time had already discussed it with her family, who came along and said she was having a baby and was going to have the baby adopted. I do not believe many obstetricians would have then taken the role, and I am speaking now of the early part of the period, the first 15 years or so, of then acting the devil's advocate and saying, "Don't you think you ought to keep the baby?" I doubt that would have happened very often, if at all.

CHAIR: Would you be able to say roughly what percentage of mothers relinquished their babies during your time at King George?

Dr HINDE: At King George it would have been a small percentage because as I have indicated earlier the other hospitals, in fact, for other reasons had a bigger association. If you asked me to put a figure on it I would be surprised it was in excess of 100 a year out of 4,000 and probably something less than that.

CHAIR: To what extent were the deep sleep therapies of Harry Bailey used in King George V or other hospitals? Were these therapies used more extensively on a mother who was to relinquish a child for adoption?

Dr HINDE: Personally I think the reference to deep sleep therapy is really emotive and inappropriate. My understanding of deep sleep therapy was that people were just that, deeply asleep, so that my comment on that would be that reference to deep sleep therapy gives a misleading idea of the degree of sedation that was used because this really involves extremely close to unconscious states for prolonged periods of time. I have already indicated that, certainly, I have good recollection that sedation of one sort or another, narcotic or sedative, was used in high doses in that time because it was the practice to do so. But there was no practice at King George V which laid down a protocol for the administration of drugs like this in a particular dose for women who were giving their babies up for adoption.

The Hon. D. F. MOPPETT: In relation to drug regimes, would you be aware of any discrimination that was used in the

prescribing of labour inducing drugs for either married or unmarried patients? Would there have been any bias to be more quickly use labour inducing treatment in the case of unmarried women compared to married women?

Dr HINDE: Not that I can recall, no, but the only rider that I would put to that is that the 1970s was an era in obstetrics where there were very high induction rates where, for the community at large, and arranging a date to have the baby, come in and getting it over with was a common phenomenon, and if that is looked at in the terms of a relinquishing mother then it is possible in that 1970s era there may have been the concept that you bring the person in perhaps a bit early, as we have heard, to get it all over with and put it all behind you style of thing. But in terms of earlier years, no, I would not suggest that there was a difference in the way that the labours were managed.

The Hon. D. F. MOPPETT: Do you have any reason to believe that there were systematic illegal or unethical practices at King George V during the time you were there?

Dr HINDE: No.

The Hon. Dr A. CHESTERFIELD-EVANS: You talked about the discharge process. Were the words, "socially cleared" ever used on discharge papers? Did they have to be there before single mothers were allowed to be discharged?

Dr HINDE: I do not think it was an expression that I can recall being used at King George, but certainly whether or not the person had signed the consent would be an important consideration, yes.

The Hon. Dr A. CHESTERFIELD-EVANS: So they were kept in until they were signed?

Dr HINDE: Largely because with the signing of the consent, then action could be taken with the placement of the baby. There would be obvious administrative concerns that if the mother went home, and you have heard that many came from far away, you then have a baby in the hospital for which no relinquishment has been made and obviously that, to put it in simple words, creates significant administrative problems while you get it sorted out. Yes, the fact is that you ideally wanted and, I would suggest, probably always had the signature there before the mother was discharged from the hospital.

The Hon. Dr A. CHESTERFIELD-EVANS: Theoretically you would not be able to keep the baby from the mother had not she signed the consent. Would you have a baby that theoretically belonged to somebody else. The hospital would not have legally been able to keep the baby.

Dr HINDE: If you were administering the hospital, I would suggest you have a problem if the mother has taken herself off and you have a baby for which no consent has been signed. I know it is putting it in harsh terms, but you may have difficulty chasing the mother and contacting her to find out what is happening. I realise the thrust of this is non-relinquishing, but on the other hand, occasionally people would have perhaps considered just leaving the hospital and leaving the baby as a solution to the problem. Put it this way, it was a concern that this might happen and the problems that it would generate.

I would like to make a comment on a couple of things. There was some criticism of the attitude in schools. I can only say that I have very clear recollection in the early 1970s of a girl, and I use the term girl because she was still at school and connotes the inexperience that she had, in her last year at a public girls high school who, to my surprise, where the staff went to enormous lengths to assist her to stay at school during most of her pregnancy and the staff went to great lengths to provide her with correspondence, if you like to put it that way, assistance with her studies. I would like to say that so that there is some balance in what you hear, that in fact on occasions people were very supportive.

Secondly, when in private practice I cannot comment on where the emphasis in the department would have laid between the relinquishing mother and the adoptive parents, but certainly it was my practice to warn couples who were going to the department that the major thrust of their interest was the placement of the child and its best welfare. Now, where the relinquishing mother and the adoptive parents came I cannot tell you where that balance was, but certainly I got into the practice of warning people like this because sometimes it came as a surprise to them when they were interviewed by the department to really see that the thrust of the people speaking to them was very much towards what is best for the baby. So I used to warn them in advance.

(The witness withdrew)

JUDY McHUTCHISON, on former oath:

CHAIR: We have the last two questions that we have asked so many women before you, of the measures that might assist women and others experiencing distress due to past adoption practices, and whether you have any comments particularly in the area of reunions and counselling and then further whether you have any particular comments from your experience about support groups.

Ms McHUTCHISON: I went through question 7, did not I?

CHAIR: Yes. We did questions 7 and 8, so we really have 9 and 10 which I guess are interrelated.

Ms McHUTCHISON: I went through the fact that mothers were not provided with copies of their consents?

CHAIR: Yes, and we did the next one in relation on the mores of the time versus the role of the individual's personal views. So we actually only have those last two.

Ms McHUTCHISON: This question relates to the social climate of the time --

CHAIR: No, we have done that one. We are dealing with the questions relating to the measures that might assist women and others experiencing distress and, in particular, your comments on reunions and counselling and the next question is your comments on support groups currently available.

Ms McHUTCHISON: I do not recall finishing No. 8; is that right?

CHAIR: I have it ticked and I have some notes about what you said when you were answering it, so can we go on to these last two questions?

Ms McHUTCHISON: "What measures might assist women and others who are experiencing distress due to past adoption practices? In particular, could you comment on reunions and counselling? Do you have any comments to make about the training of counsellors?" Well, as we know, PARC was established in the early 1990s. I had grave concerns about the establishment of PARC at that time. They appeared to want to give mothers a particular view of their experience. The social workers there seem to place responsibility of the mother losing the child on the social circumstances of the time and avoided any mention of their particular involvement because, despite the harsh social situation at the time, many mothers would have kept their children if they had not gone through a social work and medical environment which was aimed at inducing them to relinquish their children.

I feel, certainly, in the western suburbs and perhaps other areas of high demand like Newcastle, mothers could actually benefit by having PARC like bodies because they have over the years received a lot of experience and I feel that they are a much more valuable body now than when they were first established. Originally they found it very difficult to deal with mothers who were in anger. Anger is a normal part of the grief and many mothers were coerced to relinquish their children, so anger seems a most appropriate response to that.

I live in the western suburbs and I have never envisaged that PARC would have much to offer me. But there have been a lot of changes in PARC and they may have something to offer now, a body, office, in the western suburbs that mothers could use as a drop in centre. Also, some of us mothers, because of our long involvement in adoption, have a huge amount of material that we would like to deposit somewhere, and perhaps there could be a PARC-like service, a drop in service, where someone who had collected vast material on adoption could deposit that material instead of taking up several rooms in our homes.

Training of counsellors: I feel that there may be women who have been unaffected by adoption who may be very valuable counsellors. Recently I have been in touch with Carol Scott at the department and I found her extremely helpful, and that is coming from someone who is quite cynical about social workers and very cynical about the benefits of counselling. I feel that myself and other women who have been involved in adoption for a long time and have spoken to many mothers we could assist in training. They may be already professionally trained, but this is a unique area and we perhaps could make them aware of particular issues regarding relinquishment.

Do you have any comments to make on the support groups available to mothers in New South Wales?

Well, contact with support groups has been immensely powerful in the past. The people who instigated those support groups were very decent, ethical people, animated by putting right what they viewed as an immense wrong. Through my experience with Adoption Triangle and ARMS, I saw an enormous amount taken up by people, who were all volunteers, and some in the upper echelons of Adoption Triangle and ARMS had a very heavy workload, 20 to 60 hours a week, year after year, and I never heard one person complain. Some people came in for the long-term; other people came in to assist for the short-term, but I never heard any one of those people who made this enormous sacrifice claim any recognition for the work that they had been involved in.

There are a lot of really amazing people who were involved during the 1980s. Gloria Rizzon worked for 10 or more years and was able to reunite many hundreds of people separated by adoption. I never heard her complain; never heard her claim any recognition for what she had done. Dorothy Mittas not only worked for ARMS, she worked for Adoption Triangle, so she had a very heavy workload and I have never heard her say anything other than that being involved and having some part in the immense changes that took place has brought her a great deal of personal satisfaction.

My past experience of support groups is that they have been of enormous support for the people involved. They have assisted the people involved to push for change. It is a very validating and powerful experience to meet others who have been through a similar ordeal and I think many of us have been assisted to grow through this most horrific and debilitating experience through the support we received from other mothers.

I would like to see some sort of centre established where, whatever support groups people belong to, they can make use of the facilities; a counsellor there and a computer for people who want to write their story, and hopefully, over the next few years, a lot of people will be writing their autobiographies. I view that as a very powerful way of getting the message across to the general public. It is very hard in academic research to actually focus on and explain the depth of pain that mothers experience.

The people involved, whether as a support group or something set up by a body similar to PARC, need to have the interests

of the mothers as the highest priority. It is not to be directed to achieving some other agenda, for an individual mother who views it as a way of gaining power or status. The important people are the mothers who have survived this dreadful atrocity and whatever is available should be designed to meet their needs and not fit in with the agendas of professionals or have a timeframe set on them: Well, you know, it is 20 years now, you should be moving on. The mothers should be able to move on at their own pace. Counselling can be valuable in giving insight to mothers in relieving some of the guilt they experience, but those involved have to have very sincere motives because we are dealing with a very vulnerable group and I myself do not want to be involved in support groups, so I feel that perhaps there is a need for counselling and for mothers to come together in an independent environment, meet with a professional and benefit from what they have to offer, and also to associate with other mothers and learn to grow and develop through their experience.

You sort of sprung that on me at the last minute.

CHAIR: I did not realise that you did not have those two questions, so I am sorry about that, but thank you.

(The witness withdrew)

LINDA LESLIE GRAHAM, affirmed and examined:

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

Ms GRAHAM: As a mother and as Chairperson of Origins.

CHAIR: You have received a summons, you are conversant with the terms of reference and you wish your submission to be included as part of your sworn evidence. Do you want to start by making a statement or do you want to go straight to the questions?

Ms GRAHAM: Straight to the questions, please. Could I include the first and second questions? I have combined them.

CHAIR: Yes, that is fine. It is probably easier for Hansard and for those who have not seen if I read them, or at least summarise them. We basically asked you to briefly explain your experience as a mother whose child was adopted in 1972. For instance, how old were you, how did you feel about the pregnancy, what advice did your parents give you?

We refer to your submission where you explain that you and your boyfriend were planning for your future and made purchases for home and family. Could you explain to us how you came to reside at the Carramar Home for Unmarried Mothers?

Ms GRAHAM: My boyfriend, Stephen, and I took a long time to adjust to and accept the reality of our pregnancy. By the time we realised it was not going to go away I was about five months pregnant, I was 17 and a half, and Stephen was 18 and a half. We had been together for about 18 months and were very much in love.

While our pregnancy certainly was not planned, when the initial shock subsided we adjusted quite easily to our soon-to-be status of marriage and parenthood. This acceptance soon turned to excitement and anticipation with the first movements and little kicks from my baby. We had names chosen and we had even started preparing for our nest. We did not have the nest yet but we did start making purchases for our new family and home. We had already drawn up a guest list for our simple wedding.

There was no doubt in our minds what we wanted for the future. We were sure of each other's love. We were prepared for the future. We were under no illusion that it would be easy, but we knew we could manage it together. We were not too young for these plans to be considered unreasonable. We planned to leave school in order to get jobs immediately so we could show our parents we were responsible. We planned to matriculate later.

We thought that the difficult part was going to be telling our parents, which we did at about six months. Stephen's mother was a little shocked but extremely supportive. She was about to be married for the second time and she planned to go to the Northern Territory with her new husband to live for about two years. She offered us her house to live in for that amount of time and beyond if we needed it. So now we had the nest. It was going well so far.

My mother, on the other hand, shocked and panicked, was unable to give support except from a health perspective. She immediately took me along to Ryde hospital for an antenatal visit, where I had my first encounter with a social worker. At neither my mother's request nor mine, what started out as a routine physical became an interview situation between my mother and the social worker. I was in the room but I was never spoken to or asked my opinion.

As I have said, my mother was distressed by the news of my pregnancy and was grateful for some professional advice. After all, this social worker was an authority on such matters and this was a new experience for my mother. She was relieved to have the burden of this unwelcome dilemma lifted so willingly and efficiently off her shoulders. The social worker suggested I should wait out my pregnancy at a "very reputable Anglican home for unmarried mothers in Turrumurra", where I would be well looked after and out of the way of prying eyes.

My mother took this professional advice and arranged for me to move in. By this time I was seven months pregnant. It was here that the word "adoption" was introduced to my vocabulary and, consequently, Stephen's, for the first time. It was a foreign concept and one which I never truly accepted. However, it quickly became a familiar word as it was the only offer or outcome that any member of staff at Carramar ever discussed with us.

I explained my circumstances over and over again, that my boyfriend and I wanted to get married; we wanted to raise our baby; we had help; he had a job; and we had secure accommodation. However, I was discharged from Hornsby hospital without my baby. That is the end of question 2.

CHAIR: In an attachment to your submission it is said that another unmarried couple were in the ward with you and were going to keep their baby. Did you contact these people or ask the staff for advice on how you could keep your baby? Why do you think your boyfriend was repeatedly turned away when he came to see you?

Ms GRAHAM: The girl referred to at Carramar was admitted to Hornsby hospital well before her due date with dangerously high blood pressure. During that time she was visited frequently by her very concerned and increasingly supportive mother and father. Had the parents not been as supportive I very much doubt that her boyfriend would have been allowed in the ward to see her. I did not have any visitors or any family support, and I felt isolated.

In Carramar we were all in the same boat. We were all told that we could anticipate going home without our babies. The social workers created an unreality. They made me feel that my pregnancy, my baby, my motherhood, was not real. I was not encouraged to think of my baby as mine. It was indicated to me that I was just carrying him for his real parents, who were far better suited to parenting my child. They said that I would forget about this baby and get on with my life and later, when I was married, I would have my own children. I never did, though, like 50 per cent of mothers whose babies were taken for adoption purposes.

