

Submission to the Senate Community Affairs References Committee on the Commonwealth Contribution to Former Forced Adoption Policies and Practices

**The Benevolent Society
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Contact: Annette Michaux

General Manager, Social Policy and Research

T: 02 9339 8065

E: annettem@bensoc.org.au

The Benevolent Society

Level 1, 188 Oxford Street

Paddington NSW 2021

PO Box 171

Paddington NSW 2021

T 02 9339 8000

F 02 9360 2319

www.bensoc.org.au

1 Introduction

The Benevolent Society appreciates the opportunity to provide input into the Senate Community Affairs References Committee's inquiry into the Commonwealth contribution to former forced adoption practices.

The Benevolent Society begins this submission with a discussion of our organisation's historical involvement in adoption and how we are addressing and learning from past practices which caused harm to mothers and children.

Just as The Benevolent Society is working towards making an apology to those who suffered from forced adoption practices, we recommend that the Commonwealth Government make an apology and lead the nation in assisting the healing. Apologies are more than words and should be backed up with practical measures. So, we also recommend that the Commonwealth Government lead the states and territories in supporting specialist counselling services for people affected by past adoption practices.

As an organisation which has supported thousands of people affected by past adoption practices, The Benevolent Society recommends that the Commonwealth Government promote resources and peer networks for professionals working with those affected by former adoption practices.

Finally, The Benevolent Society recommends that the Commonwealth Government drives the national standardisation of legislation and regulation about access to adoption information.

1.1 About The Benevolent Society

The Benevolent Society is Australia's first charity. For almost 200 years we have been leaders in identifying the evolving needs of the community and in pioneering vital social reforms and services. The Benevolent Society's goal is to help people overcome barriers preventing them from participating fully in society, and in so doing, to help create caring and inclusive communities and a just society.

Through our support services we meet the specific needs of individuals, especially those who are disadvantaged or vulnerable. We also work with communities, connecting people across gender, age and cultural divides to create a renewed sense of optimism and belonging. We believe everyone in Australia should be able to enjoy a decent quality of life, no matter what their background or where they live.

A snapshot of The Benevolent Society

- The Benevolent Society is a secular, not-for-profit organisation. We currently employ over 800 staff assisted by 700 volunteers who, in 2010, supported more than 31,000 people.
- Our largest areas of work are with children and families, older people, people with mental illnesses, community development, financial literacy and leadership programs. We operate from 55 locations mostly in New South Wales and Queensland.
- Our revenue in 2011 is projected to be \$75 million. Approximately 85% is spent directly on our services. A further 8% is spent on leadership programs, social initiatives and research.
- We receive financial support from federal, state and local government departments, businesses, community partners, trusts and foundations. In 2010, three quarters of our income came from government sources. Fundraising, trust and foundation grants provided another 4%, client fees generated 9% and our investment income contributed 6%.
- The Benevolent Society is a company limited by guarantee with an independent Board.

1.2 The Benevolent Society and adoption

The Benevolent Society's involvement in maternity and related services dates back to the 19th century. We established Australia's first lying-in hospital in the 1860s and in 1905 established the first maternity hospital, the Royal Hospital for Women (RHW) in Paddington, Sydney. We operated the RHW until 1992 when it became wholly the responsibility of the NSW public hospital system and was rebuilt in Randwick.

The RHW pioneered many important services for women and children that are now taken for granted such as antenatal clinics and baby health centres. However, the RHW's policies and practices also reflected the values and attitudes of the times and, for unmarried pregnant women, adoption was assumed to be the only possible path because of lack of financial and other support and the stigma associated with illegitimacy and motherhood out of wedlock. While the RHW had no official role in organising adoptions¹, The Benevolent Society acknowledges that many unmarried mothers in our care at RHW were coerced into relinquishing their newborn babies for adoption.

Between 1969 and 1975, The Benevolent Society operated an adoption agency from Scarba Welfare House for Children at Bondi in Sydney. This followed changes in legislation that necessitated an end to the involvement of the RHW and other hospitals in arranging adoptions via external agencies, as well as the increasing number of adoptions in this period. During this period 226 children were adopted through this agency.

¹ The Benevolent Society (2006) *Living at Scarba Home for Children: A history of the Scarba Welfare House for Children (1917 – 1986) in the context of child welfare practice in New South Wales.* <http://www.bensoc.org.au/uploads/documents/living-at-scarba-may2006.pdf>

The Benevolent Society's Scarba House, which operated between 1917 and 1986, also housed babies awaiting adoption who had come from the RHW and other hospitals. In 2004, in response to the Senate Committee report *Forgotten Australians*, The Benevolent Society apologised² unreservedly for any abuse, mistreatment or harm experienced by children in our care while at Scarba and published a history of Scarba House in 2006³.

Through our present-day work with women affected by past adoption practices, we now understand and acknowledge the deep grief that mothers experienced after the loss of a child to adoption.

The Benevolent Society is currently working towards an apology to those affected by past adoption practices and is developing policies and procedures for dealing with complaints stemming from past practices similar to those developed in response to *Forgotten Australians*.

1.3 The Benevolent Society's post-adoption services

From 1983 the Society ran a small *post*-adoption service at RHW. This was prior to the NSW Adoption Information Act 1990 which saw the establishment of The Benevolent Society's Post Adoption Resource Centre (PARC) in 1991 which still provides comprehensive services to people affected by adoption. PARC is supported by funding from the NSW Government.

Following the enactment of the Queensland Adoption Act 2009, The Benevolent Society established Post Adoption Support Queensland (PASQ) in early 2010. PASQ receives funding support from the Queensland Government.

