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

Volume 2

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This thesis is presented for the Degree of Doctor of Philosophy of The University of Western Sydney

June 2013
Statement of Authentication

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

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Mothers’ Voices

Introduction

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

Pregnancy

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The Hospital Experience

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

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

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

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

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

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

My mum helped me out - she said about my daughter, ‘She is my flesh and blood’. My friends, all visited me in hospital, and they brought presents for the baby. I was not aware of any stigma; if people talked behind my back then I was unaware of it.
Supportive parents generally meant a supportive community. Leonie at 14 years old, the only respondent this young, had been a victim of a sexual assault. It was 1975 and she explains feeling supported as Jill did:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Desiree gave birth in WA in 1957 she states:

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

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

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

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

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

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

**Life Afterwards**

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

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

Emma who had her baby taken in 1964 still grieves:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Wilma suffered from serious Post Traumatic Stress Disorder:

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

**Conclusion**

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

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

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

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

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

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

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

Mothers who ‘Kept’

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

Support Vs No Support

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

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

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

**Lay and Institutional Discourses**

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

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

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

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

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

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

**KEY THEMES: Mothers Who ‘Kept’**

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

**Theme 7**

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

**Theme 8**

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

### Table 1

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

Theme 7

I suffer regret. I forever regret not being strong enough to stand up to the system. Always thinking ‘if only I did this or hadn’t done that’. Lifelong angst.

Theme 8

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

Theme 9

I have difficulty maintaining relationships. Either ‘over’ or ‘under’ attached to subsequent children. Never had children. No partner, abusive partner or several broken relationships.

Table 2

PROTOTHEMES: Mothers who ‘Kept’

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

MICROTHEMES

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

PROTOTHEMES: Mothers who Had Their Infant Taken

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

**MICOROTHEMES**

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

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

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

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

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

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

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

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

Denial

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

Powerlessness

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

Isolation

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

**Pregnancy Findings**

**Key Themes Pregnancy: General**

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

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

## Table 4

## Key Themes Pregnancy: Psychological

<table>
<thead>
<tr>
<th>THEMES</th>
<th>INFANT TAKEN</th>
<th>INFANT KEPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confusion</td>
<td>27.5%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Denial</td>
<td>31%</td>
<td>18.75%</td>
</tr>
</tbody>
</table>
Table 5

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

Mothers’ Narratives Thematic Analysis Part 2: The Hospital Experience

Introduction

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

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

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

### Key Themes Hospital: Medical and Procedural

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

Table 6
Key Themes Hospital: Emotion

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

Table 7

Hospital Findings: Psychological

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

Table 8
Authoritative Account Rejected

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

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

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

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

Key Themes: Life Afterwards

<table>
<thead>
<tr>
<th>THEMES</th>
<th>INFANTS TAKEN</th>
<th>INFANTS KEPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor effect on self esteem (need to prove oneself, work hard, regret not standing up against abusive hospital practices, feeling less than)</td>
<td>Nil</td>
<td>26.6%</td>
</tr>
<tr>
<td>Major effect on self esteem (feeling worthless, alien, unloved, betrayed, dirt)</td>
<td>100%</td>
<td>Nil</td>
</tr>
<tr>
<td>Serious Stigma Internalised guilt, should have tried harder to keep, it was my mistake, I am a bad person, I would have been treated better if I was a good person</td>
<td>100%</td>
<td>Nil</td>
</tr>
<tr>
<td>Minor stigma From others ‘Are you married? You look to young to be a mother?’</td>
<td>Nil</td>
<td>13.3%</td>
</tr>
<tr>
<td>Others supportive of mother’s status</td>
<td>Nil - no support with grief or mental health problems</td>
<td>100%</td>
</tr>
<tr>
<td>Regrets</td>
<td>100%</td>
<td>Nil</td>
</tr>
<tr>
<td>Powerlessness afterwards</td>
<td>90%</td>
<td>Nil</td>
</tr>
<tr>
<td>Made the ‘right’ decision</td>
<td>Nil</td>
<td>100%</td>
</tr>
<tr>
<td>Felt ‘brainwashed’ that adoption was the best for infant</td>
<td>30%</td>
<td>Nil</td>
</tr>
<tr>
<td>Depression</td>
<td>63.3%</td>
<td>Nil reported</td>
</tr>
<tr>
<td>Pathological grief</td>
<td>66.6%</td>
<td>Nil reported</td>
</tr>
<tr>
<td>Anxiety</td>
<td>33.3%</td>
<td>Nil reported</td>
</tr>
</tbody>
</table>
Post Traumatic Stress Disorder (triggered by birthdays, mother’s day, missing children, adoptive parents) 90% Nil

Effect on child rearing
100% on all those who had further children – underlying sadness and often pregnancy would trigger trauma Nil

Loving but over protective (fearful would be taken) 34% 6.6%

Difficulty bonding: distant (fearful would be taken) 13.3 Nil

Loving but unspecified difficulty because of underlying trauma 52.7% Nil

Healthy relationship with subsequent children
100% felt impacted in a negative and major way – over attached or distant, fear of losing subsequent child 93.3% felt relationship affected in a minor way – felt not ‘quite good enough mother’ blamed guilt imposed by SW and hospital treatment

Relationships: stayed in abusive relationships 37% 26.6%

No further children because of experience 16% Nil

Not in any relationship because infant taken 33% Nil

Self medicated with alcohol 33% Nil

Prescription drugs 13% Nil

Searching behaviour 37% Nil

Suicide ideation 30% Nil

Suicide attempts 16.6% Nil

Gained strength from my decision Nil 100%

Amnesia periods 26% Nil

Seriously effected by shame and guilt (imposed by SW and institution) 100% 26.6%

Table 9

Life Afterward Thematic Analysis Findings

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

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

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

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

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

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

**Quantitative Method**

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

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

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

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

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

![Hospital Experience: Out of my control](image)

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

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

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

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

Graph 5: My Concern Versus my Parents’ Concern with ‘What the Neighbours Think’