Stephen told the social worker that we had made our decision to get married and raise our baby, but it was as though he was invisible and mute. I realise in hindsight that I had been brainwashed into believing that I was unworthy, and I was made to feel disempowered. Their manipulation was subtle but potent. They used language in a way that was a very powerful tool to achieve their aim, which was to get my baby.

By the use of soft language and a caring tone of voice, they manipulated me into believing that I had come to a decision myself. One way of achieving this was by asking questions that required me to respond with the word "yes". The following example I think will strike a familiar chord with a lot of mothers here: "You love your baby don't you, dear?" Answer, "Yes." "You want what is best for it, don't you?" Answer, "Yes." "Do you want it to have the lovely things and opportunities that you cannot possibly give it?" Answer, "Yes." "You know what the right thing to do is, don't you, dear?" Answer, "Yes."

This doublespeak was constant and unrelenting. For me, it went on for two months prior to my son's birth and then again after. We at Origins have discovered that many mothers need to work through a deprogramming process to wake up to how they came to lose their baby. Did I seek contact with the people or ask the staff for advice on how to keep my baby? I did not seek contact with the couple because when I saw that the girl was allowed to keep her baby because her family was there to support her, I felt even more abandoned because mine was not. I felt my heart was breaking, and I sank further down into my own world. This despair was aided by the amount of medication I was on, and I was not capable of seeking anyone out. Also, I was afraid of hospital staff. They made it very clear to me that I had no rights, not even to see my baby.

My boyfriend was repeatedly denied access to my ward each time he tried to visit me. Hospital staff kept intercepting him before he could reach Godfrey Ward, which was the ward that they reserved for Carramar girls. On the evening of the day that our son was born, Stephen rushed to the hospital after work to be with me only to be denied access. He protested that he was the baby's father and had some right to some information. They refused to give him any information.

Neither of us at that time had the confidence to question authority. However, distressed and confused, he did contact [Matron 1] of Carramar to plead his case and ask for help. She did nothing but to use the language to placate him. She assured him it was for the best and the hospital knew what it was doing, dear. As they kept telling me, it was all in the best interests of the child.

CHAIR: Can we just get something straight? You said it was your opinion that the other couple you are talking about did not have these experiences because of the support from the girl's parents. Did either your mother or Stephen's mother ever visit the hospital?

Ms GRAHAM: No, they didn't visit me in the hospital.

CHAIR: Do you think that was a crucial difference first for him not being able --

Ms GRAHAM: I think parental support, yes.

CHAIR: From either his family or your family?

Ms GRAHAM: Yes. I do not think I was allowed visitors, or I did not get any visitors. As I said, Stephen was not allowed to visit me, but I found out recently that Stephen was allowed to view our baby through the glass. His mother was with him then, but they never came to see me, so I think, yes, parental support did make a big difference. Also, they, the other girl's parents, could be sure that their daughter's rights were being respected. I did not have anybody to do that for me.

CHAIR: From the hospital's point of view you believe that is what made the difference for the other couple?

Ms GRAHAM: Yes.

CHAIR: In your submission you say that your son was medicated for the whole month that he remained in hospital and that he was too ill to be adopted. Can you tell the Committee more about this? For instance, specifically, were you informed of his condition?

Ms GRAHAM: In 1997 I applied for and got my son's hospital records. I was devastated when I discovered for the first time that his condition at birth was described as poor. His APGAR rating score was three, and that was zero for heart rate, zero for respiratory effort, zero for reflex irritability, and his colour was very pale. I learned that my baby was born with the cord wrapped around his neck, he had a heart murmur, a urinary tract infection, jaundice, a blood abnormality, he was not feeding well and vomited almost daily, at times twice daily.

Comments by nurses registered that he was anxious and unhappy and cried a lot, very unsettled. He was given six to eight milligrams of chloral hydrate whenever he could not settle, and on one day it was administered twice and it continued to the day before his discharge. His infant chart and nurse's ward reports were coded, as were mine, with BFA. All hospital staff was alerted to the prescribed procedure for Carramar mother and baby, which was to forbid eye contact, any physical contact or for me to know anything about him. They deprived him of his right to be held, fed, comforted and loved by his own mother, me.

CHAIR: Are you saying that there was a specific policy in Hornsby Hospital to deny all that contact?

Ms GRAHAM: Yes. We were not allowed to see our babies until after we had signed the consent. That was a policy that was well-known and the matron of Carramar in the 1960s, Shirley Jones, actually stated that on a Four Corners program in the 1960s and we have that on video and we have also submitted that video to the Committee.

CHAIR: I did say earlier that we are bound by a number of rules in relation to parliamentary committees and their hearings. One of them is in relation to interjections and another is in relation to handing notes or other material to committee members. I can clear any one of or the whole gallery, I do have that power for that reason, so I would ask people not to interject. This inquiry has credibility if it conducts its procedures according to the rules.

The Hon. Dr A. CHESTERFIELD-EVANS: The superintendent of King George V Hospital gave evidence that there was no specific policy with regard to women for adoption. Are you sure that Hornsby had that as a written policy or was it merely a practice?

Ms GRAHAM: I am not sure that it was a written policy, I do not know of a written policy existing, but by their own admission, or Matron Jones' own admission, it was policy and practice.

The Hon. Dr A. CHESTERFIELD-EVANS: Many policies and practices may not have been written at that time.

CHAIR: Had you been told about this practice or policy when you were at Carramar?

Ms GRAHAM: I do not know. I do not remember. I do know that I asked to see my baby as soon as he was born and many times after that and I was not allowed to see him, so I do not know whether I knew in Carramar or not, I do not remember.

I was the sole legal guardian of my infant and it was my legal right to be informed of my baby's poor health and to have him brought to me. I had never agreed to adoption verbally or in writing to anyone. If I had not been given Stilboestrol to dry up my milk, before consent, I could have given him the nourishment and nurturing he needed.

My son remained in Hornsby hospital for over three weeks until he was discharged to foster care. He remained there for a further 45 days. Adele Elliot of Anglicare told me that the prolonged stay was due to my infant's poor health rendering him unsuitable for placement with his adopters.

I was also informed that the adoptive mother needed to give notice of leave to her employer. Hornsby District Hospital employed her as a nursing sister in the maternity and nursery wards. I do not know if she was the nurse who took my baby from me immediately after his birth or if she was the one who gave my son the chloral hydrate to stop his crying. I have been told that prospective adopters used to do community work at Carramar, like taking mothers to antenatal check-ups. This gave them the opportunity to look us over. Two decades later when I met her she referred to the Carramar girls as low-life. She got two Carramar babies.

That completes question 4.

CHAIR: What involvement did your boyfriend have in the decision to adopt your son and in your attempts to get him back?

Ms GRAHAM: He had no part in the decision to adopt our son, as the social workers did not consult him, or me, when they made it.

Stephen was very supportive of me and we wanted the same outcome: A family. We had made our decision to get jobs, get married and raise our baby. By the time I was incarcerated in Carramar, Stephen had found stable employment. He was excluded by social workers from all discussions regarding his son's future. At an interview with [Matron 1], Stephen made very clear his decision and choice for marriage and parenthood based on serious consideration, our serious consideration, of all options and an

awareness of the difficulties that may lie ahead. This decision was glossed over by [Matron 1] and discouraged and no discussion was entered into. The meeting with the matron had been scheduled for Stephen's lunch break and, as he worked quite a distance from Carramar, he arrived a little late. As a consequence, the only information our son had of his father was that he was unreliable, which was marked on the social work records.

On the eighth day I signed a document that I did not understand because it had never been explained to me. I was under the influence of eight days' worth of heavy sedatives. I assumed Stephen's name as well as mine would be on the birth certificate because no one told me any different. We named our son Ben.

Contrary to Alison Croft's evidence, I was never informed of the correct procedure for revocation. I remember being dropped off in front of the hospital by my sister about 10 days after I had been discharged. I recall jumping out of the car and running towards the main entrance to get my baby. It is a fragment memory and I cannot recall what occurred once I was inside the hospital. That is all I remember. I blocked this experience out.

Stephen has since told me that on the 30th day, as I was close to collapse, distraught and in a panic, we telephoned a number that I had been given. We had a number. We do not remember who gave it to us. We tried to get our baby back. He does not remember what was said to me, only that I was hysterical when the receiver was replaced and he had grave fears for my condition. We did not get our baby back.

I blocked the whole pregnancy and childbirth experience out and I remained dissociated and split off from that reality for 20 years.

CHAIR: When you went back to the hospital your son was still there, but you would not have known that.

Ms GRAHAM: No.

CHAIR: You said your son was in hospital for three weeks and you went back 10 days after you were discharged?

Ms GRAHAM: Yes, he would have been there then and then the second time he would have been in foster care. I have tried to find out who that was, who the foster carer was, but Anglicare have no records and cannot tell me, cannot tell me who my son was staying with for 45 days of his life.

CHAIR: Turning now to your work with Origins, as chairperson of Origins, can you please give the Committee some information on the alleged practice of rapid adoptions? For instance, can you explain the nature of rapid adoption? Are you able to give the Committee specific details of one or more cases where a rapid adoption has taken place?

Ms GRAHAM: The term "rapid adoption" was used by both the medical profession and the Department of Child Welfare to describe the need for a rapid decision to be made by a married couple who had recently given birth to a stillborn child, was unable to reproduce again and was offered the option of adopting a substitute baby to replace their own dead infant. As the couple had not intended to adopt and would therefore not have been on any adoption register, these placements would have needed to be given priority and rushed through, hence the term.

Because we have no way of knowing which adoptive mother had suffered the loss of a stillborn child, we can only respond from the point of natural mothers being told their babies had died.

Whilst Origins and many other self-support groups across the nation were inundated with inquiries from mothers who had been told their babies had died and/or were found by their so-called dead babies, after the 1996 media exposure of what was labelled the "stillborn baby scandal", many mothers sought out death certificates, coroners' reports, grave sites, et cetera. To our knowledge, either none were found or adoption papers had been signed. However, we believe, as do the mothers concerned, that they signed adoption papers in their twilight induced sleep having been led to believe that they were death certificate notifications or such.

One example we can draw your attention is a case taken up by PIAC which in 1997 began an action on behalf of a mother who claimed she had been told her child had died at birth and was found by her dead baby some years earlier. PIAC would have to elaborate on this case.

Another mother, reunited with her daughter, explained that, as a minor in 1963, she had refused to sign a consent and was told by the almoner, [...], that her signature was unnecessary as her mother had already signed. After 29 years of bitterness, hating her mother and cutting off contact, she discovered in 1992 that her mother had been told that the baby had died and had not actually signed anything. To our member's regret, she had been punishing her mother for 30 years for something she had not done.

To further exacerbate her suffering, this woman had an O Rh negative blood group. When she was about to be injected with the anti-D injection, her doctor said, "Don't give her anti-D, she is not married". The consequences of this act of malpractice rendered the mother infertile. We have a letter here to be tabled to validate that mother's claim.

Another mother at South Sydney Hospital had been told her baby had died when she returned after nine days to revoke her consent and reclaim her child. Some years later she was approached socially by a nurse from the hospital who had remembered her face and was told that her baby had not died, that she was only told that to prevent revocation. In trauma, she put it out of her mind until she was found by her dead baby after legislative change in 1991, whereupon she began to recall that conversation many years earlier with the nurse. Her dead daughter was living in Nowra.

Additionally, page 128 of the 1992 Law Reform Commission report reports, along with a number of other illegal actions, that:

Some practices involved the deception of the birth mother: examples included concealing the words on the document of consent or misrepresenting the document, and telling the birth mother, contrary to the fact, the child had died shortly after birth. Many of these practices were illegal.

We would like to table that document as well.

The Hon. A. B. MANSON: Going on with question 7, in evidence to the Committee Ms Welfare said that the practice was widely accepted by obstetricians. Can you tell the Committee how Origins came to understand this and do you have any figures on the numbers of cases of rapid adoption and where they occurred?

Ms GRAHAM: A general discussion on the subject of rapid adoptions can be found on pages 26 through to 28 of the Adoption Services of the Department of Child and Social Welfare of New South Wales Preceding Seminar held on Friday, 3 February 1967, to proclaim the Adoption of Children Act 1965.

Ms Pamela Roberts, head social worker at Crown Street Women's Hospital, asked for the panel's comments on placing a surrendered baby with a mother who had just lost her own baby at birth and cannot have another.

Dr Stening of the Royal Alexandra Hospital for Children replied with:

"In my experience this kind of rapid adoption has rarely, if ever, failed".

Ms Mary McLelland, senior lecturer in social work at Sydney University, explains that:

"Although rapid adoptions may be rather hit and miss, many of them are successful. A characteristic is that the parents forget the baby is adopted. This child is later not told he is adopted".

Dr Lyle Brown, general practitioner, explains:

"Adopting parents tend to be more anxious about the child than natural parents. However, in rapid adoption this is largely avoided, with consequent benefits to the child".

Additionally, although Dr Blow, consultant psychiatrist, New South Wales Department of Child Welfare and Social Services, agrees that rapid adoption seems to have much to recommend it, he claims to have reservations, as the mourning process is an important and necessary process. He also recommends that further study is needed on the question of rapid adoption.

Mr Langshaw also sees the advantages as regards the child's physical relationship with its mother (breastfeeding, et cetera), although his concern was in the time needed to make a decision to adopt.

Dr Grigor of the Royal Alexander Hospital for Children also refers to Mr Langshaw's statement of concern regarding the problem associated with the new Adoption Act's 30 day revocation period and its potential to cause the demise of rapid adoption.

Mr Langshaw, Deputy Director, Department of Child Welfare and Social Welfare NSW, states:

"Perhaps one of the most desirable adoptions, and in my opinion the most likely to be successful, can take place where the mother, who for many possible reasons is unable to have further pregnancies, has just lost a baby, all the physiological and psychological preparation for the nursing of the baby have taken place and this woman would be able to breastfeed the baby. If an appropriate baby is available for adoption I personally hope that this Act would not prevent such an adoption".

We have a document to be tabled as well. While it is unclear whether rapid adoption ceased after 1967 with the Adoption of Children Act specifically demanding that a mother be informed of the reduced revocation period of 30 days as a legal requirement of the new Act, it is our belief that rapid adoption, because of its sensitive nature, would be a potential reason why many mothers were either told that their babies had died at birth or were not being informed of the revocation period as it would stand to reason that no obstetrician would risk having to remove the replacement baby from grieving adoptive parents to return it to the rightful mother should she attempt to revoke her consent.

Another example, Jane [...], a 23-year-old mother, entered [a Sydney] Hospital to deliver her child [in] 1985*. She gave birth to a living girl. The following day two social workers came to tell her that her baby was sick. Jane asked to see her baby, and they then told her she was dead. When she insisted on seeing her baby they took her to the morgue and showed her a big baby which looked about a year old to Jane. Social workers discouraged any visitors, including Jane's own mother, who was told not to visit as her daughter needed time to grieve.