These two programs offer state-wide support and counselling (face to face, by telephone and Skype) to all people affected by adoption, whether the adoption occurred many decades ago or more recently. We also provide assistance with search and reunion through an intermediary service, therapeutic groups and training for professionals. Other services include a comprehensive postal library and bookshop. We are involved in research and the production of post-adoption publications. Detailed information about our post-adoption services is available on our website⁴.

In twenty years of delivering post-adoption services, we have had contact with thousands of people affected by adoption and have provided information, support or counselling on over 70,000 occasions of contact.

Although the climate in adoption had changed by the time our post-adoption services were established, the legacy of past practice continues to inform a large proportion of the work we do.

²Media release: The Benevolent Society supports the Senate's Forgotten Australians report, 15th October 2004

http://www.bensoc.org.au/director/newsandevents/mediareleases.cfm?item_id=785B6F06CA739C2B1E75811EBE2A83AF

³The Benevolent Society (2006) *Living at Scarba Home for Children*

⁴ <http://www.bensoc.org.au/postadoption/>

For many of the birth mothers that we see at our services, issues of grief, loss, shame and secrecy are still prevalent. For some, the trauma of their experience combined with the lack of parental and social support, manifested in long-term internalisation of their grief and loss.

The shame and secrecy that surrounded past adoptions is such that, for some mothers, their Benevolent Society counsellor is the *only* other person who knows an adoption took place. Many describe the sharing of the burden of secrecy as an enormous relief and an important step towards acknowledging the grief they have carried for so many years.

I wanted some guidance about how to handle day to day living with the pain of the loss and secrets.

I had dealt with my adoption virtually alone for about 26 years. PARC just helped me to a better understanding of my situation and it was nice to feel that someone understood how I was feeling.

I would like to thank you so much for everything you did for me in finding my son. I will never forget your support and your caring phone calls in the lead up to our meeting. You helped make my one dream possible and there are no words that can describe that.

For adoptees the key areas of counselling include loss and grief, the sense of rejection and issues around identity. Those who discover later in life that they are adopted often need to consolidate their sense of self.

In 1998 staff from PARC gave written and verbal evidence to the NSW Upper House Social Issues Committee inquiry into past adoption practices. Our submission (attached as Appendix A) is still pertinent to our clients' perspectives today⁵.

2 The role of the Commonwealth Government, its policy and practices in contributing to former forced adoptions

We have no comments to make on this term of reference.

3 Potential roles of the Commonwealth in developing a National Framework

We welcome the Commonwealth Government's recognition that past adoption practices have had painful long-term consequences for many parents and children, and its beginning a dialogue with mothers and children affected by past adoption practices. We also note the Commonwealth's role, through the Community and Disability Ministers' Conference, in commissioning research through the Australian Institute of Family Studies into past adoption practices.

⁵ A copy of our submission to the 1998-2000 NSW inquiry is also available at <http://www.bensoc.org.au/uploads/documents/submission-parliamentary-inquiry.pdf>

States and territories, hospitals and other institutions such as The Benevolent Society, were primarily responsible for implementing past laws, policies and practices related to adoption. However, the Commonwealth Government, on behalf of the nation, can play a crucial role in addressing the ongoing consequences for birth mothers, their families and children who were subject to forced adoption practices, irrespective of the state or territory in which the adoption occurred or where the individuals concerned now live.

3.1 Community understanding and dialogue

Today, societal attitudes towards the circumstances that contributed to forced adoptions have shifted from those of most of the 20th century and there is also wealth of material on past adoption practices⁶. However The Benevolent Society believes there remains a pressing need for greater community awareness and understanding of these past practices and their lasting impact, and the societal context in which forced adoptions took place.

In order to challenge the pervasive stigma that can still surround adoption even to this day, greater public recognition must be afforded to the experiences of birth mothers who were forced to relinquish children. Also important is creating opportunities for family members to ‘have a say’ about their experiences. ‘Having a say’ in itself can promote healing.

A national inquiry into past practices could be an important mechanism for increasing community understanding, fostering dialogue and allowing people to have a say. The Benevolent Society would welcome a such an inquiry.

The 2004 Senate Committee report, *Forgotten Australians*, gave us a clear, highly distressing picture of what life was like for tens of thousands of children who spent all or part of their childhoods in orphanages or children's homes. We believe that birth mothers who were forced to relinquish children should be afforded the same acknowledgement. It is crucial that such histories are known, heard and acknowledged, and that such practices are never again experienced by any Australian child or adult.

However, we are also aware that this would take some time and there is a concern that birth mothers who endured forced adoptions in the mid 20th century are ageing and time is running out for them to benefit from a public acknowledgement and apology. At this stage it may be of more value for governments to formally acknowledge and apologise for past wrongs associated with forced adoptions.

3.2 Acknowledgement and apology

Public acknowledgement of past wrongs and an apology can play a powerful role in a person's healing journey. This was particularly evident when the Commonwealth Government delivered its apologies to the Stolen Generation and the Forgotten Australians.

⁶ Australian Institute of Family Studies (2010) *Impact of past adoption practices: Summary of key issues from Australian research*

There is wide (although not universal) support for apologies by governments at both state and federal levels. We acknowledge the significant contribution of many birth mothers and support groups such as Adult Adoption Loss and Support and the Apology Alliance in advocating for apologies by state and federal governments.

The West Australian Government delivered its Apology in October 2010. This was a very important occasion with a significance felt well beyond Western Australia. Both our PARC and PASQ services held events on the day in Sydney and Brisbane in order to provide emotional support to clients.

We are aware that a number of churches and agencies have already delivered private acknowledgements to individuals. In 2010 the Brisbane Royal Children's and Women's Hospital delivered a public apology for their role in past adoption practices.