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

Professor of Social Work, Edward Mech (1984, p. 565) stated that “adoption is not something a mother would normally contemplate, therefore it must be introduced to her and promoted as being in her ‘child’s best interests’. In this way her maternal instinct is used to the adoption worker’s advantage, in that the mother wants only what is ‘best for her infant’. She is particularly vulnerable around the period of the birth when her maternal instinct is at its strongest”. Young mothers, as explained by Anderson et al (1960), are perfectly capable of rearing their infants, but their brain is not fully developed for long-term decision making: that does not occur in humans until sometime in their early twenties. Mech acknowledged that for this reason there was a difficulty with implementing adoption plans with young mothers, as adolescent cognitive development allowed them a very ‘limited ability to plan ahead and to anticipate the consequences of decisions’. Further, he stated, that it was this inability to plan ahead that explained why mothers would ‘Never think of such an unnatural solution to unwed pregnancy as adoption by themselves’. What Mech’s research concluded supports what mothers have indicated in this research project; they did not think up and never ‘chose’ an ‘adoption plan’. Rather they were focused in on the present and their overriding concern was the welfare of their infant. As Dr. Michael Carr-Greg (2007, cited in Herald Sun, June 14, p. 32) has explained, “It is most unnatural for a mother, whatever her age, to want to give away her newborn infant to complete strangers, and to never know of its whereabouts or wellbeing”. Hence Mech’s manipulation of young mothers’ maternal instinct in order to provide babies for adoption, is disingenuous to say the least.
Another theme in the institutional discourse is that mothers’ financial concerns were a key motivation in her choosing an adoption plan for her infant. Research has indicated that mothers’ with little money, have still chosen to rear their child rather than part with it. Young mothers, as Mech explained, would be thinking more in the ‘now’ not in what they ‘could afford some time in the future’. To determine if fear of lack of finances was a key motivating force, the above graph was generated by the operationalisation of the statement: ‘Money was my primary concern and because it was financially difficult for me I relinquished’. 53.2% disagreed whilst a further 6.6% were undecided. Hence 40% agreed. These findings support two claims. The first is that mothers were not informed of the benefits and the other resources that were available. The second is that despite statements such as a mother: ‘Should never be placed in the position of having her child taken because she is indigent’ (NSW CWD: 1956, p. 25), adoption workers withheld information about available benefits effectively placing them in that position (Rawady: 1997). Additionally mothers were purposely intimidated by welfare and social workers with nonsense predictions, like the one given to Danielle: “80-90% of single mothers end up having to give up their infants for adoption after 12 months and that is was very traumatic for the child”. Danielle goes on to state how that statement affected her: “I remember feeling like I wanted to be dead and I wished the ground would just open up and swallow me”. She no longer felt she could fight to keep her child if ultimately to do so would damage it. This surely had the effect Mech discussed, of turning the mother’s maternal instinct against her. This was in NSW in 1969, and Danielle would have been entitled to $1 less than what women were receiving on the widow’s pension or $22 (Roberts: 1969).
The above graph was generated by determining the mothers’ responses to two statements. For the mothers who had their infants taken: ‘I have suffered no regrets in the years after relinquishment’; ‘I have suffered deep regret in the years after relinquishment’. For the mothers who ‘kept’: ‘I have suffered no regrets in the years after my decision to parent my child’; ‘I have suffered deep regret in the years after my decision’. Hence the long term emotional and psychological impact of keeping or having one’s child taken is attempted to be measured. As mentioned before, the level of control or coercion around the adoption decision making process was known to be crucial to psychological and emotional outcomes in the ensuing years. In the cohort mothers who ‘kept’, 93.3% strongly agreed that they had ‘Suffered no regrets, were happy with their decision’ and only one respondent was ‘undecided’. Interestingly 100% of respondents from this cohort disagreed with the statement ‘I have suffered deep regret in the years after my decision’. 100% of the mothers who had their infant taken however ‘strongly agreed’ with the statement: ‘I have suffered deep regret’. This project’s data therefore supports research that indicates that mothers who had their children taken, experienced ongoing regret; for some, to the point of pathological grief (Andrews: 2007; Askren & Bloom: 1999; Blanton & Dishner: 1990; Carr: 2000; Condon: 1986; Edwards: 1995; Kelly: 1999; Logan: 1996; Rynearson: 1982; Weinreb: 1991; Wells: 1993a, 1993b; Winkler & Van Keppel: 1984).
Graph 8: Levels of Empowerment

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

Summary of the Quantitative Data

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

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

Findings from the BNIM Interview and Interpretation Approach

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

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

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

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

Conclusion

Introduction

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

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

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

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

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

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

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

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

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

**Chapter Conclusions: Hypotheses Supported vs Rejected**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

To conclude, the underlying purpose of this thesis is to reaffirm the primacy of the sacred bond between a mother and her child. ‘If we do not uphold the laws of nature we will find her wrath lethal’ (Chapel: 1903). It is time that the government puts in place services to help mend the broken hearts of the mothers and their stolen children and assist with healing the lifelong damage caused by its failed social experiment: Forced Adoption.
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Note: The Australian State is in violation of CAT prior to ratification (1989) In the case of A. A. v. Azerbaijan it was established that events of torture and inhuman and degrading treatment that happened prior to the ratification of the treatment, but continue to have effects after the State party’s acceptance of the Convention and if the effects constitute themselves a violation of the Convention, are violations of the CAT Articles as if they occurred before ratification.

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APPENDIX

Thematic Analysis of Historical Texts

Key Theme: Social Control


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

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

### INSTITUTIONAL DISCOURSE

**Thematic Analysis**

**Constituted: Medical, Motherhood, Patriarchy, Capitalism**

**Grounded in the Power of the Expert Over the Body of the Mother**

**THEMES AND INSIGHTS**

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

Table 10 Historical Text Thematic Analysis: Institutional Discourse
LAY DISCOURSE
Thematic Analysis

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

THEMES AND INSIGHTS

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

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

Table 11 Historical Text Thematic Analysis: Lay Discourse

Conclusion

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

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

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

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

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

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

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

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

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

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

---

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

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

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

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

(Email sent by Research Participant, Jenny: 2007)
QUESTION SHEET FOR MOTHERS WHO KEPT THEIR INFANTS
Write as little or as much as you want in your answers

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

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

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

Question 2: During Your Pregnancy
- Did you continue going to school or work?
- Where did you reside: familiar home, home for unmarried mothers, in a private home (not your own) –
- Generally what happened and what supports (emotional – financial) if any did you have?
- Did you attend any ante-natal classes?
- Did you have support from your family during this time?
- Did you have any support from anyone? If YES who was it, and what kind of support was offered?
- What adjectives could you use to describe your pregnancy: enjoyable, frightening, traumatic, punitive, supportive etc.?
- Was there an overall theme, if so what was it?
Question 3: The Social Worker

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

Question 4: Your Experience Once Confined in the Hospital

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

Question 5: Access to Social Worker after Admission to Hospital

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

Question 6: The Adoption Option

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

Question 8: Life Afterwards: Marriage, Children, Educational Opportunities?
- Did you find that your experience as an unwed mother affected your subsequent life and relationships: children, partner, and parents? And, if YES or NO, how and why?
- Did you have other children? If YES, what adjectives would you use to describe your mothering style? (e.g. caring, protective, close, distant etc.)

Question 9: On a scale from 1-10 with
1 = totally powerless and 10 = empowered
How would you rate your level of powerlessness,
During the pregnancy:
In the maternity hospital:
In the decision to parent your child:
In your life generally as a result of your experience of being an unwed mother?