* The Committee has resolved that identifying information in relation to this allegation be removed from the transcript. The details provided by Ms Graham have been referred to the New South Wales Health Department for investigation.

Jane had to argue with the hospital's funeral director about which cemetery to use and was not permitted to see inside the coffin. There are many conflicting details on her records. Her records say her baby died intrauterine a month earlier; another states she died a few days prior to birth. The social workers told her she died a few days after the birth. She acquired a nursery card, which she still has. Nursery cards are not given with stillborns. There is no record on any stillbirth register of her baby. We would like to table Jane's hospital records.

Finally, I would like to add that in attempting to obtain more information on the process of rapid adoptions, upon phoning the Australian Association of Social Workers in Canberra, we were advised to contact either the Department of Community Services or, specifically, Mrs Margaret McDonald. In neither case was either Mr Ron Dyer or Mrs McDonald prepared to acknowledge that rapid adoptions existed.

The Hon. D. F. MOPPETT: I was for a moment confused, but I think your answer has clarified at least one point. You described the process of rapid adoption being really the placement of a baby with a mother who delivered a stillborn baby. That is the rapid adoption actually. But am I right in saying that that then encouraged the development of a practice whereby to sort of truncate the process of normal adoption, the mother of another baby was deliberately misled that her child was stillborn?

Ms GRAHAM: Absolutely. So they could just do a complete swap over and while she thought she was signing a death certificate, or whatever the certificate is that people sign with stillbirths, she was actually signing an adoption consent form, which she was never aware of. A lot of these women obviously do not know that this has happened to them.

The Hon. Dr. A. CHESTERFIELD-EVANS: In the case you were referring to of Jane [...], are you suggesting that her baby was stolen and that the baby had been adopted by rapid adoption? Has a consent form turned up with her name on it, an adoption consent form?

Ms GRAHAM: No. It is still under investigation. We have not got all the documents, the certificates. We do not know if there is an adoption form because we do not -

The Hon. Dr. A. CHESTERFIELD-EVANS: Surely that can be searched for?

Ms GRAHAM: Yes. Jane has just come forward because she was responding to some media reports that prompted her. She has never been satisfied with the information that she was given. At the time, she did make a claim that she was unsatisfied because there were too many anomalies in her situation and too much conflicting evidence on the records.

So she got the Medical Board to do an investigation. That was started, and she was waiting to be told how it was going. When she rang up to find out - I am not sure how much time transpired - they just told her, "That case has been closed and the investigation is over." She got no satisfaction, nobody explained it at all. That was in 1985, in the same year that she lost her baby, and now she has just come to Origins recently with this information.

The Hon. D. F. MOPPETT: I cannot speak for my colleague but the reason that I want to be quite clear about this is that what you are suggesting requires a degree of collaboration. To achieve the objective, there would be a lot of people exposing themselves to very serious predicaments. It is not one person who says, "I can get away with this." A whole series of people have to collaborate and become totally dependent on all remaining collaborators for the whole thing to be held in confidence, it would seem to me, and I think this is what we need to establish in our minds, are we talking about a number of tragic anomalies or are we talking about the development of a system?

Ms GRAHAM: Yes.

The Hon. D. F. MOPPETT: Do you believe it was a system?

Ms GRAHAM: Yes.

CHAIR: This case in 1985 that you are talking about, as I understand it, you are saying that the woman concerned obtained a body which was then buried - I think you referred to a coffin - and that no mention of adoption was ever made by anybody to anybody?

Ms GRAHAM: No, not at all.

CHAIR: But she now believes that it is possible that instead of her baby being dead, that the baby was in fact adopted and the dead baby came from somewhere else. That is the suggestion, is it? That is the gist of it?

Ms GRAHAM: Yes. She remembers that there was another woman in the hospital. I actually asked her if there were any other babies born around the same time, and she said at first, no, and then she said, yes, the day before a woman did give birth but the baby was stillborn. Now, some of her medical records say that she was admitted to the hospital on [one date] and some say on [another date], so, it looks highly suspicious.

CHAIR: Are you suggesting that a number of people at this particular hospital colluded in a series of criminal acts to replace the baby of one woman with the baby of another?

Ms GRAHAM: Yes.

CHAIR: And to bury a baby, to hand over a body to the mother and allow her to bury it when in fact it was not her baby?

Ms GRAHAM: Yes.

The Hon. Dr A. CHESTERFIELD-EVANS: The only hard evidence you have, though, is that she did not think that the baby was at risk? She only saw it the once, is that correct? She did not see it immediately after birth?

Ms GRAHAM: She saw it immediately after birth.

The Hon. Dr A. CHESTERFIELD-EVANS: And then she saw a baby that was dead that she thought was too big to be her baby? She did not recognise it as the same baby?

Ms GRAHAM: It was a tiny baby that she had given birth to and she saw a great big baby, about 10 months old or a year old, so she said she knew the difference between the sizes. It was very obvious.

CHAIR: It may be that in some of these cases it might be sensible not to use names in giving this evidence because, obviously, the suggestions being made of criminal action are very serious. Given the nature of the evidence to a parliamentary committee it may you would be better off not to use the woman's name or, indeed, the names of people you might be alleging have committed criminal offences. You might be better to refer to "the woman" or "the doctor" or "the funeral director" or "the nurse".

Ms GRAHAM: Right, okay.

CHAIR: Because what you are saying, if it could be established, is obviously incredibly serious about the actions of quite a large number of people.

The Hon. A. B. MANSON: What about privilege?

CHAIR: We are covered by privilege but the people named under privilege have certain rights. I suppose we also have to be concerned about the reputation of people who are named under privilege with, perhaps, not much evidence to suggest or support what they are alleged to have done.

Ms GRAHAM: So should I withdraw the name?

CHAIR: It is too late but if you are giving any other examples it would be sensible to be very careful.

Ms GRAHAM: Okay. That was the last example.

The Hon. A. B. MANSON: Going on to question 8, in evidence to the Committee, Ms Welfare explained that Origins has over 600 members in New South Wales, that she had spoken to over 2,000 mothers and that, almost without exception, the mother's confinement process followed a routine pattern. She said also that Origins had never come across any mother who had any idea there were alternatives to adoption prior to 1973 until they heard from Origins.

Is it your view that no prospective single mothers were ever informed about alternatives? Why do you think that is? Do you think it is possible that adoption practitioners were not aware of alternatives? Do you think that the adoption was the only viable alternative for many young women?

Ms GRAHAM: In answer to the first part, yes, it is Origins' view. As it is still historically understood that the sole parent's benefit did not come into existence until July 1973 and was understood to be a major factor in the decline of adoptable babies, we feel quite comfortable in our assertion that at least until 1973 no alternatives to adoption were being offered. Post-1973 those alternatives were still being hidden from many uninformed young women, but we are unable to ascertain how many mothers who lost their babies had actually been given this information during the 1970s.

As we have never used anecdotal evidence in making our allegations to this inquiry other than the mothers' own testimonies but have instead used the law, the social work profession's and the medical profession's own literature and documentation to validate our claims. Probably the best way to respond to this question is to use a few examples of the social workers' own literature as a way of explanation.

Although our response to this question will be answered in more depth in question 9, one very concise publication put out by the National Association of Social Workers, 1964, titled, "Social Work and Social Problems" describes how the adoption industry views the unmarried mother and her child. To quote:

Today, for a complex series of reasons that cannot be traced here, one major group of babies born out of wedlock is no longer considered a social problem. Indeed, these white, physically healthy babies are considered to be SOCIAL BOON, AN ASSET. They are awaited with impatient eagerness by married couples unable to have their own.

The author adds:

Because there are many more married couples wanting to adopt newborn white babies than there are babies, it may also be said that they, rather than the out of wedlock babies, are the social problem.

Sometimes social workers in adoption agencies have facetiously suggested setting up social provisions for more baby breeding.

In recent years these services for unmarried mothers have also taken on the purpose of protecting the wellbeing of the baby to come, valued today for its adoptability.

As for the problem of the unmarried mother herself, if she has by her own efforts or with help been able to give away the living symbol of her sin or mistake and pick up where she left off, she is solved as a social problem. If she keeps her child but needs no economic support, she is lost to public view. So, so far as is known, she is no problem. The assumption is she is paying for her transgression, and this is a morally satisfying assumption.

If, however, she keeps her child and requires economic aids for the support of herself and her child, she is not paying. Indeed, it commonly appears that perhaps she is being paid for her sins and, by such payment, even encouraged to further sexual irresponsibility.

Another example, in 1961, Clark Vincent:

If the demand for adoptable babies continues to exceed the supply then it is quite possible that, in the near future, unwed mothers will be punished by having their children taken from them right after birth. A policy like this would not be executed, nor labelled explicitly as punishment. Rather it would be implemented by such pressures and labels as: (1) scientific findings; (2) the best interest of the child; (3) rehabilitation of the unwed mother and (4) the stability of family and society.

Vincent prefaced his study by adding the following disclaimer:

We must emphasise that the present study concerned white, maternity-home unwed mothers. We must also emphasise the fact that this study was made in a location where and at a time when a demand for white adoptable infants existed.

In answer to the question, do you think it is possible that adoption practitioners were not aware of the alternatives, no, and ignorance of the law and professional standards is no legal defence.

The law was very clear in stating how a mother had to be offered all alternatives to enable her to keep her child, in her child's best interest, and to be warned of the lifelong consequences of adoption. Only if she still insisted upon adoption once all alternatives and warnings had been made available to her could an adoption proceed.

It is our view that the adoption industry had such contempt of the law and single mothers that they put their own moral imperatives above that of the State and became a law unto themselves.

A few examples of what they knew, found within their own literature, are as follows:

An explanation of the Child Welfare Act 17 1939 regulations found in the book titled *Children in Need* by Donald McLean, 1956, and endorsed by the then Deputy Premier, Mr Heffron, explains:

A mother giving consent must be fully aware of the import of her action and must be emotionally and mentally able to appreciate all the implications of such consent. A consent should not be taken if there is any suggestion of indecisiveness or that she has not given sufficient consideration to the matter.

To avoid any misunderstanding or any suggestion that the mother was misled or uninformed, District Officers are instructed to explain fully to the mother, before taking the consent, the facilities which are available to help her keep the child. These include: Homes licensed under the Child Welfare Act for the private care of children apart from natural parents; financial assistance to unmarried mothers under section 27 of the Child Welfare Act; admission to State control until the mother is in a position to care for her child, and assistance to affiliate the child and obtain a maintenance order against the putative father.

Appropriate practical advice should be available to the natural mother so that she may decide freely whether to keep her child or whether to have him adopted.

When all of these aids have been rejected, the officer is expected to explain to the mother the full implications of the act of surrendering her child. Only when a mother has considered these and still wishes to proceed with the surrender should the consent be accepted.

Child Welfare of New South Wales 1958 Social Work Training Manual reiterates the above.

Again in 1968 the Department of Social Welfare reported on benefits available to unmarried mothers. Allowances for children, section 27, explicitly states that:

Not all unmarried mothers wish to have their child adopted and in many cases have no family at hand to help with the care of the child. This embryo family group has an important mother-child relationship that needs both support and nurture and the department assists the mother by acting for her in affiliation proceedings and by the granting of regular allowances once the mother's eligibility has been established. The services of the Social Aid Branch are also used in special cases to supply a layette, special foods and milk. Many unmarried mothers

call on the services of the department to act for them in court to obtain an affiliation order. There is no charge for this service.

Ms Pamela Roberts, at the Eleventh National Conference Proceedings 1969, outlined the facilities available to the unmarried mother, which included the following.

Financial assistance: From the Commonwealth the unmarried mother receives the maternity allowance of \$30 and thereafter child endowment of 50 cents a week and is entitled to a benefit from the State which varies according to circumstances but is always \$1 below that of the widow's pension which, in 1968, was \$23 a week.

Child day care facilities: She will be given priority at one of the six Sydney Nurseries Association day nurseries which take children under the age of two years.

Accommodation: In New South Wales she can apply to the Housing Commission for accommodation and she will probably be allocated a flat. In 1968 the average waiting time was three to three and a half years. There was one infants' home in Sydney where a mother could go with her child.

The new Adoption of Children Act 1965 then added offence clauses into legislation against coercion, duress and undue influence to prevent exploitation of mother and child, but they were never enforced.

In 1965 Mary Lewis, social worker, Catholic Family Welfare Bureau, Sydney, presented a paper titled Unmarried Mothers to an Australian Association Welfare Workers National Conference. In it she explains that the unmarried mother,

must be free to see, nurse and/or nurture her baby, whether or not her final plan is adoption.

Many agencies in this country have punitive, illegal and harmful rules regarding the unmarried mother's inalienable right to physical contact with her child when she has decided on adoption.

Some agencies refuse to allow the unmarried mother to see her child, nor do they tell her the child's sex.

While this may be done with the best motives, these misguided people should look more carefully into the situation.

As if that was not enough to force the adoption industry to begin complying with the law, at the First Australian Conference on Adoption in 1976, Father J Davoren, Director, Catholic Social Welfare Commission (NSW), had to again remind adoption professionals and the medical profession that they were in breach of the law. In addressing his professional audience, Father Davoren explains the way the system was set up to allow for a distortion of a balanced view in adoption, which caused a confusion in professional adoption practice that was both damaging and dangerous. Condemning the adoption worker for this confusion, he goes on to say:

In the long run the blame for this confusion must be laid at the door of the adoption workers who alone have been in the position of appreciating the whole system.

In regard to the natural mother's rights he explained how:

She is powerless and particularly vulnerable to abuse and that abuse is not an uncommon feature. She has, for example, the same rights as any other patient in a hospital. She has the right to be told what has been prepared for her by the way of physical and medical treatment, and she has the same right as any other patient to refuse such treatment. She has the right to name her child and the right to see her child with no more restrictions than any other patient in the hospital, and even those restrictions are subject to her final decision. She can sign herself out of the hospital as can any other patient who is not subject to a committal for psychiatric reasons. She has the right to see anyone she wishes, including the putative father of the child, and he has a right to see the child as much as any other father has the right.

Many of these rights are not being recognised apparently on the grounds that restrictions are in the interest of the mother or the child. Not only is there no evidence to support restrictions on such grounds, but there is an abundance of evidence that this type of repression is damaging to mother and child.

Of course, the Committee is already aware of the New South Wales Health Commission's policy warning distributed to all hospitals within the State of New South Wales in 1982 outlining their need to get a policy on adoption in place - to prevent future litigation?