A public apology by the Commonwealth Government would also serve to educate the Australian public about past adoption practices. There is much misinformation and stigma attached to adoption which continues to pervade public and private perceptions. Even health and welfare professionals such as general practitioners and counsellors are often unaware of the context in which past adoptions took place.

Contextual factors which should be reflected in an Apology

Any apology should take into account the societal values which prevailed in the period between the 1940s and 1980s. These values were reinforced by the legislation, policies and practices of the day.

The language of the time – of unwanted pregnancies or children, illegitimacy and fallen women – sent messages of shame which are still keenly felt by our clients today. The shame experienced by birth parents sometimes prevents them from making contact with their children even though the legislation now allows it. They can feel that they relinquished their rights to contact when the adoption decision was made.

As many birth parents have told our PARC and PASQ services, standard societal practice for dealing with the prospect of single parenthood was adoption. Those who wanted to keep their children faced a difficult battle, and many young and vulnerable mothers did not understand their legal rights nor have the necessary support to advocate for themselves.

Adoption practices which were seen at the time to be in the best interests of a child, are now acknowledged as cruel and damaging to both the mother and her child/ren. The apology should recognise that vulnerable mothers were not given the care and respect that they needed during this difficult period of their lives. Due to the secrecy surrounding adoption in the past, birth mothers were frequently forced to internalise their loss and grief, typically being told to “get over it and get on with their lives”. We now recognise how faulty this belief system was and the damage that these attitudes and practices caused. The very existence of our post-adoption counselling services is a testament to this.

Women have told our post-adoption services that they were denied the opportunity to see their babies despite their requests, that they were denied access to their babies after the birth or that they were told their babies had died. Some mothers went back to collect their children within timeframes stipulated by legislation but were told they were too late.

Many of the women we now see in counselling report that they were coerced into signing adoption consents or believe that no consent was taken. Many were told they could only see their babies once consent was given. We have also heard reports that mothers were not allowed to leave hospital until they signed consent forms. This practice was unethical and went against legislation which allowed mothers to revoke consent. Many clients we see today were unaware at the time of their right to revoke consent.

Acknowledging adoptees

Our experience through PARC and PASQ is that many adoptees believe that they were rejected by their birth mothers. This sense of rejection often seeps into all the adoptee's subsequent relationships. Adoptees who have grown up in a different moral climate may be unable to understand why their parents have not sought them out, or have blocked contact.

Many adoptees expressed a sense of healing as a result of the WA Apology because they had not previously been aware of the historical circumstances surrounding the decision for an adoption to take place.

This lack of understanding of the (lack of) choices available to their birth mothers and feelings of rejection, are in turn a source of great distress for birth mothers. An apology that acknowledges these discrepancies would narrow the differences in perception and promote individual healing.

Acknowledging adoptive parents

The apology should also recognise the difficulties faced by adoptive parents, rather than casting them as complicit in the decision. Adoptive parents have reported to us that they were encouraged not to tell their children that they were adopted and to treat them as if they were born into the family. This led to a climate of secrecy and a sense of shame if the secret was later exposed. Adoptees who find out that they were adopted later in life often report feeling as though they have lived their life as a lie and of feeling unable to talk openly about their experience.

Recommendation 1. That the Commonwealth Government issue a formal statement of apology that acknowledges, on behalf of the nation, the hurt and distress suffered by many mothers whose children were forcibly removed and by the children who were separated from their mothers.

The Benevolent Society is currently developing its own apology underpinned by practical measures to support those who may have suffered as a result of our past adoption practices.

3.3 Counselling and support services

People affected by adoption should have access to counselling services which are specifically tailored to their needs, with staff who are experienced in working with loss and grief as well as trauma. The services should also be independent of the statutory child welfare bodies that have responsibility for adoption.

The Benevolent Society provides counselling and support services in NSW and QLD through PARC and PASQ and we are aware of other service providers in other states, but we believe that more is required to ensure that appropriate post-adoption services are fully accessible and relevant to all those who need them. Adoptions took place across Australia so we need to ensure that funding and services are available across the country.

Comments from confidential client surveys highlight the need for specialised support services.

PARC is the best in this field because they have so much specific experience. Outsiders or other counsellors do not really understand adoption issues. I think harm can be done, dealing with people who trivialise adoption, sweeping the grief under the carpet.

My life has positively changed as a result of PASQ, because they helped me to begin trusting people again. I feel like I can be human and my experience is validated, to have people understand my language. I have more hope for the future.

Recommendation 2. That the Commonwealth encourage all state and territory governments to fund counselling and support services for people affected by past adoption practices. These should include:

- **specialist counselling services that address the particular needs of people affected by adoption;**
- **specialist intermediary services to assist and support birth relatives during their journey of search and reunion from making the decision, to preparation for contact, and support afterwards; and**
- **services available in rural and regional areas.**

3.4 Information and guidance for professionals working with people affected by adoption

There is a gap in information and guidance for professionals not based in post-adoption services who work with people affected by adoption. A widely disseminated post-adoption resource would fill this gap.

Such a resource could include information about the varying experiences of the different parties to adoption and the long-term impact of adoption on their lives. It could also address key issues for professionals working with people affected by adoption.

The NSW Government funded such a publication as a result of the 1998-2000 NSW Parliamentary Inquiry into past adoption practices and this has been a useful tool in regional and remote areas in NSW where counsellors often work in isolation. This document was produced by The Benevolent Society and we have the capacity to expand it to a national document.

Recommendation 3. That the Commonwealth Government fund a publication for professionals who may work with people affected by adoption which is distributed nationally.