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

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Undecided</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
<th>1. On the whole, I made my own decisions during my pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>Somewhat Disagree</td>
<td>Undecided</td>
<td>Somewhat Agree</td>
<td>Strongly Agree</td>
<td>2. Others responded to my requests during my confinement in the maternity hospital</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>Somewhat Disagree</td>
<td>Undecided</td>
<td>Somewhat Agree</td>
<td>Strongly Agree</td>
<td>3. The processes I was subjected to within the maternity hospital were out of my control</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>Somewhat Disagree</td>
<td>Undecided</td>
<td>Somewhat Agree</td>
<td>Strongly Agree</td>
<td>4. I felt the decision to parent my child was my own decision</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>Somewhat Disagree</td>
<td>Undecided</td>
<td>Somewhat Agree</td>
<td>Strongly Agree</td>
<td>5. I was supported (by a family member/s or partner) in my decision to parent my child</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>Somewhat Disagree</td>
<td>Undecided</td>
<td>Somewhat Agree</td>
<td>Strongly Agree</td>
<td>6. I felt no coercion in my</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>Somewhat Disagree</td>
<td>Somewhat Agree</td>
<td>Strongly Agree</td>
<td>decision to parent my child</td>
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<tr>
<td>Strongly Disagree</td>
<td>Somewhat Disagree</td>
<td>Undecided</td>
<td>Somewhat Agree</td>
<td>Strongly Agree</td>
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<tr>
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<td>Undecided</td>
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<tr>
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<td>Somewhat Disagree</td>
<td>Undecided</td>
<td>Somewhat Agree</td>
<td>Strongly Agree</td>
<td></td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>Somewhat Disagree</td>
<td>Undecided</td>
<td>Somewhat Agree</td>
<td>Strongly Agree</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

General Background Information - Biographical Details:

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

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

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

Question 3: The Social Worker

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

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

Question 4: Your Experience Once Confined in the Hospital

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

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

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

**Question 6: The Adoption Option**

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

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

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

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

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

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

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

**How would you rate your level of powerlessness:**

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

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

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
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</tr>
<tr>
<td>Strongly Disagree</td>
<td>Somewhat Disagree</td>
<td>Undecided</td>
<td>Somewhat Agree</td>
<td>Strongly Agree</td>
<td>4. I felt signing the consent to adopt was the outcome of my own decision</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>Somewhat Disagree</td>
<td>Undecided</td>
<td>Somewhat Agree</td>
<td>Strongly Agree</td>
<td>5. I felt I made the only decision I could at the time</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>Somewhat Disagree</td>
<td>Undecided</td>
<td>Somewhat Agree</td>
<td>Strongly Agree</td>
<td>6. I felt no coercion in my decision to relinquish</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>Somewhat Disagree</td>
<td>Undecided</td>
<td>Somewhat Agree</td>
<td>Strongly Agree</td>
<td>7. I have suffered no regrets in the years after relinquishment</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>Somewhat Disagree</td>
<td>Undecided</td>
<td>Somewhat Agree</td>
<td>Strongly Agree</td>
<td>8. I never chose to relinquish my child</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>Somewhat Disagree</td>
<td>Undecided</td>
<td>Somewhat Agree</td>
<td>Strongly Agree</td>
<td>9. I was expected to relinquish because I was unwed</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>Somewhat Disagree</td>
<td>Undecided</td>
<td>Somewhat Agree</td>
<td>Strongly Agree</td>
<td>10. I have suffered deep regret in the years after relinquishment</td>
</tr>
</tbody>
</table>

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

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

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

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

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

Anything else you would like to add or discuss:
DRAFT QUESTIONS: MIDWIVES

Semi Structured Interview Schedule

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

Training and employment in the decades 1960-1990 as a midwife

Prompt question

When and where did you do your training as a midwife?
When and where were you working as a midwife?

The role of midwives in past adoption processes

Prompt questions:
How did you come to be involved in the care of unmarried mothers?
Where did you work then?
What was your role in the whole process?

The experiences of midwives

Prompt questions:
Tell me about some of your experiences of working with these mothers?
Can you remember examples or scenarios that illustrate some of your experiences?

Factors influencing practice

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

Key players

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

Recommendations

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

Final Comments

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

Semi Structured Interview Schedule

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

Training and employment in the decades 1960-1990 as a medical worker

**Prompt question**

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

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

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

**The experiences of medical workers**

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

**Factors influencing practice**

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

**Key players**

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

**Recommendations**

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

**Final Comments**

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

Training and employment in the decades 1960-1990 as a midwife

Prompt question
When and where did you do your training as a social worker?
When and where were you working as a social worker?

The role of social workers in past adoption processes
Prompt questions:
How did you come to be involved in the care of unmarried mothers considering adoption?
Where did you work then?
What was your role in the whole process?

The experiences of social workers
Prompt questions:
Tell me about some of your experiences of working with unwed pregnant women?
What are some examples or scenarios that illustrate some of your experiences?

Factors influencing practice
Prompt questions:
Tell me a bit about significant factors that impacted on your practice?
Did changing legislation/policies/ideologies/societal values have an impact on processes and practice regarding unmarried mothers considering adoption option?

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

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

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

Women’s Activism

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

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

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

**Excerpts of the Forced Adoption Apology Given by the ACT Government**

Daily Hansard

14 August 2012

Ms Gallagher (Molonglo—Chief Minister, Minister for Health and Minister for Territory and Municipal Services) (10.02), by leave: I move:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

I genuinely hope that this motion today provides some part of that validation. I also recognise other key recommendations of the committee and we add our voices to those who have spoken on this matter before and will do so still. When they do, I trust they too identify the other key wrongs mentioned in the report—that vulnerable
mothers were not given the care and respect they needed during this difficult period of their lives, that mothers were poorly advised, that they were stigmatised by professionals and institutions and that organisations and their staff in positions of authority stood in judgement of these women instead of respecting them. Lastly, the report indicates that it is vital to provide better support for those who have suffered and take solid steps to make sure we never repeat the mistakes of the past. Part of that process is providing more support to those individually affected, and the Canberra Liberals will support steps to provide that support in the future.

Mr Speaker, while no apology is ever enough, it is right and just that victims of forced adoptions are recognised and that we as a community say sorry. We do so today, freely and fully. We are sorry (ACT Hansard: 2012, p. 3074).

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

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

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

Delivered by
Prime Minister Julia Gillard
Great Hall of Parliament
Canberra

21 March 2013

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

National Apology for Forced Adoptions Website:

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

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

25 October 2012, 7:02am

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- Pat Moore

27 Mar 2013 4:23:39pm

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

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

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

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

Extract from Hansard

Alison Xamon

[COUNCIL — Thursday, 20 October 2011]
p. 8471b-8472a

Removal of Children from Unmarried Mothers —
Apology

Date: Thursday, October 20, 2011

Extract from Hansard

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

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

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

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

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

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

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

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

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

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

Dear Christine,

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

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

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

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

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

Yours sincerely,

[Signature]

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

30/11/12
Dear Minister Goward

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

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

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

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

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

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

Yours sincerely,

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

30/11/12

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

Dear Ms Cole

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

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

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

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

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

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

Yours sincerely,

Anne Campbell  
Acting Chief Executive  
15.1.13
To Whom it May Concern

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

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

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

So why can't the Government do its handling again, send an apology to the white Stolen generation to bring closure to all that suffering.

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

Signed

Max Dulumunmun Harrison

21/11/09

Elder Max Dulumunmun Harrison
Stolen Babies - Broken Hearts: Forced Adoption in Australia 1881-1987

Volume 1

Christine Anne Cole

This thesis is presented for the Degree of Doctor of Philosophy of The University of Western Sydney

June 2013
Statement of Authentication

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

(Signature)
At the ACT Apology a simple parchment was given to all those who attended:

**Legislative Assembly for**  
**The Australian Capital Territory**

The ACT Legislative Assembly acknowledges with deep regret that past practices of removal and adoption have caused great pain and suffering to mothers and their children, who are now adults.

We recognise that past practices have profoundly affected the lives of not only those people, but also fathers, grandparents, siblings, partners and other family members.

We acknowledge the life-long impact of this separation: the grief, trauma, loss, disconnection and unwarranted shame, guilt and secrecy.

To those mothers who had their babies taken from them, who were denied the opportunity to care for their child, who were not informed of their rights, nor provided with the support that mothers need, we are deeply sorry for this injustice and all the harm it has caused.