To reiterate our response to the above question: No. It is not possible to assume the adoption profession was ignorant of the alternatives to adoption, nor is it possible to assume either the adoption profession or the medical profession was ignorant of their own professional standards of care put down in law to protect the rights of unmarried mothers.

At this point I wish to table the questionnaires of a survey that Origins sent out to mothers requesting information regarding comments written by social workers on their social work records. We have them here and we would like to table those, but I would like to read a few of them, if I may?

CHAIR: Yes. Could I just draw your attention to the fact that we are already running quite late for Link-Up, so if you could

perhaps read fewer.

Ms GRAHAM: Okay, I will not read them, we will table them.

The Hon. Dr A. CHESTERFIELD-EVANS: In evidence to the inquiry a former adoption worker acknowledged that there was a social system that was coercive. By "social system" the witness included community attitudes, views of churches, politics, media and family and the stigma of illegitimacy. Do you think that practitioners working in the adoption field simply reflected the mores of their time or do you believe an individual's personal views and expectations influenced adoption practice?

Ms GRAHAM: Trying to rush it, prior to the 1950s, charitable organisations such as the Benevolent Society and the Salvation Army provided accommodation for unmarried mothers and even assisted them in finding employment. It was when the social welfare took over the control of illegitimacy during the post-war period that a market for infants was born and the white, healthy newborn was seen as a desirable commodity which would not only meet the needs of infertile couples but would simultaneously save the Government paying out pensions. It was after the social welfare took control that conspiracy to defraud mothers of their newborn instances came into being on a massive scale. It is one thing to experience the pressure of social mores and another to be subjected to illegal and unethical conduct and its devastating lasting effects.

Social workers feign astonishment at the notion of any conspiracy. They repeatedly argue that crimes and unethical practices were the exception rather than the rule. In her testimony, Ms Margaret McDonald states that her actions and those of her colleagues were based on four pillars, to quote:

(1) Our respect for the law, that is our understanding of the Adoption of Children Act and our obligations under that Act;

(2) our commitment to the interests and welfare of the child as a paramount consideration as directed by the Act;

(3) our respect for the right of the birth mother to make a decision which she saw as being in her child's and her own interests, and

(4) our commitment to dealing fairly and professionally with the applicants for adoption.

As to the first pillar, according to the Adoption of Children Act 1964, sections 23-25:

The mother of an illegitimate child is recognised by the Act as having the full status of a parent of a child born in wedlock and her consent is just as necessary to the making of an order as is the consent of the parents of a legitimate child.

The Hon. Dr A. CHESTERFIELD-EVANS: You have basically made allegations of a pretty massive conspiracy, saying that the drive for white babies was a hugely motivating force. No doubt there was a huge drive for white babies, but that would be, I suppose you would say, circumstantial evidence. There is this massive change in practices that occurred right across the board. You said also that pensions would be saved. Were there any pensions in fact before Gough Whitlam?

Ms GRAHAM: There were, yes. In the last answer I talked about the widow's pension. It would be a dollar less than a widow's pension at all times, so the mother has always been entitled to that.

The Hon. Dr A. CHESTERFIELD-EVANS: If that is such a huge conspiracy, would you not expect there to be some documentation?

Ms GRAHAM: We have documentation. It is all here. Can I proceed?

CHAIR: Yes.

Ms GRAHAM: Yet Judith M. Watkins in her article "Motivation of Adoptive Parents", published in the *New South Wales Social Service Journal* fully acknowledges that parenthood is the most fundamental human experience of any time, that any frustration to this strong stream of feeling and living involves the whole person. However, she is referring to the infertile couples in particular and not at all to the unmarried mother. She said that the strong instinctive feelings which are aroused, the biological drive, the emotional need to give and to receive love, the family sense of belonging to the past and contributing to the future do not from the adoption worker's point of view pertain to the unmarried mother.

According to a psychiatrist who wrote on behalf of the Presbyterian Church of Australia, unmarried mothers were all too often "looked upon as a lower order of human beings, as animals who live by their instincts". He immediately added:

Nothing is further from the truth, and it is essential that the whole community be made ... to realise that they are just human beings like themselves.

Others, such as F. Grunseit, preferred to cling to the stereotypical image of the unmarried mother. Grunseit's article "The Adoption of Infants and the Role of the Advisory Clinic in New South Wales", published in the *Medical Journal of Australia*, 1973, remarks that unmarried mothers are "likely to be poor, undernourished, and of low intelligence, if not actually retarded".

This kind of stereotyping also facilitated and, for some, justified the permanent separation of the mother from her infant.

It also facilitated the burgeoning of what was to become usual or routine practice within the adoption industry. This routine practice was in direct conflict of the adoption standards referred to in question 8. These practices were, in fact, illegal and/or unethical, which gives testimony of their contempt for statutory law, common law and basic human rights. For instance, coercive techniques and using undue influence to gain consent was in breach of section 57A of the Adoption of Children Act 1965.

This Act also allows for the discharge of adoption orders. Under section 25(1) an adoption order may be discharged if the court is satisfied that the consent was not given in accordance with this Act, the consent was obtained by fraud, duress or other improper means, the instrument of consent has been altered in a material particular without authority, the person giving or purporting to give the consent was not on the date of -

CHAIR: May I interrupt for a moment. I think you have moved away from the question. The question is really about individuals' personal views as compared to the social mores of the time, which we have asked I think most witnesses today. I think you are probably giving us material in relation to sections of the Act, which we have had before. It is just that we are again getting so far behind time. Could we perhaps go on to the last question? We would like to hear what you have got to say. We do in fact have a submission from PIAC, and PIAC will be giving evidence in due course in relation to the attempts that have been made by several mothers to have their cases prosecuted, but we are anxious to hear from you if there are any future plans to pursue either criminal or civil legal action, and that obviously relates to what you were saying then.

Ms GRAHAM: In the case of *W. v The State of New South Wales*, Master Terrence Greenwood based his decision on the fact that Ms W passed on the first limitations test but failed on the second. All judges of the Court of Appeal of the Supreme Court of New South Wales in the three attempts to overturn the limitations criteria found that while W. passed the first test in providing good reason for the time delay she failed in the second. This is because Mrs Brenda Smith, the hospital almoner, whose responsibility it was to offer the plaintiff alternatives to adoption prior to the birth had committed suicide in 1989.

The district officer, who had been on a four- year working holiday in Australia, Ms Elizabeth King Goss - now residing back in New Mexico - had the responsibility to ensure that the plaintiff had been made aware of her alternatives prior to taking her consent after the birth. She claimed she could not specifically recall the plaintiff as she had taken 800 consents during her term of employment with Crown Street Women's Hospital, thus prejudicing the State's ability to defend itself.

While Master Greenwood did not dispute that these practices did exist, he accepted the testimony of Mrs Thorne - nee Roberts - who declared that such practices were the legally accepted routine of the time and that they supposedly changed in 1969 without having reviewed the actual legislation, law and the practices that were meant to be followed at the time, which contradicts her testimony. Ms W's documented evidence was not taken into consideration and was, in fact, misrepresented. We have a letter to table. It was recently discovered that Master Terrence Greenwood -

CHAIR: Would you go to that part about whether there are any future plans? As I said, PIAC is coming, and it will go through this, but we do not have any evidence about whether there are any future plans.

Ms GRAHAM: In response to documented evidence and research material sent to them by Origins in relation to the possibility of litigation, a leading Melbourne law firm responded as follows:

After reading the material you have provided to us, it is our view that it may be possible to bring a claim under the following causes of action which lawyers called torts. These include

- . Breaches of statutory duty
- . Assault
- . Negligence
- . Wrongful imprisonment,
- . Malpractice
- . Fraud

A number of mothers had begun independent proceedings for pain and suffering. *Taylor v The State of Queensland* is soon to be presented to court. A number of mothers intend to seek justice through the DPP. The Origins committee has also been called upon for assistance by a number of legal firms to provide documentation to more recent adoption-related cases on the known psychological effects of adoption separation. We believe that the evidence we have presented to this inquiry and our research into adoption legislation is bringing about a new understanding to the legal profession, which is now being addressed and understood. That answers the question.

(The witness withdrew)

Please note that the following transcript is an uncorrected proof.

BARRY JOHN DUROUX, Co-ordinator, Link-Up (NSW) Aboriginal Corporation, and

WENDY ANN HERMESTON, Senior Caseworker, Link-up (NSW) Aboriginal Corporation, affirmed and examined:

CHAIR: Have you received a summons and are you conversant with the terms of reference?

Mr DUROUX: That is correct.

CHAIR: You have not made a submission.

Mr DUROUX: Not at this stage.

CHAIR: Do either or both of you wish to make any statement before we go through these questions?

Mr DUROUX: Not particularly.

CHAIR: Have you received a summons and are you conversant with the terms of reference?

Ms HERMESTON: Yes.

CHAIR: Can you please briefly explain to the Committee the role and the function of Link-Up? When and for what reason was it established?

Mr DUROUX: Link-Up (NSW) was established in 1980 by Peter Reid and Colin Edwards. It was specifically established to assist Aboriginal adults who were separated under government policy either by removal, separation, adoption or fostering, and our role is to assist these people to find their immediate family and to reunite them with their immediate family. Since 1991, a lot of adoptees have gone through our organisation trying to locate their families. That is basically the bottom line.

CHAIR: Have you collected any statistical data or can you give the Committee any rough indication if you do not have exact figures on the number of Aboriginal people experiencing a negative impact from past adoption practices?

Mr DUROUX: It is really hard to say. We have got a client base of about 1,300. Our records show that at least 10 per cent but probably around 20 per cent would be adoptees. Basically a lot of it is to do with identity and cultural aspects. We mainly help adoptees in locating their family and counsel many natural mothers whose children have been taken from them.

Ms HERMESTON: The question that you could replace that with is: How many Aboriginal persons have not had a negative impact from past practices of adoption? Sometimes our clients clearly state, "We felt very lucky growing up. We felt we were very lucky to be placed in our family. We have had a good life," and that kind of thing. During the counselling and assistance in finding their families, they will start out being very protective of their adoptive family and very much stick up for them, and that is natural enough, for they have been their family for that period of time, and they worry about how their adoptive parents will handle them finding their families.

In quite a few cases people who come to us searching for their birth parents do not want to tell their adoptive parents that they are actually searching for fear of upsetting them. As your relationship with the client goes on, negative impacts inevitably come out in one way or another, and they are usually to do with identity issues. That is something that all people who are adopted have to deal with, whether Aboriginal or non-Aboriginal.

Quite a lot of the issues that come up are to do with abandonment, rejection and the impact that has later on in life on relationships, breakdowns in relationships, substance abuse, alcohol abuse, domestic violence, parenting skills, criminal or, I suppose you could say, anti-social behaviour and things like that. Then, of course, there are all the cultural issues that Aboriginal people deal with on top of the issues that all people who are adopted deal with. Not many people come to us who do not have some kind of issue that is a negative impact from their being adopted. Very few people come to us who do not have something to do with dealing with being adopted.

The Hon. D. F. MOPPETT: I think in your opening remarks you said that 10 per cent would be adoptees and that you have a client base of 1,300. For a moment I assumed that you were saying that about 10 per cent of the 1,300 people on your database you attribute these negative impacts to, although Wendy has now qualified that by saying maybe that might be an initial assessment in her opinion. A large majority?

Ms HERMESTON: In my opinion, a large majority have had some negative impact.

CHAIR: I assume that quite a few of the people you deal with have not actually been formally adopted. So in your case, as an organisation, you are actually dealing with impacts of people being removed from their families where the effects may be very similar but it is not necessarily a case of legal adoptions. I just wondered if you could give us some sort of indication of the breakdown of those sorts of cases?

Mr DUROUX: Well, just off the top of my head, I would say at least 20 percent of our clients are formal adoptions, and I think that is a pretty conservative estimate.

CHAIR: And the others are what?

Mr DUROUX: Fostered, institutionalised.

CHAIR: Wards?

Mr DUROUX: Yes, wards or some are actually the older ones who went through Cootamundra Girls' Home and Kinchela, those sorts of circumstances, but since 1991, since the adoption laws changed, there has been a steady increase in natural parents and adoptees utilising our service as well.

Ms HERMESTON: In fact the majority of people who call us now - I would say most of the new clients that give us a call and ask to use our services, to me pretty much most of the people, although I could not give you a percentage, but most of the calls we take - are to do with adoptions.

CHAIR: So you might say, roughly speaking, during the 1980s, given that Link-Up was founded in 1980, the majority of the cases you dealt with would have been from people who were removed from their families and sent into foster care or institutions or wards, whereas the next decade they were mostly to do with formal legal adoptions?

Mr DUROUX: Yes, once the adoption laws changed and people could access their records.

CHAIR: You have already said something about this, Wendy, but perhaps you could go on a bit more about our third question, commenting on the cultural issues surrounding adoption practice which have a particular relevance to Aboriginal people, for instance, the adoption of Aboriginal children into non-Aboriginal families.

Ms HERMESTON: Well, as I said before, I think it is a very rare situation, and I have never come across anybody who has come to us who has not had some kind of issue to deal with as a result of being adopted. No matter what length of time it takes to get into the issue and to try and resolve it, no matter how many issues there are, it is very rare that someone does come to us without some kind of problem and, as I said, for adoptees, they all deal with issues surrounding adoption, but for people who come to Link-Up there are other issues to deal with relating to cultural issues.

It is pretty well-known amongst Link-Up and also as a result of the Human Rights and Equal Opportunity Commission inquiry into removal and separation of Aboriginal people from their families that the aims behind the Aboriginal Protection Act which came into place in 1909, the amended Act in 1915 and further amendments made in 1943, the aim behind Aboriginal children being removed from their families was to stop them from growing up to be Aboriginal people. It is well-documented, it is all there, and I think that is where the difference comes into play between Aboriginal children dealing with the effects of being adopted and non-Aboriginal children dealing with the effects. That is not to take anything away at all from the pain that everyone has probably heard through this inquiry of women telling of their experiences, it is not to take away from that at all, and I take on and agree with the kind of headlines that have come out of possibly the new stolen generation. It is true, it is painful for everybody who has been through this situation, but a lot of people are not aware that the difference between Aboriginal people being removed and non-Aboriginal people being removed is that the aim was to stop Aboriginal people growing up to be Aboriginal adults.

There are a whole lot of issues that Aboriginal children deal with as a result of that. For a lot of Aboriginal children, they have grown up not knowing that they were adopted and, even more people, not knowing that they were Aboriginal, because if you look at someone like myself, who definitely does not look like a stereotypical Aboriginal person, it is very easy for that person to grow up not knowing that they are an Aboriginal person. There are a lot of people in my shoes out there who have been adopted from Aboriginal families into non-Aboriginal families. That brings into play a whole lot of different issues.