3.5 Professional support and development forum

Since September 2008, post-adoption agencies and government bodies have endeavoured to meet annually to discuss shared practice issues. The meetings also provide an opportunity to get a better understanding of each state's legislation and parameters in order to promote the needs of our client groups. The meetings have had a significant impact on the way we work through looking at common issues and attempting to standardise practice. These meetings have been informally established and rely on funding from participant organisations. The Benevolent Society sees an important role for the Commonwealth to endorse these meetings and put them on a more secure footing to ensure that best practice is developed nationally .

Recommendation 4: That the Commonwealth fund a national forum for professional support and development for agencies working with people affected by past adoption practices, with representatives from each state.

3.6 Standardisation of legislation regarding access to information

Currently legislation on access to records and rights to the release of information about fathers varies from state to state. Births, Deaths and Marriages Registries in different states also have different rules, with some following the legislation of the state where the adoption took place and others following the legislation of the state where the person currently resides.

The standardisation of legislation and regulation of access to records would help ensure that members of the adoption community are not marginalised further due to the limitations of state arrangements and varying interpretations of legislation. National standardisation should be informed by the spirit of openness which surrounds adoption practices today, ensuring that reasonable access to information is available to people affected by adoption across Australia.

Recommendation 5 : That the Commonwealth work with the states and territories to standardise legislation, regulation and practices regarding access to adoption information across the country.

Many of our clients have reported feeling further disadvantaged by the additional costs of post-adoption search and reunion. Many of our clients also require emotional support when accessing records.

Recommendation 6: That the Commonwealth encourage all state government Registries to consider removing the additional costs associated with applications for birth certificates for those affected by past adoption practices.

4 Conclusion: Lessons from the past helping build better practices today

The Commonwealth Government is to be commended on its recognition that past adoption practices have caused pain and suffering for many parents and children. The Commonwealth can play a crucial role in addressing the consequences for mothers, their families and children who were subject to forced adoption practices.

This inquiry process serves another function. In researching and bringing to light the mistakes of the past, we are helping to ensure that these mistakes are never made again. As The Benevolent Society learned through the process of documenting the history of Scarba House, reflecting on the past to inform the present is a vital part of responding to our history and ensuring that we learn and change.

Lessons we learned from writing the history of Scarba House that are pertinent to this inquiry include the importance of good policies and procedures, frequent reflections on practice grounded in program evaluations and the latest research, and the participation of clients in decision-making.

These lessons are reflected in The Benevolent Society's present-day approach to working with children and families. Having learned from the past and the terrible damage caused by coercion and secrecy, we place our clients' needs, participation and transparency at the heart of our services. We are committed to ongoing research and evaluation of our programs, and the participation of children and adults in decisions which affect their lives, to ensure that we are making a positive difference and not repeating mistakes of the past.

As our former Board member Professor Richard Chisholm commented in the foreword to *Living at Scarba Home for Children*, government and non-government organisations alike "must always be alert to the risk of doing unintended harm... (and ensuring) that our policies and practices are as good as we can make them, reflecting the best available thinking and information"⁷. Such a commitment goes to the heart of a true apology: a promise that the mistakes of the past will never be repeated.

⁷ The Benevolent Society (2006) *Living at Scarba Home for Children*

APPENDIX A: Submission to the Parliamentary Inquiry into Adoption Practices 1950- 1998 by the Post Adoption Resource Centre, a service of The Benevolent Society

1. Preamble

The Post Adoption Resource Centre (PARC), a service of The Benevolent Society of NSW, was established in 1991 to coincide with the introduction of the NSW Adoption Information Act (1990). PARC receives core funding from the NSW Department of Community Services, but is also reliant on charging fees for some services and on raising money through public donations.

PARC provides a state-wide service to anyone affected by adoption: adoptees, birth parents, adoptive parents, siblings and other members of the extended birth or adoptive families. Our day to day work, therefore, is to hear and respond to individual accounts of how these different parties have been affected by adoption and to offer support and information. Many of those contacting us want to talk about searching or to prepare for or reflect on their reunion. Others simply want practical information about their rights or to hear what has been helpful to others who have gone before them. We run Information and Reunion Meetings and focussed groups in metropolitan and outer metropolitan Sydney, and also take these meetings into regional areas when possible. We have refined our Intermediary Service, a delicate area of our work which has been used on 657 occasions (to end April 1998) and seems to be under increasing demand. We seek out and collect articles, books and other resources for our library. We have a committed group of 70 volunteers who, as previous clients of our service, want to offer support to existing clients and provide an essential back-up to our professional counselling services. We offer consultation to support groups and, in our regional work, facilitate the establishment of new support networks. It is also part of our range of services to offer post-adoption training to professionals.

The bulk of our work, however, is listening to and counselling, over the telephone and face-to-face, those upon whom an adoption has had a profound impact. The largest single group of such clients is adoptees (approx. 46 %), then birth parents, mainly mothers (approx. 25%). Adoptive parents are a smaller group (approx. 6%) and the 'others' - siblings, spouses, grandparents, aunts, uncles, friends - come forward in large numbers (approx. 23%).

In total, we have had 31,073 counselling calls (to end April 1998) in the past 7 years, with an average of 54 % of these being from new clients. We have conducted 3720 direct counselling sessions, 324 focussed group sessions to 2,420 people. Our 55 Information and Reunion Meetings have been attended by 1370 people.

The usefulness of such figures is, we believe, to demonstrate that post-adoption issues are affecting large numbers of people in this State, and also to give added credence to PARC's contribution to this Inquiry.