To the adopted children, who are now adults and who were denied the opportunity to grow up with and be cared for by their parents and families, we offer you our sincere and unreserved apology.

To those ACT families, past and present, separated by an adoption that was forced upon them, the Assembly expresses its heartfelt sympathy and is sorry.

We are committed to providing support, counselling and assistance to ACT families who are parties to an adoption, and to ensuring that the flawed adoption practices of our community’s past are not repeated.

Kathy Gallagher MLA

14 August 2012
Excerpt from the ACT Government Forced Adoption Apology Speech¹

ACT Legislative Assembly
Seventh Assembly
Daily Hansard
14 August 2012

MS GALLAGHER (Molonglo-Chief Minister, Minister for Health and Minister for Territory and Municipal Services, by leave: I move (p. 3067):

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

¹ The Apology Alliance is a lobby group set up by the author. The acknowledgement was tri-partisan. See the transcript of the ACT Liberal Party Apology that followed - Vol. II Appendix, p. 226 (Legislative Assembly for the ACT: 2012, Week 8 Hansard (14 August) p. 3072).
ABSTRACT

A hidden history of government intervention into the lives of unwed, white mothers is beginning to emerge. Most Australians are unaware that thousands of white babies were forcibly taken under a policy of assimilation during the 20th Century.

This research project has attempted to explain this phenomenon by contextualising it within an historical account of ‘child removalist’ polices that were imported into Australia with British settlement. It also makes a linkage between the British treatment of its destitute, unwed mothers under the Poor Laws, the forced removal of their children and Forced Adoption/white stolen children in 20th Century Australia.

From the beginning of colonial history motherhood has been constructed by the structures of patriarchy and capitalism imported along with the rigid, hierarchal legal system of Britain, and the ideology that underpinned it. In the 1800s the babies of convict mothers were taken and placed in Orphan Asylums, whilst they were sent back to work. During the late 19th century unsupported, unwed mothers had their babies forcibly taken and fostered out to country areas in order to be separated from their ‘contaminating’ influence and that of their ‘pauper’ families. Hence the beginning of the child welfare system was grounded in child removal practices, not in supporting vulnerable families stay together.

By the early 1900s, a population policy moulded by two forces: eugenics and pronatalism had emerged. It was directed by the Commonwealth and enacted by State institutions. Its particular focus was to populate Australia with ‘good white stock’: legitimately born white infants, who could be called upon to defend the Empire. White Australians were not considered a homogenous grouping, but a continuum that ranged between the ‘racially superior’ elite and ‘racially inferior’ ‘degenerates’. The latter category included white, unwed mothers and their infants. Illegitimacy was seen as a threat to ‘race improvement’, and presumed to be the root of racial decay. It was assumed that if children were removed and assimilated with white, married, employed couples, their tainted biology would be neutralised. It was also a measure to expand the white, middle and upper classes.

A little known fact is that there was resistance to the forced removal/assimilation policy at a grass roots level and that the majority of white unmarried mothers kept their infants.
Therefore this research project hypothesised that there were two discourses that regulated the lives of unwed mothers. Mothers who had their infants taken were exposed to an institutional discourse that was comprised of motherhood, medical and eugenic discourses, imported from the ‘mother country’ and the United States. They were articulated through maternal and infant welfare representatives and their practices which included Forced Adoption. At the same time a lay discourse that had co-existed for hundreds of years was also imported. This was expressed in the language, the practices and the support given to daughters and grandchildren by their kin and was a backlash against the autocratic State practice of forced removal. The discourse that framed the mother’s pregnancy and birth experience determined whether or not she kept her infant or had it taken for adoption. Both discourses were grounded in patriarchy as the mother who kept had the protection and support of her patriarchal structured family. The unsupported unwed mother stood outside the norms of what was considered right and proper by the social work and medical elite. Her pregnant body challenged the power structure on which patriarchy rests: control of the reproductive labour of women.

The language used for the justification of forced removals has evolved over the centuries. The 18th century ‘pauper’ was ‘vicious’ and wanted to rid herself of her burden, the 19th century feebleminded mother was incapable of providing a ‘moral’ environment. The rise of Freudian based social casework theory that dominated social work in Australia (1940-1970s) labelled her as too ‘immature and neurotic’ to rear her ‘unwanted’ infant. It was considered to be in ‘its best interest’ to be removed and placed with a ‘normal family’ with a ‘real’ mother and father. Unsupported, unwed white mothers did not have the same maternal rights as their married counterparts. They did not have access to their rights of citizenship, which led to major violations of their human and civil rights. The most brutal, being separated from their newborns at birth.
Acknowledgments

My heartfelt thanks go to my supervisor, Dr. Mary Hawkins. Throughout this thesis and in particular the last gruelling months, her patience, support and guidance has been immeasurable. Her pragmatism, strength of character and ability to ground me has kept me going when the death of my mother and other very difficult family events threw me off my path and almost jeopardised the completion of this study. Magnanimous in her generosity she has been truly inspirational. I thank my Associate Supervisor, Dr Stephen Janes, whose encouragement and advice was timely and for his ongoing support of my research. I would like to thank the many participants who contributed their time and narratives. I know it was not easy to invoke such traumatic memories, but because of your courage the history of adoption in Australia is substantially richer. I am grateful to the many organisations and groups around Australia that supported my project and advertised via their email lists, newsletters and by word of mouth for participants for my research study. I owe much to Judy McHutchison whose 1986 Thesis first awakened me to the illegality of the acts perpetrated against myself and the other mothers who had their newborns forcibly taken for the purpose of adoption. I have built on her research, as have many others who have worked to expose the past human rights violations and re-establish the primacy and sacredness of the bond between mother and child; irrespective of marital status, colour or situation. I would like to thank Ms Sheila Simms who gave me access to the Women’s Hospital Crown Street Archives and to the other professionals who willingly gave of their time and spoke openly and frankly about the institutional abuse meted out to the unwed mothers with whom they came in contact. I owe much and am truly grateful to Dr. Geoff Rickarby, who is not only a long time friend and a fellow activist, but has supported many mothers in their darkest hours. His candour and courage in speaking out when no-one believed or wanted to listen to the way unwed mothers were mistreated not only saved lives, but contributed to changing the abusive culture that existed within the institutions. I truly appreciate Mr. Pat Rogan’s, former MP for East Hills, friendship and unwavering support since 1994. Without Pat’s assistance and that of his assistant Ms Margaret Como, mothers would never have succeeded in gaining a State Inquiry into Past Practices in Adoption (NSW) (1998-2000). This was the first time a government formally acknowledged that the phenomenon of Forced Adoption existed and that it was both unethical and illegal. This was not only the beginning of a revolution to bring justice and peace to many mothers and adoptees and their affected family members, but the Inquiry
provided a wealth of data for future research. Thanks to my dear friends who have patiently supported me and waited for my return to ‘normal life’ and be available to once again enjoy their company. I would like to thank my trauma specialist Ms Mirjana Askovic for her unwavering support over the last two years, without her assistance I would not have finished my project. Sometimes an angel appears when you need her the most. I would like to thank my parents from whom I learnt much and hopefully they from me. I only wish my mother was still alive to see the completion of my project, which had been a source of healing for us both. Finally love and thanks to my children, their partners and my grandchildren, just for being who you are.
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In this project words such as ‘birthmother’ ‘first mother’ ‘natural mother’ are not used. A mother is defined in this context as the person who has ‘given life to’ and carried within her womb and whose offspring carries half of her genetic material. The fact that the mothers who speak through these many pages did not get to parent their child does not make them, as the adoption industry defines them: ‘birthmothers’, which infers that they are non-mothers and mere ‘breeders’, for those deemed more ‘respectable’. If a mother gives birth to a stillborn she is not described as ‘the birthmother’ because she did not get the opportunity to parent her child. The practice of putting descriptors before the word mother is a tool to create a social space between the mother and her infant so that another can slip into that space without creating social tension.