There are a whole lot of issues which come into play as a result of Aboriginality being denied to children and they manifest themselves in a lot of different ways. Perhaps the main way it comes into play is being caught between two worlds and feeling extremely alienated and isolated from both cultures, from both Aboriginal and non-Aboriginal cultures, and the problems that arise as a result of that. You just have to look at the Royal Commission into Black Deaths in Custody. I think, of the 99 people who were used as case studies for the black deaths in custody inquiry, something like 45 were removed or separated from their families as children.

They are dealing with issues of not knowing who they are, where they are from and that they have a culture that they belong to, a culture about which every day when they walk out into society they read and hear negative perceptions, when they open up a tabloid newspaper, when they watch tabloid current affairs shows, when they are around people who hold racist views about Aboriginal people. If they know that they are Aboriginal people, what are they supposed to do? Are they supposed to hate themselves? What kind of issues of self-loathing does that bring up? What kind of issues of confusion: Is this who I am? Am I supposed to be a drunk, dirty person who comes from a dirty house? Those kinds of perceptions are common in the community. They are dealing with issues around their adoption, but also issues of: Is this who I am? Is this where I belong? When they have grown up as a non-Aboriginal person, trying to reconcile that with this is who I am supposed to be can bring up a whole lot of different issues.

If I can just go into a couple of issues, people might be questioned about the way they look or the way that they are. They might feel the need to prove that they are Aboriginal by having the flag or wearing colours, that kind of thing, joining community organisations. They are questioned about whether they belong by their own community at times. It does happen; it is sad, but it does happen. They are asked to prove their Aboriginality, asked to show papers. They are accused of not really being Aboriginal,

that they are just jumping on the bandwagon. They are told: "Well, you look white, you act white, you talk white, you've got an education, so you're just like us. You can't be Aboriginal. You don't look Aboriginal, your skin is fair, your eyes are blue. You're not like others, you're different. You're not Aboriginal, you've only got one-sixteenth".

They are the sorts of issues around cultural identity that a lot of our clients will come up against in the course of their lives to varying degrees. The problems that causes is if they meet their family and they see how their family has grown up without having to deal with any of those issues, because they have grown up within the family, they have had a strong sense of who they are and where they are from. They see the difference and they see the trouble that it has caused them and how their family has not had to deal with it. Of course, they have had to deal with other issues which are really important, but they have not had to deal with issues around that and the psychological trauma that it can cause in our clients and how it can add to the problems they deal with already as a result of being adopted can be profound.

The Hon. D. F. MOPPETT: I think that is a very interesting submission. We are trying to tie this down to adoption practices particularly. A lot of your remarks cover a whole range of other factors which perhaps your clients are involved in, but you have concentrated on being adopted out of an Aboriginal culture and being adopted into a European culture. What sort of numbers are involved there?

Ms HERMESTON: Well, I could not give you actual statistical facts, if that is what you are after, but when you go back and have a look over the history of removal and how it graduated from being placed in institutions and then into foster families in the 1950s - that kind of became the norm then - and then graduated into adoption over the 1950s and 1960s, because Aboriginal people were quite often viewed as not good enough to adopt or foster other Aboriginal children, were not deemed as suitable homes for children to go to, and of course keeping in mind that the Act was to remove Aboriginal children to stop them from growing up to be Aboriginal, most of the placements were into non-Aboriginal families, to my understanding.

Mr DUROUX: I cannot think of any case where an Aboriginal child - and you have to remember that we are talking about adults here. Of the clients that are on our books, no Aboriginal has ever been adopted into another Aboriginal family.

The Hon. D. F. MOPPETT: But when you talk about your clientele, you seem to be talking about a smaller number that were actually in the adoption process and a much wider group that were involved in displacement --

Mr DUROUX: Yes.

The Hon. D. F. MOPPETT: I am just trying to go back, because our inquiry is about the process of adoption

Mr DUROUX: Yes.

The Hon. D. F. MOPPETT: Not foster, not removal.

Mr DUROUX: A lot of the issues, even though they were fostered, still arise.

CHAIR: I think what Wendy said was meant to apply to adoption.

Ms HERMESTON: That is right.

CHAIR: Because you are saying that effectively no Aboriginal children were formally adopted by Aboriginal families.

Ms HERMESTON: Yes.

CHAIR: So what you were saying about the cultural identity and so on applies to adoption.

Ms HERMESTON: Yes.

CHAIR: We are very aware that you can tell us about a whole range of processes, but nevertheless you would confirm that what you have just been saying relates to narrowly defined formal adoption?

Mr DUROUX: Yes, they experience all those issues.

CHAIR: Perhaps question 4 approaches the whole problem in a different way. It is really meant to apply to the Aboriginal mothers and the extent to which you are aware of practices in relation to Aboriginal people that could be considered unethical or unlawful and we have itemised, for instance, the taking of consent, provision of information on alternatives to adoption and medical treatment received by Aboriginal women.

Mr DUROUX: A lot of the natural mothers I have spoken to stress that there was a lot of coercion, and it has probably been mentioned here before, in regards to "This is the best for your child" and things like that. I know of two mothers specifically who went to get their child back prior to the 30 days being up and they were told that their child was deceased, and we have come around, 21 years later, knocking on their door and saying their child is still alive. Obviously there is a big emotional impact both on her and the child. Wendy might want to go into that in more detail, but they are just personal experiences that I have come across in working with people. That was a few years ago, but Wendy basically works with more people on a one to one level than I do, so do you have anything to add to that?

Ms HERMESTON: Yes, just the pressure not to exercise that right to be able to revoke the consent form that was given, and often it was in the form of coercion: "Don't be selfish; think of the adoptive parents; think of the best interests of your child; think of what kind of home you can provide them and what kind of home some loving adoptive parents may be able to provide them", a lot of different comments like that. I understand there was one incident where a woman was informed that she could see her child, but only if she signed the adoption papers. That was a woman from a mission who made that statement.

CHAIR: In your experience, have most of the Aboriginal women you are talking about been through the same sorts of institutions, the homes for unmarried women, the same hospitals and so on? Obviously you are talking to some extent about a group from very rural areas and quite isolated areas, but, on the whole, have they been through the same sorts of institutions?

Ms HERMESTON: You mean as non-Aboriginal women?

CHAIR: Yes.

Ms HERMESTON: Like Crown Street and all those places?

CHAIR: Yes.

Ms HERMESTON: Yes. We also find, for instance, someone who might have gone to the Cootamundra Girls' Home, which was where young girls were taken to learn how to be domestic servants. We are very familiar with people who have been adopted and are looking for birth parents who happen to have gone through those homes, through the Kinchela Boys' Home, the Cootamundra Girls' Home and the UAN Mission down in Bomaderry. There are also women who went through different facilities like the Parramatta Girls' Home and Burnside, particularly if they could pass as non-Aboriginal people, they could be sent to similar institutions. I could not give you a percentage, but with a lot of clients who ring up, as you are taking down their details, Crown Street Women's Hospital is where a number of women had children and those children were subsequently adopted.

CHAIR: Would they have been country women or city women?

Ms HERMESTON: Country and city women.

The Hon. H. S. TSANG: I was on the Indigenous Reconciliation Commission. I talked to some of the indigenous community. The elders were telling me they were not necessarily unwed mothers; they were just told, "The fourth child has to be taken away from you." Were your clients forcefully taken away or were they like non-Aboriginal people who were too young and there was a church pressure? It was just forced removal, not necessarily the Catholic Church or Christian church or the parents putting pressure on them; it was a government policy, an institutional thing, to forcefully remove them?

Ms HERMESTON: It was a government policy of removal. The Aboriginal Protection Act stayed in place and was not cut out until 1969. The Aboriginal Protection Act allowed children to be removed from their families legally I think up until the 1940s without even any kind of hearing before a court magistrate or anything like that.

The ways of removal kind of graduated over time. They went from overt to covert, but there were still instances of overt removal. The covert removal was what we were talking about before, not being able to exercise their right to revoke the adoption consent within 30 days, being talked into things, so it became more subtle and pressure was placed on women, you know, the pillow held up before the mother not being able to see the child, to cut off those emotional bonds and that kind of thing.

I think you will find that if there are actual removals of Aboriginal children to be taken away to be adopted, we have a very hard time finding anything that is documented, clearly set out, and I think that could be said for a lot of the removals that took place. You will have a hard time finding any documentation that shows they were forcibly taken away from the child, other than the subtle means used throughout that process so that consent was gained.

The Hon. D. F. MOPPETT: I just want to clarify a point. You are talking about the Aboriginal Protection Act and what could be regarded now as the abuses under that Act, but surely no consent form was involved in that case?

Ms HERMESTON: No, that is right.

The Hon. D. F. MOPPETT: So the idea of revocation consent does not apply there? You seem to mix the two together.

Ms HERMESTON: No, I am not. I clearly said that it graduated over time, that actual forced removal where superintendents, police, or the mission manager went into the missions and removed children, took them when they came home from school. That was separate from the means that seemed to come into play over the 1950s and 1960s.

The Hon. D. F. MOPPETT: Who went around proclaiming this? You said it happened in a couple of institutions that you named.

Ms HERMESTON: What happened? Sorry?

The Hon. D. F. MOPPETT: This idea of promoting the idea that adoption was the best option and, "Here is a consent form. You ought to be thinking about this consent form," which is quite different from the previous regime.

Ms HERMESTON: Who promoted it?

The Hon. D. F. MOPPETT: Yes.

Ms HERMESTON: I guess it is similar to what everybody else has been talking about: welfare workers, doctors, anybody within the system, basically. It is the same. Aboriginal women were dealing with the same workers that non-Aboriginal women were dealing with. Earlier on in the piece, and it is not relevant here because we are talking about adoption, it was not even a child welfare department district officer who was asked to assist with gaining consent, or removal or whatever; it was an Aboriginal Welfare Board representative, such as station managers and that kind of thing, but we are talking about adoption now, getting into the 1950s and 1960s, so the same people who non-Aboriginal people dealt with in the system.

CHAIR: Focusing on that, and I guess this inquiry is dealing with adoption rather than the Aboriginal Protection Board, what would your comment be about whether there was a systematic, illegal or unethical system of processes

Ms HERMESTON: What would my comment be about -

CHAIR: Question five basically, but focusing specifically on the adoption practices as distinct from the taking away of the children in the earlier period?

Ms HERMESTON: What would my comment be about whether I would consider it systematic, illegal or unethical? When I hear the stories of the pressure that was placed on these women in covert ways, when I hear how women were not offered options, that no resources were offered to them when they were told it was in the child's best interests, when they were kind of subtly asked what a kind of life they could give them as opposed to adopting them out, they will have a chance for a good life, a good education, to be comfortable in life, that kind of thing. I would consider that systematically unethical.

CHAIR: And illegal?

Ms HERMESTON: And illegal?

CHAIR: It is quite a complicated question, I suppose. Justice Chisholm was looking through some of these issues for an hour or so this morning.

Ms HERMESTON: I definitely consider it unethical. That is the thing, I guess, if we are talking about the policy of the Act that the children were adopted under. You can go back - the lady from Origins discussed it earlier - and if you have a look at the handbook about policy of Child Welfare Board workers, it is very clearly stated, and I hope I can find it because they were given directions on how to undergo policy. It says:

In the case that the mother is visited in hospital by a specialist lady district officer, who fully explains to the mother the facilities the department can offer to affiliate the child and to assist with monetary allowance or by admission to State control ...

And it just goes on a bit:

When all of these aids have been rejected and the mother still desires to surrender the child for adoption, the full import of surrendering her child is explained. Only when the mother still insists does the department officer prepare a form of surrender and it must be signed by the mother, witnessed by a justice of the peace who, in turn, must furnish an affidavit to the effect that the instrument of consent was read over.

That was stated earlier by the lady from Origins. So if that is their policy that they are supposed to undertake, my understanding is, then, yes, it was illegal, but I do not know if that was enshrined in law. I have not done that much research but hopefully we can get stuck into that a bit more and research it to submit a paper about it. So, yes, I do think it was illegal.

CHAIR: What about the next question about mothers being told to get on with their life, being encouraged not to speak of the loss of their child and so on? It has since been acknowledged that this advice was inappropriate, but what sort of comments can you make on the long-term impact of the advice?

Mr DUROUX: It has affected them psychologically and things like that. Sometimes they find it difficult to come forward and speak to us, particularly Aborigines, because basically they felt they were not good enough mothers because of their Aboriginality and things like that. Also you have to remember that in Aboriginal society, it is the wider family, the extended family, and they feel they have let them down, and often the extended family may not have known about the child and things like that. A lot of times they have never forgotten their child's birthday and they will have a little celebration for their child's birthday and things like that.

CHAIR: Do you deal with the mothers?

Mr DUROUX: I do not personally. Wendy probably deals more with them. The ones I know, as I said, are often scared to come forward basically because it is that thing that they probably have got on with their live, they are an adoptive child and they do not want to interrupt that life because of what was drummed into them at the time of the birth.

CHAIR: I guess this is relevant to the next question about what people tell you about reunions, because that is when they do have to come to grips with it.

Ms HERMESTON: They do run in together. In particular when they have had that advice to get on with their life and they have pushed it down, when it is suddenly brought back to them if it is the child who has decided to search for them, the impact

it can have when we make an approach to them to let them know their child is looking for them can be quite profound, particularly if they have not told their current partner, if they are with another partner, and they have made the decision for their own protection or because of fear of what it would do to the relationship, a whole lot of different issues.

If they decided not to tell their current family, it can bring up a whole lot of stuff for them. They not only need to deal with the impact of the child coming back into their lives and making an approach towards having some kind of contact, but they also have to deal with how to tell the family.

I have actually come across a situation where a woman had the child adopted out. She did not tell a soul, not even her best friend or her mother that she had had this child. What actually happened was that the child was desperate to find the mother. It had had an extremely unsatisfactory and abusive placement in an adoptive family, had really rolled on the search and had not wanted to do things how we do them, which is to pace it out and do everything in due process.

The child really rolled the search along and involved someone who was from the town where she found out her mother lived. She said, "Do you know who my mother is?" This person said, "Yes, we know who your mother is?" She said, "Do you know where they are?" The community member decided to ring around the town and say, "Do you know where Mrs Such-and-Such is?" explaining, "Her daughter is looking for her." That way, half the town found out. It almost stopped the reunion from taking place.

Whenever there has been that issue pushing it down and not telling anybody, it can have a really negative impact. But No. 7 - what do they tell us about reunions - is there anything specific there you are trying to find out? It is quite a general question. There are a lot of things involved in reunions.

CHAIR: Most of our questions are designed to get you to tell us what you think we should be hearing. You have not mentioned, for instance, what the experience is of adoptees to reunions.

Ms HERMESTON: Scary. First of all, there is the process of getting to the point of reunion, and for some people that does not happen, for whatever reason, because they have chosen not to go that far, because they are too scared, I guess you could say, to go that far, or they are unable to go that far because they cannot find who they are looking for, or they are unable to go that far because the person they are looking to be reunited with has died. So that is a whole different area.