Whilst treating each person's individual account of their experience of adoption as being unique, we naturally see distinct patterns and common experiences which can be seen as 'typical' to some degree. For the purposes of this submission we will be focussing on the experiences of birth mothers during the given period and hope to give a true reflection of their accounts of the loss of their children. It would not be possible, whilst making such generalisations, to faithfully represent each woman's experience and we acknowledge formally that our words will not be true for everyone. The other parties to the adoption - the adoptee, the birth father, the adoptive parents, the extended families - may have very different perspectives on the same event. Their experience is no less true.

Most of the women with whom we speak have in common the fact that they sought out PARC's services, in indicating a common need for support or information. There are also, however, many women who were contacted through a mediation and did not search themselves. It has been

interesting to reflect, in the writing of this submission that the experience of those women is not markedly different to the women who did reach out for assistance.

In writing this submission, we honour each person affected by adoption and the different perspectives they may each hold. This Inquiry, however, demands that we faithfully reflect on what birth mothers have told us of their experiences at the time of the birth and adoption of their children and in the subsequent years. We will attempt to respond to the three terms of reference.

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.

This submission has been prepared by the professional staff of PARC:

Sarah Berryman, Senior Manager, B.A

Lynne Perl, Counsellor, B.SW

Petrina Slaytor, Counsellor, B.A Dip.SocWk

Thea Ormerod, Counsellor/Groupworker, B.SW

Claire Storr, Counsellor/Groupworker, B.Sc M.A.(Psych)

2. Professional practices & the taking of consents

All of the experiences recorded in this and subsequent sections are those told by many, but by no means all women. Some women recall being treated discourteously or cruelly by hospital staff, family, social and welfare workers. Others recall some kindness being shown. It could be the case that women whose experiences were less traumatic have less reason to seek counselling, hence the outcome that the experiences we hear of and are able to record here tend to be overwhelmingly negative.

a) Decision or coercion?

In our daily work we hear many women reflect on the time at which the decision to have their child adopted was made. The majority of women talk about their 'decision' being no real decision at all. A decision implies that there were a number of possible choices to be decided between. This was not the case for most women whose children were adopted. They were often alone and without support, isolated from family and often separated or kept away from the birth father. They usually had no financial independence, no accommodation in which to raise a child, no information about temporary means of having their child cared for in so far as those means existed. Many speak of the decision being taken out of their hands by family members, this being the biggest factor in the adoption of their children. To choose the one real option - adoption -was, many birth mothers say, no real choice.

Women tell us about the almost automatic system which went into operation once they were diagnosed as being pregnant and single. Some women entered hospital with no intention of having their baby adopted, but say that the pressure to consent to adoption and their isolated and powerless position left them no space to make another decision. At the point of giving birth they still wanted and intended to keep the child, but were caught up in the 'system' which pressured them to consent to adoption. It is these women who speak of being coerced. We will examine later in this section the ways in which women report being forced to consent, and the pressures which they were under.

At the same time, we hear of a diversity of experiences, all part of the full picture. There are those women who still hold that they made the most caring decision they could at the time, under the

adverse circumstances, and do not necessarily speak of being coerced to sign the consent. They judged that they would be raising their child in financial hardship, saw no future in their relationship with the baby's father, or were deserted by him in their hour of need. They were, therefore, making what they felt to be the best and most caring decision due to their difficult circumstances. Some women say that this knowledge has given them comfort over the years, and that although they have felt regret at the loss of their child, they know that they did make a decision and have stood by it in the 'intervening years'. The personal price they paid for that decision was usually higher than they ever imagined, but there are those who say that, given the same circumstances, they would make the same decision again. We have talked to many women for whom circumstances were such that they were thinking about adoption as being, in their situation, the best available choice. The way they were treated however, robbed them of their dignity and freedom to make a real choice. Would the consent have been given with less pain and trauma if their treatment had been different and more respectful? In hindsight, it is difficult to say for sure, but their ownership of the giving of the consent was greatly hindered by the circumstances under which the consent was given.

b) Cultural context: the family, the society, the medical profession, the Church

The period being considered for this Inquiry - 1950-1998 - saw many changes in culture and what is felt by society to be acceptable behaviour. We are therefore talking in very broad terms when we speak of the 'cultural context' which impacted upon single mothers. Many of the practices referred to in this submission occurred in the 1950's-late 1970's.

Adoption has, until perhaps the last decade, been seen by society as a means of 'solving' two problems - that of 'unwanted' children and infertility. Much less was known about modern concepts such as grief, trauma, the bond between mother and child during pregnancy, or even about bonding and attachment. In the non-adoption world, for example, parents were not permitted to remain with their hospitalised children, but were restricted to short visiting hours. In our knowledge of childhood in the late 1990's, this can be seen as being against the best interests of the child, but up until the late 1970's it was seen as acceptable. In the case of adoption, similarly, little was known of the long term effects that would be experienced by, arguably, both mother and child.

There was a powerful belief that adoption would be the 'best thing' for all parties. Birth mothers would 'get over it' and would go on to marry and have other children, the adoptive family would have the joy of parenthood and the child would not know the difference. In some cases all or some of these things were true. In many situations, however, the adoption of the child has had a profound impact on all parties. Birth parents did not forget. Adoptive parents were distressed to hear about the experiences of the birth mother at what was, for them, a very happy period.

Adoptees speak of the difficulties that they have had to face during their life; their sense of being different, their fears of rejection and of love being withdrawn. We now, as practitioners in the climate of 1998, know that, right or wrong, adoption had, and continues to have, a profound impact on the lives of those whom it affects.

Birth mothers speak of tremendous pressure from a variety of sources, including their family, society in general, the medical profession and the Church. They speak of being judged morally and of being made to feel ashamed. Young people during the 1950's-70's were much more reliant on their parents and families for permission to marry etc. Many women who relinquished children during that period speak of wanting to marry the birth father, but the family stepping in to separate them. Some young people would have stood up against this decision, but many had no alternative supports and nowhere else to go. Significant numbers of birth mothers went on to marry the birth father, and speak of their grief at doing this too late to be able to keep their child. Other women speak of the tremendous attention caused by their pregnancy, and the culture which judged them for their pregnancy, their youth and their lack of a wedding ring.