‘Infant taken’ or ‘taken’ are the words used for babies taken at birth or soon after from their mothers. The word ‘taken’ is used rather than the words: ‘relinquished’; ‘given up’ or ‘lost’ that are part of the adoption industry lexicon. The mothers that participated in this study neither lost nor relinquished. They had no choice, nor did they make any decision about the future of their infant. The respondents’ assertion that they had no choice is supported by previous research (Condon: 1986; McHutchison: 1986; Winkler & van Keppel: 1984). Dr. Condon (1986) states any notion of choice is “a lie to obfuscate the guilt” felt by those who participated in the forcible separation of a mother from her infant.
CHAPTER 1

Forced Adoption: The Social, Historical and Theoretical Context

Introduction

The removal of newborns from their mothers for adoption has been contemporaneously labelled ‘Forced Adoption’. That is: ‘Adoption where a child’s natural parent or parents, were compelled to relinquish it for adoption’ (Community Affairs Reference Committee Report (CARCR): 2012, p. 6). Dr. Ian Holland, Committee Secretary of the Secretariat, assisting the Senate Inquiry into Forced Adoption, broadened the definition to include: “A wide range of practices … coercion, bribery, bullying, physical restraint, kidnapping and theft” (Holland: 2012). So, taking into account its broader definition, I argue that the term ‘Forced Adoption’ does not adequately capture the phenomenon which is more aptly described as: ‘State sanctioned child theft’ (Alison Xamon MLC (WA Greens): 2010a & b). A crime later legitimised by an Adoption Act (Parry: 2012; Forkert: 2009, p. 35). In this way, criminal acts such as ‘kidnapping and theft’ were ‘sanitised for public consumption’ (Moor: 2005, p. 1). Therefore the thrust of this project is to provide further evidence for the proposition that thousands of unsupported, unmarried, White Australians had their newborns stolen for the purpose of adoption (Moore: 2005) (‘white’ used in the context of distinguishing Aboriginals from non-Aboriginals see Lake: 1999a, 1999b, 2001a, p. 582, 2001b; Haralambos et al: 1999, p. 428-429; Forkert: 2009; Cheater: 2009; Reekie: 1998). This was done under a population policy whereby ‘illegitimate’ infants were assimilated into the middle class by being given to white, married couples purportedly to ‘make the best of poor genes’ (Lawson: 1960, pp. 162-166).

Forced Adoption/Abducted Babies

In Australia over the course of the 20th Century it is estimated that 250,000 babies (Inglis: 1984) were forcibly removed from their single mothers

2 1. To carry off by force, kidnap (Amer. Heritage Dict. 2009); 2. To remove a person by force or cunning, kidnap (Collins Dict. 2003).
These women included state wards, newly arrived immigrants, orphans and those abandoned by their families; what they all had in common was they were unsupported and unwed and because of this, their babies were earmarked for adoption (Hermeston, Link Up, cited in the NSW Standing Committee on Social Issues Report 21 (Report 21): 2000, p. 224; Rickarby cited in NSW Standing Committee on Social Issues Report 17 (Report 17): 1998, pp. 62-73; Chisholm cited in Report 21: 2000, pp. 177-187).

Dr. Geoff Rickarby, Psychiatrist and adoption expert, labelled the adoption process at the Women’s Hospital Crown Street (Crown St.), Surry Hills NSW, during the 20th Century as: “well oiled and systematic” (Report 17: 1998, p. 66). The hospital would not admit unmarried pregnant girls and women as maternity patients unless they first had a meeting with a social worker (Roberts: 1994; Stoker: 1985), effectively funnelling them through the hospital’s pro-adoption Social Work Department. Whether they stipulated they wanted to keep, or relinquish their baby, their files were stamped with a code: ‘BFA’ (Baby for Adoption), or ‘UB-’ (Unmarried, baby for adoption) (Roberts: 1994). This occurred without the women’s knowledge, and was an Australia wide practice (CARCR: 2012; Gair & Croker: 2006/2007). Indeed, their accounts (CARCR: 2012; Report 17: 1998; Report 21: 2000; Joint Select Committee Parliament of Tasmania (Joint Select Committee): 1999) of their visits with social workers are remarkable in their similarity. They all reported that no information was given about any available financial or other assistance to support them in rearing their infants (Human Rights Commission Report 23 (HRC 23): 1986; NSW. LRC 34: 1994; Final Report 22: 2000; CARCR: 2012), rather, they were consistently told that single mothers were not ‘fit’ to parent (Report 17: 1998; Report 21: 2000; Final Report 22: 2000; CARCR: 2012; Kenny, P., Higgins, D., Soloff, C. & Sweid, R (Kenny et al): 2012).

The secret code informed medical staff that these women were to be treated differently because of their marital status. Women with stamped files reported that they were drugged, not allowed physical contact with their babies, and had a pillow placed in front of their face or on their chest, so they could not view their child at the

Either immediately, or soon after the birth, an unmarried mother would be removed from Crown St. without her baby, and kept at Lady Wakehurst, an annex of the hospital, some miles away, for five days (Roberts: 1994; Rickarby cited in Report 17: 1998; NSW LRC 34: 1994; Final Report 22: 2000). During this time, she was not allowed any contact with her baby, was drugged, and forbidden visitors (Rickarby cited in Report 17: 1998, pp. 62-73; Chisholm cited in Report 21: 2000; Final Report 22: 2000). Her clothes were locked away, and she had no access to any money. If she refused to sign adoption papers, she was told that she would not be allowed to leave the hospital (Sherry: 1991; Chisholm cited in Report 21: 2000; Final Report 22: 2000, pp. 131-132). Some mothers who refused, left the annex, and returned to Crown St., but were not allowed admission to the nursery. Some were threatened with being apprehended by police or their infant being made a state ward if they did not agree to relinquishment (Sherry: 1991; Final Report 22: 2000).

Justice Richard Chisholm described the aforementioned actions as ‘crimes of false imprisonment and kidnap’ under the Crimes Act 1900 (NSW) (Chisholm: 1999 cited in Report 21: 2000, pp. 178-179, 184, 186). Even if the Consent to Adopt Form was signed, such a contract obtained by the ‘deprivation of liberty or the threat of it amounts to duress’ (McLarnon v McLarnon (1968) 112 Sol J 419), and so vitiates consent (Puo On v Lau Yin Long [1980] AC 614 at 635). Legally these Consent Forms were unconscionable contracts and should have been made null and void (Commercial Bank of Australia Ltd v. Amadio (1983) 151 CLR 447). In the Amadio case Justice Dean, restated principles articulated in an earlier case: Bromely v Ryan
(1954) 99 CLR 362. Pertinent to unwed mothers was one of the findings of the Bromley case that voided such contracts:

Poverty or need of any kind, sickness, age, sex, infirmity of body or mind, drunkenness, illiteracy or lack of education, lack of assistance or explanation where assistance or explanation is necessary. The common characteristic seems to be that they have the effect of placing one party at a serious disadvantage vis-a-vis the other.