If you are asking specifically about their experience of adoption, the way we do it is to try to set up the best environment possible for a reunion, taking into account that both sides are going to have fears and anxieties and expectations around that reunion and the role that each person will play and will continue to play in each other's lives. There can be a whole lot of stuff for people to be dealing with.

We try to set up an environment, and the way we try to do that is to act as a bit of a mediator and to try to inform both sides of their rights, that they both have the right to have this go at their own pace. They are informed of the support that is out there for them and that kind of thing, and also we just ask them how would they like it to happen, that kind of thing, because there is so much going on in the heads of both sides, I guess our role there is just to try to give them the options and be there as support.

Their experience of it is pretty rare. You do not get someone who is not nerve racked about the whole thing. Even the most cool, calm and collected people will have a whole lot of fears. The main fear that seems to come up is that they will be rejected. That is the overriding fear that adoptees have when they return to their families, that they will go back and they will not be accepted for different reasons.

One of the big fears for our clients in particular is that because their family is Aboriginal but they have grown up non-Aboriginal they will be different from their family. How will the family handle that? Will they think they are too up-town, and different issues like that? There are a whole lot of fears.

There is not much we can do other than be there with them as they go through that and try and talk to them and encourage communication as well between the different parties.

CHAIR: Are contact vetos frequent?

Ms HERMESTON: Not really, are they?

Mr DUROUX: No, I think we only have about two.

Ms HERMESTON: When they are, they are extremely damaging.

CHAIR: For the person who is seeking contact?

Ms HERMESTON: Yes, very damaging, because that rejection is right there in their face on paper and there is nothing that they can do about it legally.

The Hon. H. S. TSANG: You mean rejection by the natural parents?

Ms HERMESTON: Yes, or whoever has put the veto in place. In the cases that I know about it is a birth parent who has put that in place. I can think of one situation where we have had a door very politely closed by a birth parent. I do not know what that lady went through, but it was obviously greatly damaging. She denied that she was an Aboriginal person and she basically said she did not want to know, and the client who was seeking her birth mother has a whole lot of issues to deal with as a result of that.

I cannot imagine what she is going through, but I just wonder, as a worker, what has her mother been through to make her reject her own daughter? What kind of things has she been through to put her in that place? There are always two sides to a story.

The Hon. H. S. TSANG: Do you see consolation that is going to take place between indigenous people and the mainstream would help these sorts of problems about identity? Ultimately, when we all are part of a nation, indigenous people and the rest of the community, would that help smooth out the differences?

Ms HERMESTON: I think so, which kind of relates to question 9. If there is acceptance and respect between all cultures, the issues that some of our clients have been dealing with, particularly if they have grown up in racist families - and we do have clients who have been brought up in families where racism is an issue to varying degrees - if they do not have to deal with racism in society, there are some issues which they would not have to worry about.

CHAIR: Question 8 is what measures might assist members of the Aboriginal community who are experiencing distress due to past adoption practices and question 9 is a specific one which we have asked most people who have been involved in adoption, whether they think an apology made by the relevant government agencies and private adoption agencies would assist persons affected by past adoption practices?

Ms HERMESTON: Well, going back to question 8, there are a couple of things.

Mr DUROUX: What measures might assist members? I suppose it is not just the Aboriginal community, but actually accessing the adoption records and the fees that go along with that. That has been a major concern for a lot of natural parents and adoptees.

CHAIR: We have heard that a lot from other witnesses.

Mr DUROUX: I am sure you have, so I just wanted to reiterate that.

We often find too that someone may have been born here in New South Wales but lives in another State, has got married in another State, particularly with female adoptees, and with the amount of time and money that goes into searching every State, there should be maybe some sort of central organisation that can do that all in one go so there are no major fees in that area.

CHAIR: Is counselling an important issue?

Mr DUROUX: It is. Obviously from the Bringing Them Home report there have been things put in place in New South Wales in regard to counselling services and utilising Aboriginal mental health workers for the Aboriginal people who were adopted, but yes, that is a major concern in our work.

At present I think we have only got two workers, we are just in the process of employing another two. That is just because of staff leaving, because it can be very emotional work, but the majority of our work is done by phone counselling and we like to have at least some sort of outreach service operating to actually travel through the communities because a child that has been adopted and is coming back is obviously missed by their community as well as their parents. It affects the whole community as well. With Aboriginal people you can usually tell by their name what community they are from and where they fit into the scheme of things, so that is another thing that a lot of adoptees have missed out on as well, being put in their place in the Aboriginal community.

Ms HERMESTON: One thing I would like to add is the difficulty in accessing 24 hour crisis care. I have had a call from a client who was calling and threatening suicide, and had the means to do it, but it was after 5 o'clock on a Friday and, unless he fronted up to a hospital, which he ended up doing and sat there I think for three to four hours - and I cannot tell you under oath exactly what the outcome was, if he was given a pill or whatever it was - the only suggestion I was given was to call the police. To this particular individual and to a lot of our clients, they would rather end their lives than contact the police for assistance, if that is their last option, so that is another thing, that there is adequate funding for 24 hour crisis care for people dealing with issues surrounding adoption which can lead to the extreme of suicide.

CHAIR: That would not necessarily need to be restricted to people for whom adoption is the key issue.

Ms HERMESTON: No, definitely not.

CHAIR: It is the availability of the service in general and people being able to access it.

Ms HERMESTON: That is right, yes, and also the fact that there was nobody there to help and the person in the next jurisdiction said, "I can't help, it is not in my jurisdiction".

CHAIR: Do you think an apology would assist?

Mr DUROUX: Yes. It was called in the Bringing Them Home report, so yes, from the relevant organisations.

CHAIR: Both government and private agencies?

Mr DUROUX: Yes.

CHAIRS: Hospitals and so on.

Mr DUROUX: Yes.

Going back to question 8 again, particularly with Aboriginal people, natural parents particularly, a lot of Aboriginal people are not on the electoral rolls, so it does become very difficult for us to try and locate Aboriginal family members. I suppose one thing that would need to be considered is having access to relevant records like Medicare and RTA and things like that to actually locate those people because they are not on the electoral roll and if they are not on there they are very difficult to find. Also electoral rolls with dates of birth. We have found, particularly with someone with the name of Smith - and we may have a first name - there could be 20 to 30 people, so just to narrow it down to locate the person, because obviously we do not want to approach people and put them under undue stress if they are not the correct person.

CHAIR: This Committee did a report last year on Aboriginal representation in Parliament and one of the recommendations arising from that was a return to the program that the Federal Government had about encouraging Aboriginals in electoral registration and so on, because we were conscious that the percentage that is actually on the electoral roll is very much lower than the rest of the community, and that has been true over quite a few years.

Mr DUROUX: Yes.

CHAIR: These things interrelate.

Mr DUROUX: Yes.

Ms HERMESTON: I suppose my response to question 9 is that it is very much an individual thing. For some people an apology will never ever be enough because it cannot replace the life that they have lost and the right to bring up their child and the right that child has to grow up with their parents, knowing who they are and where they are from, so I think in some cases there is no one answer, it will be different for different people.

Working closely with a colleague who went around to different community forums to let people know that the Human Rights and Equal Opportunity Commission inquiry was going to be happening, talking to people about their experiences and going to the actual hearing themselves and hearing their stories, my colleague, with the recent apology that was made in the Federal Government, because I am aware that there has been a full apology within the New South Wales Parliament and I think nearly all the State Parliaments across Australia, this colleague said, "I remember the look in those women's eyes", and she said, "That statement that was made was not an apology, it was far from it". She said, "Nothing but an apology will ever be enough for what these people have been through".

I think when you think about what has happened over the whole century for Aboriginal people and for non-Aboriginal people who have had children removed from them, it is really hard for anyone who has not been in that situation themselves to ever possibly understand the depth of the pain that people have gone through when they have had their own children removed from them, whether forcibly or whether in a covert kind of way. To lose the right to bring up their own child and for the child to have no say whatsoever to grow up dealing with the issues, I do not think anyone who has not actually been in this situation can possibly understand the effect it can have on your life.

Normally in day to day life most people are very civil and caring about what happens to other people. If a relative or friend has passed away, at the funeral you reach out your hand when you say you are sorry, you say, "I am sorry that you are going through this, I am really sorry that you are going through pain". Why can it not happen in this as well? I would like to hear an argument yet that will convince me that it is not something that cannot help.

There are a lot of other things that need to happen, including following up on inquiries like this, so that they do not just get locked and filed away somewhere, there needs to be action that follows the inquiry, but it really is the first step in acknowledging that a wrong has occurred and that there is healing that needs to take place, so it really is the first step I think personally, but, as I said, I cannot answer for everybody. I do think it would help. It shows compassion.

(The witnesses withdrew)

STEFANIA WINIFRED SIEDLECKY, AM retired medical practitioner, and

EDITH WEISBERG, medical practitioner, affirmed and examined:

CHAIR: You each received a summons and you are conversant with the terms of reference?

ALL WITNESSES: Yes.

CHAIR: Do either of you wish to make any statement or are you content to go through the questions we have discussed with you.

Dr SIEDLECKY: I would like to make a statement. The experience I have had is to some extent peripheral, and a lot of it will be anecdotal. I received these questions only last Wednesday. I had other things on my plate and I have not had time to collect a whole lot of documentation. I have in the past written papers on teenage pregnancy and I was co-author of a book on the history of birth control, and if you are interested in having some of those I have brought them with me.

I could say that my interest has been probably multifaceted because I was a medical student at the Royal Hospital for Women in 1942 and in 1944-45, I was a resident medical officer at the Women's Hospital Crown Street. I might say that both of those cases were during the war years when certainly circumstances that young women often found themselves in were pretty tragic. I mean they often got pregnant to Australian soldiers or to American soldiers and so the experience that we had at that time is probably different to what might have been the case in later years, but certainly that is before the time of your actual inquiry years.

I then spent some 30 years in general practice during which one of the features of my practice was that I did a lot of work in contraception and I treated all women, whether they were married or not. I joined the Family Planning Association in 1971 when I sold my general practice and I was a clinic doctor and I also participated in education programs. I worked for many years as a gynaecologist at Rachel Forster Hospital. I was later on responsible or one of the people responsible for setting up the Leichhardt Women's Health Centre and the Pre-term Foundation in Sydney and between 1974 and 1986 I worked with the Department of Health in Canberra as an adviser in family planning and women's health. So although I have not been directly involved, I have certainly been on the periphery of a lot of the things you have discussed.

Dr WEISBERG: My experience is very similar to Stefania, although somewhat later. I was a student at Crown Street in 1958 and I have worked in general practice for seven years where I saw a lot of women mainly and I have been at family planning since 1972, first as medical director and in the last 18 months as director of research, so I have been involved in the field but certainly I do not have any documentation. My major reason for coming here is that in retrospect, looking back at what happened to these women and the fact that I had about four of them at various times living in acting as mother's helps, I now feel really bad about that and I felt that I really should come and make some comment about that.

CHAIR: Shall we run through these questions and how you answer them is very much up to either and both of you. We are aware that a lot of what you might say will be anecdotal but there are not that many women around with the range of experience that you have had, certainly not that many who will come and give evidence to us but whatever you tell us will be valuable.

Dr SIEDLECKY: When we were medical students, we had to spend a certain amount of time in residence in an obstetric hospital. I was here this morning and I heard some of these things being described and that was certainly true then. So in that period of time we had to witness so many cases, I think there were 20 deliveries, and we had to actually perform something like 10 deliveries each, in certain competition with the trainee nurses, too. Nurses who were doing midwifery training had to do the same.

All public patients who came to that hospital were expected to be used as training material, so any woman who came as a public patient would be seen in outpatients by usually either one of the specialists or one of the other doctors who was running an outpatient clinic and by students. When they came into the labour ward, the same thing would apply. Usually one or two students would be allotted to a patient and that woman would be confined by that student or by a midwife student under the supervision of the midwife sisters.

My experience as a student and many of the others spent a lot of time with those women during labour and talked to them and then we would be the person who might participate in the delivery and after delivery we would have to stand and wait with our hand on the woman's abdomen until she passed the afterbirth and when they were returned to the ward we usually bathed the baby. That was the sort of prize we got. I would say that probably as a student I had more contact with those patients than I did as a resident medical officer.

As a resident medical officer, my role was to be clinical supervisor, people who had blood pressure or who had some other complication would be treated by the RMOs. We also did anaesthetics, gynaecology, and district blood transfusions. We had quite a busy time, and being the war years we were usually short staffed, but we did not as a rule attend the actual normal deliveries of public patients.

Private patients were attended to only by their specialists and in the public ward if there was a complication, if a woman required forceps or had to go to the theatre, that was the only time the doctors were actually involved. I might say at both Crown Street and at the Royal, there were what were called waiting patients. In the Royal they were housed in a building across the road. At Crown Street Hospital they were housed in a building within the hospital grounds, and these were women who usually had no where else to go and so they stayed at the hospital.

They comprised two groups. One small group of them were women who had come down from country towns who had a complication who were expected that if they came into labour they might need to have fairly urgent attention, so they would come perhaps a week or two before the baby was born and they would stay there until they had the baby and then they would be treated like any of the other women who went home with their babies.

The other group, probably the biggest group, were the women who came there about six or seven months pregnant who were going to have their babies adopted and had no where else to stay. It was usually assumed and anticipated by the women themselves and certainly by the staff that those women were the ones who were going to have their babies adopted. Of course, these were very often young, inexperienced women. When they came there they were probably scared stiff, they felt they had no other alternative. They were actually being pressured by people from home and so on, so they came there with the idea that they would have their baby, have it adopted and go home without a baby. They were ones who usually rarely wore maternity dresses. They usually did not prepare layettes.

I do not think they had any idea of what they were in for afterwards, but at that time they did all the domestic work in the

hospital. They did the laundry, kitchen work, cleaning, and they lived a fairly institutionalised life. They had to get leave to leave the waiting patients' building. They were kept to some extent separate, at arm's length, mostly because they were working so hard, I think, but there was a certain amount of camaraderie amongst them and support for each other. These women would come in then and have their babies like anyone else in the public ward except with a difference, that whereas there was and I think that this became very much more apparent to me later, an ordinary woman who had her baby really experienced a matter of great joy, these women were expected not to experience great joy.

It was expected that they knew what they were in for and they would just automatically accept this. It was considered that it was good for them not to bond with their babies, that the actual separation trauma would have been less if they could not bond with their babies. So there was this question of screening them and they did not hold or suckle their baby because it was feared that that would actually mean it was harder for them to give up. It might seem pretty cruel to us now, but at that time that was what happened. They were asked to treat their babies as though they had been stillborn. I heard someone say they were often told they were stillborn. That is not my experience but I know they were virtually told to regard it as a death.