Birth fathers were generally not consulted or seen to be relevant in the process. They were rarely, asked to sign a statutory declaration declaring paternity or consulted about the adoption of the child. It was believed, until perhaps the early 1980's, that adoptions would remain closed and that the name of the father would not need to be revealed, hence their absence from the original birth certificate. This was a cause of grief and regret for many fathers and created the additional stigma birth mothers and adoptees of having no father recorded on the original birth certificate. Prior to 1973, it was difficult for single mothers to get any kind of financial benefit. If the mother was prepared to commence affiliation and maintenance proceedings against the father, with the assistance of the Department of Community Services, they might qualify for the Section 27 allowance, which provided very basic assistance. They had to be on this allowance for 6 months before qualifying for the Widows' Pension. The ignorance of most women about their rights to any financial support, meant that only in later years did they discover that there might have been some way of raising the child themselves.

Another cultural pressure was that birth mothers were told not to speak of the loss of their children. This came from the family, as a way of not revisiting the shame and also from the professionals, who told women that they would forget, they should not dwell on it, they would have other children, the pain would pass. In past decades, we knew so much less about bereavement, loss and grief. To express emotion was far less acceptable and this pressure to be silent and not to tell left a powerful mark on many thousands of women. As a birth mother, Gwen, wrote in *Branching Out* (PARC June 1998):

"If I let myself dwell on that time, I feel a great sensation of failure. I don't understand why it happened. I don't understand why God gave me ability and then I wasted it. I never achieved success in proportion to my potential. Academically or emotionally. I failed as a mother. I could never bring myself to try a second time. I lost the opportunity to share myself with my son, and perhaps to be his guide in his early life. I was never able to prepare him for the world. I find it difficult to express empathy with my fellow man when they are suffering. I am doomed to jobs where I suspect I have more aptitude than my boss but no qualifications to support it. I am always tussling with myself-just get on with your life and make the best of it. That's what we were told, and that's what we do every day. No one explained that you had to do it every day for the rest of your life."

What then of the cultural context as it impacted on professionals' practices? Codes of practice, guiding workers in adoption and related services, were culturally appropriate when they were written, and like all such guidelines were probably well out of date by the time they were reviewed. PARC does not feel it is in the position to make blanket statements about the personal ethics or conduct of the professionals practising in the past. It would be unjust to make judgements about the ethics of workers practising in the past by the ethical codes that apply to health and welfare professionals today.

Yet the testimonies of birth mothers suggest that there were those individual workers in the past whose actions were at variance with the laws and guidelines even of their own time. There was malpractice and neglect of duty of care, just as there has been in all professions at any time in history. Some workers, asked to take on the most complex and delicate tasks, had no professional training or qualifications of any sort. There were also those who acted with kindness, dedication and high standards of practice, as much as could reasonably be expected within their cultural context of their time. Workers were as subject to the expectations and constraints of their time as anyone else. How reasonable would it have been to expect those people to act or think outside of that set of cultural expectations? The purpose of this Inquiry is not to discredit any profession or to apportion blame. It is, we believe, to examine the mistakes of the past and to learn from them.

c) Isolation, secrecy & shame

Birth mothers frequently speak of their isolation and the sense of shame that they were made to feel. Many were sent away, under the pretence of attending secretarial college or visiting an aunt,

and were not permitted to return to their home until the baby had been adopted and they were able to settle back into 'normal' life. Others were made to stay inside the house once their pregnancy became evident, and to remain isolated for the long months leading up to the birth. City maternity wards and mother and baby homes took in many country girls who had been sent away from their small towns and communities. Some young women were able to support each other, but many more were alone and friendless at this difficult time of their lives. Confinement, used widely to mean a period of quiet seclusion in which the mother prepares for the birth of her child, often meant being hidden from the world in an environment where the child to be born was barely to be spoken of.

It was perhaps the isolation that made the pressure to adopt, exerted at this time, so difficult to resist. Birth mothers speak of being told repeatedly, by family members, nuns, nurses, adoption agency workers, departmental officers, social workers that if they loved their baby they would give it up. This message of sacrifice for the benefit of the child was stated and repeated: adoption could give the child a better chance, a loving two parent family, material advantages, security, freedom from the stigma of illegitimacy. At the time, however, these reasons were widely believed and could be said to be true in the knowledge and social conditions of the time.

d) The hospital

How well single mothers were treated in the period immediately before and after the birth seemed to depend largely on luck, in terms of the hospital or even the ward they attended, and on the attitudes of the nursing staff. Many women felt that they were given 'second class' service in the hospital, when comparing their own treatment to that of married women on the same ward. They often felt judged and looked down upon as "one of those women" by doctors, nurses and visitors. This was not, of course, the same in every hospital. Some hospitals seemed to be able to treat the women with greater respect and to have more progressive policies regarding contact between mother and baby in the weeks following the birth. There were other hospitals where the culture was seen to be punishing of single mothers and where the only kindness would come from junior nurses who were often seen to be rebuked for not following ward policy.

Our experience is that women more often speak negatively of their treatment at the hands of nursing staff than of their treatment by social workers or other welfare workers. The hospital experience was so powerful, and some women spent many weeks confined there, speaking to each other and seeing distressed women come and go. Their contact with social workers was minimal if compared to time spent in contact with nursing Staff. Women recall the pain of being placed on a post-natal ward with mothers who were keeping their babies, of being left alone for long periods of time during their labour.

e) The birth

Women have given us many different accounts of the birth of their children, These are naturally all unique and all significant in themselves, but there are some common factors which seem to bring together the experience of the period in question.