Further Chisholm explained that: “Trying to get something by a deceitful proposition” such as threatening mothers with police action if they did not sign the consent form; not allowing them to leave the hospital until they signed over their infants; omitting to give information that would have assisted them to keep their infant all constituted the crime of “Fraud, or in a civil matter the Tort of Deceit” (Chisholm: 1999 cited in Report 21: 2000, pp. 178, 184). A single mother had the same rights as her married counterpart and under the common law by virtue of giving birth she retained full custody and control of her infant whatever her age. No-one was legally able to remove her infant without her freely given permission. This common law right was acknowledged in the English case: Barnado v McHugh [1891] A. C. 388 (Dickey: 2002), and the principle restated in Australian law in Ex parte Vorhauer; Re Steep (1968), 88 W.N. (Pt. 1) NSW, p. 136 and Youngman v Lawson [1981] 1 NSW LR, p. 439 (cited in Final Report 22: 2000, p. 131). However, in the above example of ‘state sanctioned abductions’ unwed mothers were treated as ‘non-citizens’ without the privileges and protections afforded them under Australian law. Their rights as ‘citizen mothers’ were non-existent (Lake: 2012, p. 55).

Personal interest in the project

As a young woman I fell pregnant to my boyfriend of two years. The year was 1969; it was a time of the Beatles and a burgeoning youth culture. My partner wanted to marry me, but I felt that I was too young and wanted to wait. My parents did not support my decision to keep my child and sent me away from home to work as a housekeeper. I was not allowed to return home until after the birth, and from the time I left home I had no contact with relatives or friends, only my child’s father.
Our local doctor was Catholic and convinced my mother that she was doing ‘the right thing’ in insisting that I adopt out my infant. He suggested that she take me to Crown St., then the largest maternity hospital in NSW. I had to visit first with a social worker before being admitted as a maternity patient. The social worker espoused the benefits of adoption, and commended my mother on her decision to select an adoption plan for my unborn child. I explained that I wanted to keep my baby and that the father and I planned to get married in the future. I was ignored. The social worker listened encouragingly to my mother, who did most of the talking, and reconfirmed my G.P.’s assessment that it was the best plan for both my unborn child and myself. She stated that I would soon put ‘the whole thing behind me and could start my life afresh’. There was never mention of any grief I might experience or possible psychological damage to either myself or my infant as a consequence of our separation. There was no discussion about the available benefits that might assist me to keep my baby. Unbeknownst to me, she marked my file with the code: BFA, ‘Baby For Adoption’, at that first meeting, whilst I was only five months pregnant. This code, as I found out in 1994, when I became involved in adoption rights activism, would guide maternity staff, months later, as to my treatment in the maternity ward. I did say that I wanted to keep my baby, as stated above, and many years later when I gained access to my social work files I saw that the social worker had written: ‘Immature little girl’. Later I would learn that being classified as ‘immature’ was a euphemism for a ‘pregnant girl/woman who wanted to keep her infant’ (Rawady: 1997; Cattell: 1954, pp. 337-342).

The hospital arranged a housekeeping position in a private home. I was paid $10.00 for working more than eighty hours a week. I had the care and responsibility for three children: two of whom were not toilet trained. I was ‘on call’ twelve to thirteen hours a day. I was only allowed to leave for one outing a week. I felt like a prisoner.

I had to mind the children, and clean a very large house. My employer was demanding and relentless, she followed me around all day yelling orders. I asked if

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3 In 1994 when I first accessed my social work records it was mandatory to be in the company of a social worker when reading them. I asked her why had my Crown St. social worker written that I was an ‘immature little girl’ on my files. She stated: “You must have said you wanted to keep your baby”.
another place could be found, but no-one listened. I had been given some sort of tranquilisers by my G.P. because of my distress about being sent away, and the expectation that I must later adopt out my newborn. Eventually unable to tolerate the situation any further I took four or five pills and rang my partner telling him I wanted to commit suicide. Both he and my mother turned up at the house, and I was finally permitted to leave. The hospital soon found similar employment. This time I only had two children to mind, but still had to clean, wash and cook for the entire family. The couple I worked for both worked, so I was not berated all day, as I had been in my former employment. However I had to keep fighting off the sexual advances of the husband when his wife was away. I never complained, I thought if I did I might end up in a place like the one I had just escaped. I felt so alone and helpless, worse, powerless to alter my circumstances.

During this time I travelled by bus to Crown St. for check ups and for more visits with the social worker. The social worker continued to promote adoption and when I would argue with her, and state that I wanted to keep my baby she would ask the same questions: “Can you provide the baby with everything a two parent family can”? “Will you be able to pay all the costs to have the child educated like a two parent family can”? To which I could only reply “no”. She never referred to the baby as ‘your baby’ it was always ‘the baby’. When I would try and advance some plan on how I might keep my child she would interrupt with comments such as: “You are being very selfish”; “Keeping the baby is not in its best interests”; “There are many lovely couples who cannot have children of their own who will provide the baby with all the things you cannot”. The psychological pressure of her words, a person in a far more powerful position than I, and considering my vulnerability, age and inexperience, constituted a form of brain washing. This practice of coercive ‘counselling’ was to ensure that I did not identify as a ‘real mother’ and to engender feelings of shame, unfitness and disentitlement to rear my own child (Rickarby cited in Report 17: 1998, pp. 62-73; Research Participant: 2007, Rose).

I was admitted to the hospital ten days prior to the birth. My hospital records reveal that I was administered mind-altering barbiturates four times a day from the time of admission. I was awoken at 4.00 a.m. and given 100mg of Sodium Amytal, which was repeated another two times during the day, and I was given a further 100mg
of Sodium Pentobarbital at 9.00 p.m. Chloral Hydrate was administered at the nurse’s discretion (Personal Medical Files: 1969 cited in Cole: 2008, pp. 163-165). None of the drugs were given for any medical reason. Neither I, nor my parents, gave permission for their administration. My confinement at the hospital was made worse by being used as a teaching specimen for male interns. I remember one incident, where a nurse came and took me to an empty ward where there was a group standing with their supervisor. The supervisor ordered me to lie down then proceeded to lift up my nightie and began to squeeze my nipples until milk flowed. He spoke about me to his students as if I wasn’t there. He then proceeded to examine my stomach explaining that I was a good example of a 34 week pregnancy, due to my size, position of the baby and the fact its head was not yet engaged.