When these girls came to the hospital, if they came to outpatients first, and they might have been referred by their general practitioner, they would have been perhaps referred to what we called the almoner in those days whose job it was to investigate their circumstances and arrange for them to come in as a waiting patient. As far as the actual adoption process was concerned, the doctors that I recall were not involved with them at all. This was usually arranged by the almoner, by the midwives, by the sisters in charge of the nursery and by Matron Shaw herself. It was Matron Shaw's stern feeling that the girls should be saved from bonding too much with their babies, you might say. She was the one who insisted they be screened and also that they should not suckle their babies.

I think have you asked this question later on and I hope I do not repeat myself later, but this was a sort of generally accepted idea. If you did not have those ideas you were the unusual one. I mean those ideas would not be unusual, they are the usual. The unusual thing was to have a different idea. So this was a generally accepted practice in all hospitals. At that same time there was a laundry at Tempe which I think was called the Star of the Sea which was run by a Catholic institution and that laundry was staffed by women who were waiting to have babies or who had had babies.

So these women were treated in this sort of way throughout society generally. It was handled in a fairly confidential way - I would not say secret but confidential - to some extent to try to save the woman from embarrassment. But there were also judgements. Although at individual level, I think each woman might have been treated with a certain amount of kindness. The labour ward nurses were kind to them and certainly the students were, but there was still that general judgemental and punitive attitude that these women were very lucky that someone was going to do this for them.

CHAIR: Everything you are describing was sort of in the air, it was not written down, no written policies, no instructions?

Dr SIEDLECKY: Well, if it was, I never saw it. No, it was not written down. Nobody came to us and said, "This is what happened", and we were never involved in the actual things like signing the consent forms. These women came in with the expectation that they would be giving up their babies, and I am not quite sure how many of them might have changed their mind later because by that time they had finished with medical treatment and so we did not see them again. We saw the babies often, we were often called in to see the babies, we were called in sometimes to circumcise the babies.

There were criticisms too of women who took their babies home, not only in that era but later too, girls that took their babies home. The story was that they took them home without realising what their responsibilities were going to be and that they treated the babies like a doll and, after a few months, they would get tired of this baby and would try and give it up for adoption or the baby would be neglected and given over to an institution. These were the sorts of excuses that were made and I think they were made in reasonably good faith, although I would have to say after a while one tends to become a little more critical. When we were students and resident medical officers we ourselves were young people and inexperienced, and certainly had not had experience of what it was like to have our own baby.

Dr WEISBERG: I think Dr Siedlecky's experience very much reflects mine. I do not think that the single women, as far as the labour ward until after they gave birth, were treated in any different way than public patients anyway.

As Dr Siedlecky has said, public patients were regarded as being there to be able to teach students, both nurses and doctors, and the medical staff were not really involved with these women at all, and certainly were not involved in any of the adoption practices or anything like that, the almoner was the one who decided that, and certainly my experience with the unmarried mother was that her expectation was that the child would be adopted and they did not consider the possibility of having the child and keeping it.

CHAIR: You have probably covered our first few questions. Could we ask you specifically about large doses of drugs and the question as to whether there is any evidence that women who were expecting to have their babies adopted received more drugs than others?

Dr SIEDLECKY: I have no experience of that. I heard what was said this morning by Dr Hinde and I was never asked to give unusual sedation. I do not recall even the PRN sedation. I mean the things that you remember are usually the things that stand out, but whether that happened I cannot recall.

The experience in those days was this, in Crown Street anyway: Very often women might have been given a sedative if they

had a long labour, but they were given an anaesthetic machine which was an ether machine. The idea was that, if their pain was very bad, they could breathe it up and that would half put them to sleep and then the pain would ease off a bit and they would have a little rest and, when the pain got bad, they would breathe up the machine again. That was self-administered and that was actually during labour.

At the time I was at Crown Street they had just started to talk about spinal anaesthesia for childbirth, and there was a big argument going on at the time as to whether or not women should have access to pain relief. There were people in those days who said: In pain you shall bring forth children. They expected women should put up with the pain, but that applied not just to single mothers but to all mothers. There was a big argument at that time about whether or not women should have access to pain relief in labour and my memory is that when this anaesthesia was introduced it was mainly for private patients. Now I have to say too that this was war years and things were a little bit scarce.

My only recollection of differences was that for women having an operation, and usually this was gynaecology and obstetrics, the public patients had ether induction to their anaesthesia and it was only the private patients who could have a pentothal induction to general anaesthesia. That is the only thing that I can recall, but that did not relate to single women.

Dr WEISBERG: My recollection is not that there were large doses of sedative drugs given during labour any differently to single women than to married women and we did not see the women after they had given birth, so I have no idea what happened after that.

Dr SIEDLECKY: My feeling is that after birth, if they were distressed, they might have been given a sedative to help them sleep or, if they were weeping, to simply help them get over the anxiety.

CHAIR: Are either of you able to tell us anything about the percentage of single mothers who relinquished their babies while you were at Crown Street?

Dr SIEDLECKY: Of the ones at Crown Street, I would say that almost all of those who came through waiting patients would have had their babies adopted, and I cannot recall any incident where any of them were revoked, but then I may not have known about them anyhow, but they came there almost with that purpose. There were other single women who came in and had babies and who did not have them adopted, but they were usually people who came in as independent women, came through the outpatients in the ordinary way, and if they had decided not to have their babies adopted I am not aware of any actual pressure on them, except that a lot of working class girls, if they came there, or girls who had been thrown out of home - and that happened in those days - would come there as a last resort, or their GP or their priest might have sent them there as a sort of last resort, and they would come there knowing that they were probably going to have their babies adopted. They would be sent to the almoner and I do not know what the almoner actually did, but the idea was that the almoner would help them if there was any possibility of getting financial support and she would probably arrange for them to come in to the waiting patients and she would have made the preliminary arrangements for the adoption to occur.

Could I say something about the rapid adoptions?

CHAIR: Yes.

Dr SIEDLECKY: This was also something that happened. I think probably in the era I was at Crown Street, it would have only happened about two or three times, but it could have happened more often, and usually it was regarded as a very good thing, it was an achievement to have done this. I might say Matron Shaw herself was given an award for her services to women and to mothers and, although we might be critical, at that time I would say that anything she did would have been, you might say, in agreement with general societal expectations.

Certainly during that time there were only two or three women who had rapid adoptions and I used to wonder about them actually because, if a woman has come in and lost her own baby and you give her someone else's baby, I do not know, if it were me, whether I would feel some resentment about that baby having survived when my own baby did not. I am not quite sure whether or not there were repercussions later in all directions. Certainly the woman who gave up her baby was more or less told what a wonderful thing she was doing in giving up this baby, but I am not quite sure whether any of those things in the end worked out as good things, but certainly it was considered an achievement.

Usually it was a private patient as I recall. I do not actually recall it happening to a public patient, but I could be wrong. If a private patient had lost their baby it would be the honorary gynaecologist or the honorary obstetrician who might have been involved in it. At the public patient level there was no identification unless there was something wrong. There was no identification as between the visiting specialist and the woman who was going to give up the baby or the woman who had lost the baby, the public patient.

CHAIR: In talking about Matron Shaw, I will just go on to our next question about whether you think practitioners working in the field at the time simply reflected the mores of their time or whether you believe their personal views and expectations influenced adoption practice, for instance their religious beliefs?

Dr SIEDLECKY: I think they did reflect the general views and I think if you asked the man in the street or the woman in the street they would have said exactly the same. In fact when I was at Crown Street I became struck with what I thought was a certain double standard and a certain hypocrisy. Whether it is right to call it hypocrisy, I do not know, because "hypocrisy" means

that you know one thing and act in a different way, but I think that is what certain people did. Certainly there were double standards regarding class, what they perceived to be the social background or social class of the woman who came in and had a baby for adoption. I think, as I said before, the rare thing would have been for anyone to have a different view. So I think that by and large --

CHAIR: What was their attitude to the class of women --

Dr SIEDLECKY: I think that they were more concerned with replacing a woman's baby if it was stillborn. When it came to adoptions, I think there was some talk this morning about clearing the women because somebody, and I presume it was the almoner, had to decide where a baby was going to be, so very often the baby who was going to be adopted, and I think I have mentioned this somewhere later its ethnic origin, its sex, the sort of social background that came from the anticipation of the parents, these things were all considered in selecting a suitable adopting couple.

There were some babies who were not considered suitable for adoption particularly those who might have had some physical deformity. Very often those babies were sent to institutions or foundling homes and some other babies who were not considered suitable for adoption might also have been sent to foundling homes. There were women who took their babies home and who might have never actually had them adopted officially anywhere but the babies would have been reared by somebody else in the family perhaps.

In my own experience in my town when I was in practice, in fact where I grew up, there was a family where a woman had a daughter and a son separated by about 16 years because the son was actually the son of her daughter but it was reared as her son and not as the daughter's son. That happened in quite a lot of families. They were never officially adopted.

Dr WEISBERG: Some of them were, because I have a patient at the moment who is now in her 70s who had a child when she was very young and that child had been adopted by one of her brothers. Officially he is her nephew but in actual fact he is her son, so I think it was quite a common practice if those days.

Dr SIEDLECKY: It was not nearly as painful as giving a baby up to a stranger. This was reinforced at every level. My experience at that time was that very few partners were interested in what happened. Very often the partner's family would have intervened strongly to prevent any contact, very often because they thought it would interfere with the boy's career. Certainly it interfered with the girl's career. There was a sort of saying amongst young men - you must not be caught for a baby.

The parents of the young woman would have been concerned about shame and stigma on their family, the cost of rearing a child, the future that the girl could give to the baby and the way it would interfere with her own prospects of marriage. If she was connected with the church there would be a strong emphasis on morality, that it is very important that she give up this baby to somebody who was more worthy. So to some extent the emphasis was on undoing something wrong by giving up the baby.

Teachers were often sympathetic but girls had to leave school if they got pregnant and very often it was hard for them to come back. I have many anecdotes that I could tell you but I probably have not time for that. I could tell you of one, and this happened in the mid 1970s, a girl who was doing her higher school certificate at that time and a boy at a different school who made her pregnant and I say that because she did not go out and get herself pregnant. Anyhow, they were having a love affair and she got pregnant.

His family offered to pay a for an abortion. I might say they were Jewish and were opposed to him having a relationship with a non-Jewish girl. Her parents were European, I do not think they were German but they were central European and they were opposed to her having anything to do with a Jewish boy. So the young couple broke up. She went ahead and the teachers helped her to do her higher school certificate. She left school a few weeks before the exam and she attended the exam in a tunic without a belt because by that time she was looking fairly pregnant. That was October. She had the baby just after Christmas. By that time she had toxæmia of pregnancy and she had to have a caesarean section and the baby died.

I look back on that and I think it is one of the worst histories I have ever heard of because here was a girl who had to face her adult life with a cut in her belly, no baby, no boyfriend and a family full of bitterness. To her great credit she got a teachers college scholarship and I think she went on to become quite successful but I lost track of her after that. The doctors used to present this to people who came to them as possibly the best solution. Although I was in practice for quite a long time, I do not recall ever sending one of my patients to have an adoption, but there may have been young women who went off and had an adoption without my ever knowing and possibly without their parents ever knowing, and that often did happen.

I used to think how terribly painful that was, that a young girl had to make those sorts of decisions, to go away on her own, she might or might not have been able to tell her parents, go through the labour on her own, adopt the baby on her own and she was expected to come back and resume her life and never be able to tell anybody about it.

At one stage of my life I was asked to employ a young woman who was in just that state who had had a nervous breakdown. She did work for me I think for about nine months or 12 months but I met her in the street some time later. She had another nervous breakdown and by this time the baby would have been about three or four years old. She carried in her handbag a picture that she cut out of a newspaper of a baby boy about nine months old and even when I met her four years later she dragged that picture out and said, "Do you remember my baby? That is what he would have looked like now". I did not know her when she had the baby but she knew I knew she had had one. She still carried that picture like her baby. She did not have a picture of her own baby.

This was a very painful thing and I think what we expected of young women in those days was really a terrible cruelty. They had no counselling afterwards. They were never allowed to mention it to their families or friends and one young woman I remember in my town who was not in my town at the time this happened but when she actually came to me for a delivery she told me she had had no children but at the time of birth she thought she ought to tell me because I might recognise that she had had a birth before. She said to me, "I'm sorry, I didn't ever tell you that I have had a baby and I had it adopted" and she had kept that entirely to herself all that time. So those are just some of the sorts of stories that people have.

I might say there were such distinctions in the ways parents regarded this sort of position of a family, too. Some of the working-class girls who had grown up in circumstances where there were other what you might call illegitimate children would often keep their babies because they had an example to follow. There was a study done by a woman called Clarke in 1981 in which she looked at women in western Sydney areas and she found there were a lot of girls with low career prospects and there were examples around them of women who kept babies and they were more likely to accept the role of a mother as a natural thing but in some other families where there was a lot of emphasis on the girl's career, perhaps on the boy's career and certainly on the family's status that they would not have accepted having an illegitimate child coming into their home.

I think most people had the feeling that adoption was best for the baby because these new parents would give it a good home, they would give it security, they would give it the love and the care that the single mother could not give it and there would be no stigma of illegitimacy on the baby. They thought for the mother it was better to let her have an adoption because then she could get on with her life, resume her education and get a job.

Certainly in the 1940s and 1950s, for a young woman who had a baby it was very difficult for her to get a job. There was very little child care. There was a stigma attached to her, difference between that of a woman who had an extra marital birth and a separated woman who was rearing a child, but the implication was that they were unfit and unworthy and they should regard themselves as very lucky that someone was prepared to do this for them, that sort of patronising sort of attitude. The other party, of course, was the adopting parent, that this was very good for the adopting parent to be able to get a child that they could love and give them a good home when they could not have a baby of their own.

CHAIR: Dr Weisberg, you mentioned your experience of taking single mothers into your home while they were pregnant. Can you tell us how you got involved in that?

Dr WEISBERG: I cannot remember how I got involved in it. It was a long time ago when my children were very small. I was aware of waiting patients from when I had been a student at Crown Street and I do not know whether I contacted them or whether I was contacted to see if I could place some of these young women. My experience was that I had four young girls over a period. They usually stayed with me for about two to three months from about six months of pregnancy.

The four that I had, three of them were in their 20s. One was actually in her late 30s and came from Yagoona. All of them were in the same situation, that their families were horrified when they found out that they were pregnant and felt that the shame of it all was more than they could cope with. The families actually told them to go away and to come back after the child was born.