As well as being left alone for long periods during labour, women speak of being given little medical attention. This was distressing and frightening, particularly as this was usually the birth mother's first child. The use of tranquillising drugs after the birth has been heavily criticised, but this must also be put into its cultural context. It was common for women, regardless of their marital status, to be given tranquillisers after the birth, particularly if they were exhibiting signs of distress.

The single factor which birth mothers speak of as causing them the greatest distress is being denied the opportunity to, see their child. Some women decided not to see the baby, usually because they felt that it would then be impossible for them to give the child up. Others were advised by hospital staff not to see the baby for the same reason. A significant number of women tell us, however, that they begged and called out to see and hold their baby and their requests were refused. They say that this was the case for the days following the birth, and that they were

not given information about the child's sex, health or progress. Women tell us that they repeatedly requested this information, but it was denied them. Many speak of them being able to see or hold their baby only through the kindness of a nurse or visiting social worker, but that this opportunity was more regularly denied than granted.

This experience of being prevented from seeing or holding their child is the event that women return to most often in the telling of their story. Many of them state that they were separated geographically from their child, for example by being moved from Crown Street to Lady Wakehurst in Waverley, this being a deliberate way of preventing them from having access to their baby and possibly changing their mind about the adoption. The accounts given are testimony to the high level of distress of those women who were unable to see their babies.

f) The consent

Birth mothers' experiences of the giving of the consent are wide and varied. Some do not remember signing or being informed of their rights, yet their signatures are there on the consent form. Others recall signing very clearly, remember the conversation that took place and knew what their signature meant. Others remember only their high level of distress and may have some recollection of some papers being signed, some facts being explained. Many women are vague or unclear about who was present when the consent was signed, and particularly about who witnessed the consent. Those people taking the consent, often believed to be social workers, may in fact have been District Officers or a Justice of the Peace. As Jo, a birth mother writes of her signing the consent (Branching Out, PARC, June 1998):

"I look back on my own experience as a young, frightened teenager and realise it is very difficult to remember that time in a rational way. I couldn't possibly say if my legal rights were met or violated. I remember feeling bullied and resentful toward all authority figures, but I can't really remember the exact details. I do remember being totally distressed and heartbroken after seeing the social worker the last time, but not the details."

Many of the women we speak to recall a great deal of pressure to sign, and some speak of contact with their baby being contingent on the consent being given. Others speak of not being permitted to leave the hospital without first having signed. Women remember the pressure to sign beginning a day or two after the birth, when they were still weak and emotional. It is important that these recollections be recorded and voiced, as such reports are frequently and painfully given.

3. Unethical rights, revocation and alternatives to adoption

As with the case of the signing of the consent, many women are unclear about what information they were given about their rights to revoke their consent, to financial assistance or to alternative forms of care for their child. It would be difficult to show whether this information cannot be recalled because of the birth mother's distraught emotional state or because it was not given.

What is clear, however, is that many women say to us that if they had known they could change their minds and go back for their child within 30 days, they would have done so. Others say that, although the Widows' Pension would not be applicable to many and only offered very limited financial support, many do not remember being told that it existed. Yet other women believed that the consent must be given on or around the fifth day after the birth, and state that they were not informed that they could take some time to make their decision, and if they wished, could take their child whilst the decision was made. In retrospect, the culture of disempowerment and shame was so great that it became nearly impossible to believe that they had any rights at all.

Some birth mothers, who did know of their revocation rights, went back to the hospital or adoption agency within the 30 day period, but were told that it was "too late" and the child had already been adopted. Such practices were illegal; these cases must be examined and the facts exposed. Some of these women, accessing the adoption or hospital records post the 1990 legislation, found that the child was in fact still in hospital or in foster care until the end of the 30

days, when they were asking to have their child returned. It would be interesting to be able to access the figures kept by the Department of Community Services and adoption agencies on the numbers of revocations which did occur.

4. Measures to assist and to heal?

What then do birth mothers find helpful? Can healing occur and how can we, as a society, assist its progress?

We believe it would first be useful to examine the distinctive nature of grief experienced by birth mothers. This will hopefully place in context the strategies we suggest to assist women in coming to terms with what happened to them and in healing.

Evelyn Robinson's paper presented at the 1997 Australian Conference on Adoption elucidated how the mourning of children lost through adoption is a form of "disenfranchised grief", a concept put forward by Kenneth Doka in 1989. When grief is disenfranchised it is not openly acknowledged or socially supported – the relationship is not recognised, the loss is not recognised or the griever is not recognised. Without the opportunities to express and resolve feelings of loss, bereavement reactions tend to become complicated.

Historically, there has been a pervasive silence around birth mother grief, and women were told to "forget the baby", "put it behind you", "get married and have more children". There were no rituals to honour the loss, and friends and family avoided any mention of the pregnancy or the lost child. The communal silence was interpreted by birth mothers as disapproval and reinforced their sense of shame.

There was also disenfranchisement within the birth mothers themselves. With the shame and secrecy surrounding the pregnancy and birth mothers had little choice but to conceal their grief also, or to deny it altogether. Rather than a diminishing of feelings of grief over time, the result was depression and a deepening of these feelings. The national Australian study of the effects of relinquishment on 213 birth mothers published by Winkler and Van Keppel in 1984 showed that their sense of loss did not diminish over time, indeed approximately half those studied reported it increased.