A few days later I was ordered to go to the maternity ward. My baby was not yet ready to be born, but even so the labour was induced; the result was an extraordinarily painful birth. I was not given any information about the medical procedures that would take place. I was given an injection of Pethidine and as I began to fall unconscious, I panicked and screamed out in terror: “What is happening”? Only one doctor was in anyway considerate, trying to calm me he said: “Don’t try and fight it, just relax and go with it”. I dropped into darkness only to awake three hours later feeling as if my insides were being ripped apart. I thought I was dying. Thrashing around in excruciating pain I accidently knocked one of the nurse’s pockets. She immediately punched my arm and yelled in my face: “Don’t touch me”. Sometime during the birth a pillow was placed on my chest to block any glimpse I might have had of my newborn. Once birthed, the practice at the time was to smack the baby’s bottom. I heard the smack, but there was no cry, only silence. The doctor smacked again, but still I heard nothing. I thought my baby has died. I was alarmed I attempted to sit up. I cried out: “What’s wrong, what’s wrong, what’s wrong with my baby”? It was then that I became aware of the pillow and before I had a chance to see anything, I was shoved back down on the bed and held down by three nurses. The midwife at the foot of the bed yelled sharply: “This has nothing to do with you”. Then my baby was whisked away before I saw her and before I had the chance to finish the birthing process. What would haunt me for the rest of my life is the fact I never got to see my

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4 I now know that my daughter was as drugged as I. Today she cannot be given pethidine as she will hallucinate and have panic attacks.
baby’s face, never got to hold or touch her, never even got to say goodbye. I had fallen into a nightmare from which there was no escape.

I was injected with 200mg of Sodium Pentobarbital and Stilboestrol before being taken out of the maternity ward. Pentobarbital is a powerful barbiturate that interferes with the brain’s higher cognitive functioning, particularly decision making. The Stilboestrol was used to immediately dry up my breast milk (Rickarby cited in Report 17: 1998, pp. 62-73). Neither my parents nor I had given permission for the hospital to administer these drugs. I had never verbally consented to adoption, nor had I signed any legal document to that effect. I was the sole legal guardian of my daughter, by virtue of her birth, and had every right to see, hold and feed her. Legally, no decision about adoption was to be given until at least five days after the birth - and that was only a prescribed minimum - not a legal requirement (Final Report 22: 2000; Chisholm cited in Report 21: 2000, pp. 177-187). I should have been able to leave the hospital with my baby without any interference. Yet the code on my file and the treatment I received in the maternity ward made it clear that taking my child for the purpose of adoption was a foregone conclusion over which I had no control.

The day after the birth, I awoke very distressed. I was taken by ambulance to an unknown location. Later I found out it was Lady Wakehurst, the hospital annex at Bondi. I never gave permission to be removed from the hospital and away from my daughter. After arriving at the annex I was drugged for the following five days. On many occasions I cried out in utter despair. I demanded, begged, implored to see my baby, to keep her, but was coldly informed that I could not. It was all too late, my baby had gone. I was told that I would not be allowed to leave the hospital, until I had signed a form consenting to adoption. Here I lay, a sixteen year old minor, alone, traumatised, assaulted and drugged. I felt such a pathetic human being – maybe it was true, I was not worthy to be a mother. Invisible. I felt myself shrinking, the world as alien and as if I was drowning in an ocean of pain and grief.

On the fifth day the welfare officer stood over me whilst I signed the form. The words ‘socially cleared’ were written on the bottom of my medical records, and it was then they told me to leave.
An analysis of my story reveals several overall themes. The isolation and alienation I was subjected to, made me feel helpless and sent a strong message, ‘The’ baby was not mine: I was a surrogate, carrying it for ‘two far more deserving people, a married couple’; ‘I was not competent to rear my child’; ‘I did not have real feelings for her’ and would ‘easily get over’ her loss. I was ‘too young to be a mother’ and had ‘no right to make a decision’ about my infant’s future because I was ‘not mentally competent to do so’. Effectively I had no rights over my body or that of my infant; I had no right to make a choice and was in this sense treated like a non-citizen.

This experience has shadowed my life, and many times I have asked myself why, when I was a healthy, fit young woman, with a stable partner - an apprentice plumber - neither of us were allowed to see or touch our newborn daughter? Who, or what, empowered the social worker to stamp on my files, whilst I was still pregnant: ‘BFA’, an instruction that was systematically followed in the labour ward, without any person questioning the legal, human and civil rights abuses inherent in the process? Why were heavy doses of barbiturates given prior to, during and after the birth? Why wasn’t I allowed to leave the hospital until a ‘Consent to Adopt Form’ was signed and ‘socially cleared’ written on my medical files?

Therefore, the overall question I have attempted to answer in this thesis is: How and why had it become normalised practice, during most of the 20th Century, to forcibly take infants from their White Australian unwed mothers for the purpose of adoption?

Research Aims

Much of the material which directly and indirectly relates to and informs the practice and theory of adoption is dispersed across a variety of disciplines, including history, anthropology, ethnography, sociology, law, social work and social administration. This work attempts to integrate data utilising a cross-disciplinary approach in a coherent historical and social theoretical framework.

There has been research conducted on ‘unwed mothers who had their children taken’ (Winkler & van Keppel: 1984; Condon: 1986; McHutchison: 1986; Moor:
2005) and an attempt to place the phenomenon within an historical framework (Kerr: 2005; Parry: 2007). However, as far as I am aware, there has not been any longitudinal research conducted that contrasts the lived experience of unwed mothers who had their infants taken with unwed mothers who ‘kept’. A fact acknowledged by Dr. Daryl Higgins who identified it as a ‘gap in the research’ (2010, pp. 3, 15). This project will endeavour to fill that gap by examining and discussing the effects on the lives of both groups of women from the 1950s, when they gave birth, until 2007 when this research project was undertaken. Similarly I am unaware of any research conducted to identify the forces that enabled some unwed mothers to keep their newborns while others like me, were unable. Higgins (2010, p. 3) also acknowledges the lack of research in this area. He states that in order to ‘have an evidence base on which to build a policy response’ for survivors of Forced Adoption, research must be undertaken that draws out common themes, makes relevant comparisons with other groups, such as mothers who ‘kept’, and determine why ‘not all illegitimate babies were adopted’. This study aims to do just that and as well as identifying those forces, explain how they operated, and the discourses that framed them.

Evidence has been provided that there was a government policy of forcibly removing infants from white unmarried, unsupported mothers (Prime Minister Julia Gillard’s Apology: 2013; CARC: 2012; Lake: 2012, p. 55; Final Report 22: 2000; Rickarby: 1998; Roberts: 1994; LRC 34: 1994) and this study attempts to further substantiate that claim. However, there is sparse research into the dynamics and discourses that led to, and provided the framework, for such a policy (McHutchison: 1986; Kerr: 2005; Moor: 2005), nor the extent or length of time it occurred. This project works towards doing that and additionally to examine and discuss evolving themes that have informed the practice and theory of 20th Century adoption by situating the research in a broader historical context.

To summarise; the project is situated historically to examine the formation of key themes, ideologies and discourses that developed over centuries and provided the theoretical framework that normalised the 20th Century Forced Adoption/abducted

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babies phenomenon. This will be done by retracing its roots back to the rigid, hierarchal, class-based legal system of Britain and the policies and practices of child removal that arose with the demise of feudalism, the industrial revolution and the eventual rise of the Welfare State. It will reveal that the ‘stolen children’ phenomena was not confined to Australia, but evolved in Britain and then was exported to its colonies (Moor: 2005; CNN: 2012; The Guardian: 2011a & b; IrishCentral: 2012; Milotte: 1997; HREOC: 1997; Brill: 2012).