There was no question for these women but that they would have an adoption because they had no means of support. The alternative for them was to either stay at Crown Street and work in the laundry and so on or to come into a private home where they had a little more freedom than they had at Crown Street. Looking back on it now, I think it was the most shocking exploitation and I am really ashamed of my part in it, which is why I wanted to come and talk to this group.

But it was the accepted practice at the time and a number of my friends also had these girls. We were all working and we needed help with our children and they worked as mothers help and did lighthouse work, but I still think it was exploitation. We paid them a minimal sum. We gave them a room of their own, food, lodging, and they had time off. But they were very sad girls because although some of them kept in contact with their families, they certainly could not go and visit them or have any physical contact with their families.

In fact one of the girls was from New Zealand and she eventually after the adoption of her baby went back to New Zealand and she sent me a photograph of her wedding photo with the father of the child, but it was certainly unacceptable for them to stay in the family situation mainly because of the shame and the fact that they were regarded, I guess if you want to use a sort of hackneyed phrase, as fallen women. It was always seen as the fault of the woman. It was never the man. It was always the woman because she had to be the one who did not have sexual relationships. The men generally had no contact with these women at all. The women stayed at my house until they went into labour and then my husband drove them to the labour ward. I think the whole thing was terribly sad.

CHAIR: But they did not come back after giving birth?

Dr WEISBERG: No, I think they were glad to put it all behind them and start their lives again.

CHAIR: When are we talking about exactly?

Dr WEISBERG: This would have been the mid 1960s. I was a student at Crown Street in 1958 and this would have been about the mid 1960s when my children were very small.

CHAIR: Did any of them contemplate keeping the baby?

Dr WEISBERG: No, there was never a question. They had no ability to keep their children. They had no means of support, they had no family support. There was no way that they could keep the child and keep themselves as well, so to my knowledge, with the four women that I had staying with me, none of them ever contemplated keeping the child. It was always understood that they had left their homes and they would stay away until after they had the child and then they would be accepted back into the home. What their parents told the neighbours or families, I have no idea, but it was certainly not mentioned to other family members and so on what had happened to them.

CHAIR: I think between you you have probably answered our questions about things like attitudes to single mothers and so on. You have not said anything explicitly about whether you think that the practices we are talking about were unethical or unlawful.

Dr WEISBERG: I think in view of our attitudes now, yes, they were unethical. I think the prevailing attitudes at the time were that this was accepted practice, that the community attitudes were that women who had sex before they were married were rather shameful, and there was always the double standard: It was okay for men, but it was not okay for women, and particularly if you got pregnant. That was your fault, you should have been more careful, you should not have had sex and you were a bad person because that happened to you. I think that the practices reflected the community attitudes at the time.

When I joined family planning in 1972 it was still not acceptable and very many general practitioners would not prescribe the pill for an unmarried woman, and many of the women we saw at family planning were unmarried and would come to us because they were afraid of the judgmental attitudes of general practitioners and gynaecologists in providing contraception for unmarried women. There are still judgmental attitudes now amongst certain practitioners about women's sexual behaviour, which do not seem to apply to male sexual behaviour.

Dr SIEDLECKY: In our book we documented, in one chapter, the correspondence in the Medical Journal of Australia which occurred during the 1970s. I might say that this followed the fact that in 1971 the Queensland branch of the AMA decided that it would be the inalienable right of any doctor to prescribe what he considered to be in the best interests of his patient.

Now up until that time there was a lot of reluctance to prescribe for women who were not married and certainly women who were under the age of 21, which was a minor, and although the pill was introduced in 1961 it was not generally available to young women, except from people like myself, and probably Dr Weisberg, who would have ordered the pill for anyone who wanted it at the time, but it was not an official thing and there was a concern amongst doctors that they would be colluding in a crime if they ordered the pill for anyone under the age of 21 and certainly under the age of consent. If they ordered the pill for someone under the age of consent, this was supposed to be colluding in a crime, and that was actually raised in the Royal Commission on Human Relations in the 1970s.

I will just read you out one sentence which comes from one doctor in the correspondence over that period. This doctor said:

Re Prescribing of the Pill for Minors.

I have felt constrained on occasion to express the point of view to these young ladies that I did not do a six years medical course merely for the sake, inter alia, of providing the young bucks with the means of having their pleasure without responsibility.

Dr WEISBERG: I think the other attitude that came through from doctors and the community was that, if people had sex, they had to put up with the consequences of it and be punished for it and I think that attitude persisted right through the 1970s and well into the 1980s, still amongst some groups, particularly among some medical practitioners.

CHAIR: But only the women were punished?

Dr WEISBERG: Yes.

Dr SIEDLECKY: When the Royal Commission was held, the Royal Commission on Human Relations, they held a number of workshops beforehand and they did have one on family planning and the law. In our book I have quoted one paper, although I have not quoted it in detail, but this doctor was a psychologist and the title was Pregnancy as a Symptom of Emotional Disturbance. Now that implied, of course, that if you got pregnant you were emotionally disturbed. It did not say that the man who might have been responsible was in any way emotionally disturbed, nor did it say the woman who used contraceptives, but the person who actually went ahead and had the pregnancy was emotionally disturbed. A lot of people still talk about women who go out and get themselves pregnant and I thought at the time that this was a very judgmental thing, that the only person who was regarded as being psychologically disturbed was the woman who got pregnant. On the other hand, this same sort of attitude was applied to her at every level: If she kept the baby she was psychologically disturbed; if she gave the baby up later on they would say to her, "But really you abandoned your baby", so really she could not win in any direction.

The Hon. D. F. MOPPETT: You seem to have a very mature view of the whole setting of this. I think it is remarkable that it is just this unique period when, on the one hand, forces had built up to try and strengthen the adoption process because if you went back further in history - not very much further - ex-nuptial births were dealt with in a different way and formal adoptions were not always the solution. It just seems that when you get into the 1950s it was suddenly a decision by people of good conscience in order to make the circumstances of any adoptions that were taking place more effective. They talked about trying to create a situation by an altered birth certificate where the child thought, to all intents and purposes, it was their child, but that is only

a narrow window in our experience really.

There was the period when guardianship was as far as you needed to go really for protection of children, you did not have to formally adopt them. A lot of children were brought up, and we have seen not only from experience in our own families but from books how many children were brought up as simply the ward of a relation, never been adopted.

Then we got to the period in the 1950s and 1960s when legislative changes were made to try and create a new and more strongly bonded relationship between adopting parents and the children they adopted, which relatively soon ran into trouble.

What do you think, looking back? I mean it is all very well to say that that was wrong, but previous arrangements obviously appeared to some people to be not satisfactory and less than in the best interests of the child who was left without, shall I say, more normal parental support. What do you think about that in the sweep of your experience?

Dr SIEDLECKY: I think we do have to look at all of these things as stages in history because, if we go back far enough, Governor Bligh was concerned about the number of babies that were abandoned in the colony. If a young convict woman was sent out to work in a home as a domestic, as she often was, sent to a farm or something, and she got pregnant, we quote in here a writer who said that it was expected that they would have an abortion, because otherwise they would be sent back to the factory, which was the women's prison, and yet very often they were made pregnant by the people they were actually working for, the men they were working for, but they would be sent away because they had done something immoral and got pregnant, they had got themselves pregnant.

Then we went through the period in the 1800s where there were scandals of baby farming, which were often women who had had babies that they could not support themselves and they would send it to someone who would supposedly look after the baby for a fee and the mother went to work - and women were paid very badly and the jobs that were available were not very good ones and not very many - so women were really exploited in all sorts of directions. Very often they would put their babies into some of these places, which got the name of baby farming, and there was a very high death rate.

If you look through the history of this in the 1800s, you will find that there are very high death rates amongst those babies and it was very difficult for women to keep a baby on her own. There were cartoons that appeared in *The Bulletin*, one of the local newspapers, about baby farming and a woman called Judith Allen has written a book called *Sex and Secrets* in which she has traced the change from women abandoning babies or giving them over to baby farms. Child abandonment and infanticide became replaced to some extent by adoption and by abortion and, when you have asked here about unlawful and unethical, I do not think those terms were actually changes that happened, changes in attitude. I do not think anybody ever banned baby farming. I think if you look at those things now from an ethical point of view, we might say now that some of these things are unethical, but at that time they were an improvement on what had gone before. The concept of ethics in the 1940s would have probably meant that they were actually behaving ethically to consider the welfare of the baby more than the welfare of the mother who was giving up her child, so I think it has to be looked at in the historical sense.

Dr WEISBERG: I do think that, if you look at what happened in the 1950s and 1960s as far as adoption is concerned, a lot of the attitude was that people who could not have children of their own had a right to have a child and people who were single, women who were single, had no right to keep their child and that it was better for the child to go to a married couple, so I think it was more in the interests of the couples who were childless than in the interests of the single parent.

The Hon. D. F. MOPPETT: Yes, I do not think anyone would dispute that. People have attributed the single parent supporting benefit that came in in the 1970s as being specifically directed towards unmarried mothers whereas in fact, of course, the vast majority of recipients were widowed or the results of the dissolution of a marriage rather than specifically single. It was wonderful that they got it as well, but it was specifically designed to cope with women where the breadwinner had walked out the door in that particular social context.

Dr WEISBERG: I think there are still stigmas attached to single women who go ahead and have children because you read often about how women are getting pregnant, young women are getting pregnant, because they want to go on the supporting mother's benefit. Anybody who has ever looked at the socioeconomics of that knows that they are going to be living below the poverty line, and so are their children, but the community attitude, the prevailing attitude, still seems to be this negative attitude towards single women, not so much the older woman who is a professional woman who decides to have a child on her own in her late 30s and so on, but I think again there is a social class distinction and, if you look back at what happened in the 1960s, say, again there was a class distinction between many of the women who gave up their children for adoption because the women who came from high socioeconomic groups could in fact, if they could afford it, go and get an abortion because there were certainly quite a number of qualified doctors who carried out abortions for a fee.

The Hon. D. F. MOPPETT: Even as recently as the 1990s, if I remember rightly, and the name of the show escapes me, Kylie Mole expressed how absolutely mortified she was - she put it in different terms - but all her colleagues would know she had been bonked. It still is a difficult thing for teenagers.

Dr WEISBERG: Well, I certainly remember when I was a resident a mother bringing in her daughter saying she thought she had acute appendicitis and in fact the girl was in labour and the mother was absolutely horrified and the girl had been just too frightened to say anything, so she must have gone through eight months at least of hell trying to keep this a secret until she actually went into labour and she could no longer hide it.

Dr SIEDLECKY: Actually I had that same type of experience in my country town when I was in practice and there was a young woman in the town who everybody knew was pregnant, but she denied it, until one Saturday morning, at the end of my surgery visits, she was in my waiting room and she waited until the end and when she came in she said she had a pain in her belly. I put her on to my examination couch and delivered her baby. She had been sitting in my waiting room going through her labour and she still denied she was pregnant until the baby actually arrived on my examination couch.

That, of course, goes back a bit, but this attitude that Dr Weisberg has mentioned about young women getting a supporting mother's benefit, I think if you look at a young woman who is on the dole, who is unemployed and has no career prospects and she finds herself pregnant, it is reasonable - probably a very logical decision - that she should change from the status of a dole bludger to a supporting mother. There is certain logic in that, but it is still too easy for people to say, and I have heard people say it this very year: Why should the taxpayers support these girls who go out and get themselves pregnant just so they can go on the supporting mother's benefit?

You mentioned the number of single women, unmarried mothers on supporting pension. You are quite right. I think there are only about 3 per cent or 4 per cent who are actually single teenage mothers. The average length of time they stay on the supporting mothers benefit is only about three and a half to four years. I am surprised at how many young women have been able to go through childbirth, rear a baby, go to university, and get a career who have done extremely well.

At one time I had some contact with the Council for the Single Mother and Her Child, and they were very annoyed about the stigma of girls going out and getting pregnant so they could get the supporting mother's pension. It is actually a very cruel criticism. Both Edith and I have been involved in family planning. From the point of view of giving women the right to make choices and to prevent unwanted or unplanned pregnancies, most of these pregnancies start off as unwanted. By the time the woman has the baby you could hardly say it was unwanted. Nevertheless, they certainly do not go into it with the idea of getting pregnant and I do not think many young men go into a relationship with the idea of making the girl pregnant.

We must recognise that what has happened in our society is that we have developed a stage of life called adolescence, which did not exist when I was young. When I was young you went to school, you left school at 14 except if you were like me and you kept going, and within about six months or so you would get a job, you would start going to local dances and you became an adult. Adolescence has put things out of sync because although we might reach sexual maturity earlier, we are not supposed to be societally mature until we are in our 20s.

So we have this period of about 10 years when young men and women are at the peak of their sexual urges and we are trying to tell them either not to have sex or, if they have sex, certainly not to have babies. So we are trying to say to them they should be using a contraceptive and that is certainly where Edith and I come in, more from the point of view of preventing an unplanned pregnancy.

I could quote you some experiences which I collected and some of these are in my head but I remember in about 1972 I was on the Parents and Citizens Association of Sydney Boys High School and the question arose as to whether or not they would allow a sex education course to be run by the fathers and sons movement. At that time I was working at family planning, so I suggested they might even have my team. We used to have a team of volunteers going out giving sex education. They decided not to because they said parents are the best people to advise their children.

Most of the time I found that parents did not give them any information at all. But the deputy head at that time, who was acting head, came to me and in very vulgar language told me that he did not think a school was a place for teaching young boys how to have sex. I might say that is putting it mildly. He said it in very vulgar language to me which showed the extent of his actual anger.

Dr WEISBERG: The implication from that is that all the unintended pregnancies is in adolescents. That is not true. I did a survey of all the abortions being done in New South Wales a few years ago and in fact an unintended pregnancy can happen to any woman, married or single, of any age in her reproductive years.

Dr SIEDLECKY: The people who push the idea of adoption most are the ones who tend to oppose contraception, tend to oppose sex education, tend to oppose abortion, but promote adoption as the best solution.

CHAIR: The Committee would be more than happy to collect any material and certainly the articles in the book you referred to but any other material as well.

Dr SIEDLECKY: I would like to say in spite of the bad reputation that young people have, teenage births started to decline in 1971 and by 1985 they had declined by 60 per cent. But what had declined, perhaps, the most was that whereas in the early 1970s the number per thousand population of teenagers, out of every thousand, 22 would have had a birth within the first seven months of marriage. In other words, it would have been a forced marriage. Twenty-two out of every 1,000 girls of that age group.

By 1985 that had been reduced to three out of every 1,000. In other words, women were voting with their feet. They decided they would not be involved in a forced marriage. Most of the people who were serious enough to contemplate marriage were using contraception. The decline in teenage births, which of course also meant a big decline in births of babies for adoption, was due more to better contraceptive advice than it was to an interest in abortion. I have that documented in some of these papers if you would like that. Otherwise thank you very much for listening.

(The witnesses withdrew)