Furthermore, birth mothers were often shunned and ostracised. For many, the experience signified profound betrayal of trust, leaving them with a lasting feeling of not 'fitting in' with society. For some, the experience meant a lasting alienation from their families. Some developed great anger and resentment at society's treatment of them.

There are other distinctive features of loss through adoption which have contributed to birth mother grief becoming chronic and unresolved: One distinctive feature is that the loss is felt by the birth mother to be a self-inflicted one. She is perceived by herself (and others) as responsible for this anomalous life choice - she signed the consent form - leading to feelings of guilt and self blame.

When the birth mother is prevented from even seeing her baby prior to relinquishment, she lacks a concrete focus for mourning. After loss through adoption, the child is lost to the mother but still lives. Thus there is not the same finality to the loss. In many cases, the birth mother worries that her child is alive and well, and dreams of a future reunion, hoping that her child will want to see her.

Because the adoption loss remains unresolved, birth mothers often have difficulty dealing with subsequent losses. The old disenfranchisement affects the new bereavement, leading to a compounding of the earlier exhibited grief pattern. Other birth mothers appear 'deadened' to other losses, seeming to have a dulled reaction to new grief. These women may speak of their emotions being deeply buried, or may express a sense of separateness and a difficulty in achieving closeness or intimacy in other relationships.

Among the research findings of Diana Edwards in the USA in 1995 was that one-third of the 56 birth mothers she studied had no subsequent children. Some could not face the trauma of another pregnancy, some felt it would be disloyal to their first child, some were medically damaged during childbirth, others did not know why they could not become pregnant again. Interestingly, two of the mothers became pregnant after reunions with their children.

As PARC counsellors, we listen with sadness to the grief of women and some men who are trying to come to terms with the harm they have suffered. As well as the years of silent shame and emotional disconnectedness, with their sense of loss increasing as the years went on, birth parents have suffered more visible consequences such as alcohol and drug abuse, relationship breakdown and health and fertility problems. Most feel they may never fully resolve the issues in their lifetime.

To varying degrees, adopted people also experience distress from the adoption practices of the past. Adopted people may feel their relinquishment to be a rejection and go on to have difficulty in trusting in intimate relationships. They speak of feeling different from their adoptive family and of not knowing who they are. Birth mothers who have spoken to PARC have found the following things helpful. These are not listed in order of importance.

Breaking the silence

- Talking or writing about their experience - being heard and believed and having their grief acknowledged
- Social acceptance of their situation
- Counselling by a therapist experienced in post-adoption issues.
- Breaking secrecy with the family.
- Providing rituals of celebration to honour the birth of their child.
- Advocating for other birth mothers - having a public voice.

Search and reunion

- Reunion
- Telling their adopted child how it was for them.
- Getting information about their child's adoption - accessing the adoption and hospital records
- Information on their child's health and welfare.

Becoming informed

- Understanding separation and loss, bonding and attachment issues.
- Having information about adoption now - how open adoption can be seen as an indicator that permanently severing the bonds between birth parent and child is not longer seen as acceptable or necessary.

Joining groups

- Meeting other birth parents
- Being part of a mutual support group
- Taking part in therapeutic groups.

Regaining a sense of agency

- Choosing which services to access i.e. having alternatives to the agency which organised the adoption or the Department of Community Services. For example, some women are unwilling to come to Scarba House to see a PARC counsellor because of Scarba's history. We respect this, and offer alternative venues or referrals.
- Developing strategies for reducing stress, particularly on anniversaries, birthdays, family occasions.

- Being able to define their own experience.

As people give voice to their experiences, if we listen with care, then we continue to learn and transformation becomes possible. We as a society are learning that people's stories need to be heard publicly and acknowledged, and steps need to be taken to restore whatever can be restored. Examining the past, we are in a better position to constructively move forward. Perhaps we, as a society, need to find ways of saying sorry to those birth parents and adopted people who have borne the burden of the practices of the past. There are significant differences between their issues and those of the Stolen Generation of Indigenous people. In particular, the majority of adopted people speak of how well they were cared for in their adoptive families. But there are similarities, in the way in which birth parents have experienced and continue to suffer from the loss of their children. The perception of some of these women is that, offered a choice that was no real choice, the decision was not theirs and their children were in this sense, stolen. The sorry that groups and individuals have found it in their hearts to say regarding indigenous people's suffering has been helpful towards healing and reconciliation.

It is not a sorry that admits direct and personal responsibility but rather, in the words of Sir Ronald Wilson: *"This sort of apology is about identifying with another's sorrow with the desire to lessen this sorrow by sharing it - by taking it on a little bit oneself. It is an offering to play a part in healing. It relieves suffering to know that others have a desire to share what you are feeling"* (Dulwich Centre's edition of 'Comment' No 5 May 1998).

In this spirit, the staff of the Post Adoption Resource Centre are sorry that people have been damaged and hurt by their experience of adoption. We would like to offer the following suggestions and strategies to assist in healing:

- The availability of post-adoption counselling throughout regional New South Wales by the training of counsellors to provide localised, accessible services. PARC would be happy to assist in the training of such counsellors.
- The publication of a collection of Australian birth mothers' accounts of their adoption experience. The publication of *In the Best Interests of the Child?* and *The Stolen Generation: Bringing them home* has served several invaluable purposes:

1. It has enabled the stories of indigenous people to be heard and acknowledged.
2. It has touched and educated the wider community about the tragic history of the Stolen Generation.
3. It has provided a permanent record of social practices and attitudes, from which society can only learn and move on. The publication of a collection of the stories of Australian birth mothers would provide a similar record and resource, which would add a long-term value to the work of the Inquiry.

- Ongoing strategies to inform the parties to the adoption of their rights to seek information and contact.
- The giving of information from this Inquiry to the other States of Australia.