**Theoretical Frameworks**

The Forced Adoption/abducted babies phenomenon labelled by some as a ‘White Stolen Generation’ (ABC Lateline, Jennifer Byrne, 1997; Bernoth: 1997, SMH, Nov 19; Bernoth: 1999; Giese: 2004; Moor: 2005, p. 3) will be informed by analysing it through feminist frameworks of patriarchy and capitalism to determine if unwed mothers and their infants were afforded citizenship rights as conceptualised by Marshall’s (1950) theory of citizenship. At an individual level, a post-structural approach (Foucault, Irigaray) will be utilised to draw out themes, particularly of control, regulation and surveillance in the mothers’ narratives (Foucault: 1976, pp. 17-36; Irigaray: 1993, pp. 30-32).

Firstly, patriarchal theory will be used to place the phenomenon into an historical perspective in order to explain the social structures that modified and shaped the worldview of adoption agents. The discourse of eugenics (scientific patriarchy) (Herman: 2001), is discussed as it is another stream of influence that impacted on the behaviour of those at the ‘coal face’ (doctors, nurses and social workers) and the justifications they relied upon to explain to themselves and others why they did what they did. Secondly, capitalism/consumerism will be examined and the effect it had when combined with patriarchy, when both structures intersected in the body of the unwed mother. For example, was the unwed mother exploited and punished because of the market demand for her reproductive labour - her newborn - and because she violated the social contract of being married prior to having children (Finemore: 1995, p. 102)? Thirdly the impact of patriarchy and consumerism on the citizenship rights of mothers is discussed. This is to determine whether or not for instance, she had a right to autonomy, such as the right to give informed consent and make her own decision...

This work proposes to provide evidence that the overarching aim of the State with respect to unwed motherhood was to control and regulate women’s reproductive function. It will be argued that the State primarily relied on the discourse of eugenics to ‘scientifically’ justify Forced Adoption during most of the 20th Century. It did this by pathologising unwed motherhood and stigmatising unwed mothers as being ‘racially inferior’; ‘unfit’; ‘feebleminded and/or neurotic’. It was asserted they could not provide a ‘clean and wholesome’ environment in which to rear their infant. Eugenics is considered a pseudo-science based on the principles of ‘scientific breeding’ for racial improvement (Galton: 1886, 1904, 1905). Science itself is grounded in patriarchy. Anything relegated to the feminine, such as intuition, empathy or emotion is derided as being ‘unscientific’. The bond between mother and child was, and still is in child removal practices (Narey: 2011, The Times, July 5), diminished to an attachment that occurred after birth and based merely on the infant getting its survival needs met. Attachment was viewed through a masculine perspective. Therefore anyone who nurtured an infant was considered its ‘primary caretaker’ and accorded the same importance as its mother (Bowlby: 1952). Gair & Croker (2006/2007, p. 58) state that ‘powerful biomedical/technocratic discourses framed and constructed childbirth’ informed by a Cartesian dualism which not only separated the mind from the body, but the mother from the baby, and these discourses specifically disempowered single mothers.

It has been argued that the rise of consumer rights and greater economic independence for women has meant that capitalism buffered the exploitative effects of patriarchy on women. This is not so in countries where extreme patriarchy exists (Walby: 1990) and has definitely not been the case within the institution of adoption. 20th Century adoption relied on patriarchal relations in that the unattached woman had not abided by the patriarchal sanction of only producing a child within a marriage. Therefore she was punished by the removal of her infant (Clapton: 2003, p. 23; Wilkinson: 1986, pp. 93-103; Voigt: 1986, p. 84; Mather: 1976, pp. 107-110; Wilson: 1973, p. 70; Wessel: 1960, 1963; Lewis: 1965; MacDermott: 1984, p. 3), though its removal was never touted as ‘punishment’, but rather couched in terms such as being

Therefore capitalism has not buffered the exploitation inherent in the patriarchal principles that underlie adoption practice. Rather the rise of consumerism has opened the way for women and children to become ‘commodified’ and to be at the mercy of the ‘market principles of supply and demand’ (Young: 1954; Vincent: 1960). Australian adoption workers have noted that domestic adoption during the early part of the 20th Century was shaped by these principles (Marshall & McDonald: 2001, p. 26).

**Patriarchal Theory**

The subordination of women by men is the initial form of oppression from which all later ones grew, including the state (Herbert Spencer in Principles of Sociology: 1876. p. 96).

Patriarchy has been at the base of the treatment of women not attached to a male since the inception of the archaic state. It is in a patriarchal society that a woman who gives birth outside a patriarchal sanctioned relationship loses her status and becomes a non-citizen. She then loses her class and citizen privileges. The power and control of patriarchy is maintained by privileging the heterosexual relationship, rather than the mother/child dyad. Hence in law and social policy the nuclear family with its private patriarch, the husband, is prioritised. The nuclear family is seen as the ideal form.

Scholars, who critique patriarchy, such as Gerda Lerner (1986), discuss the way in which the patriarchal nature of society has caused the historic exclusion of women from the full rights of citizenship and from having parity with men.

Weber defined patriarchy as a system of government in which men ruled societies through their position as heads of households (cited in Walby: 1990 p. 19). Gerda Lerner (1986), examining it from its archaic roots, demonstrates how as a system of government it evolved from the patriarchal structure that existed in the original unit, or cell; the nuclear family. She states, “This family form expresses and constantly generates the rules and values which maintain the patriarchal state” (1986: p. 212). She explains that the metaphor of a healthy society arising out of a healthy
cell (nuclear family) was first expressed in Mesopotamian law and has been expressed and supported in subsequent laws and government policy for three millennium. She argues that the hierarchal nuclear family, with its private patriarch (Walby: 1990; 1986) who ruled over his subordinate wife and her reproductive labour, his children, was the template for the development of an exploitative class system and the slave trade (Lerner: 1986, Ch. 4). Certainly the British system of serfdom was akin to slavery and as the Agrarian State dissolved and the Welfare State emerged to take control of its dependants another slave class emerged, the very poor which was more often than not comprised of unwed mothers and their children. Lerner (1986: p. 122) and others (Walby: 1990; Brown: 1981) assert that from its very beginning the archaic state/public patriarch, realised its dependence on the nuclear family/private patriarch and equated its maintenance with social order. This is demonstrated by the emphasis placed by many Western governments on protecting and maintaining the nuclear family via laws and social policy (Murray & Hernstein: 1995).

Women’s position, in the class structure, is not defined by her relationship to the means of production, but is mediated by her sexual ties to men. For instance, a woman can elevate herself from one class to another by simply marrying a man from that class, and a woman who defies the patriarchal structure by having a child outside of marriage can be defined as ‘not respectable’ and declassed. Further labelling women’s sexual behaviour as ‘respectable’ and ‘not respectable’ creates an artificial divide and prevents women from forming a cohesive group, so pitting woman against woman (Coreo: 1984; Lerner: 1986; Whitfield: 1991). According to Petchesky, (1985a & b) women will never form a class of their own as long as this divide based on sexual activity stands.

Lerner claims (1986, p. 217), that patriarchy cannot succeed without the cooperation of women and so creates division between them by awarding class privileges to conforming women. For instance, in the case of Forced Adoption/abducted babies, all the ingredients necessary for sustaining patriarchy are demonstrated. ‘Respectable’ married women (conforming women), were rewarded by being given the baby (a valuable resource) of her unwed sister (the declassed woman). Margaret Kornitizer, adoption social worker, explained the process (1972, p. 132):
“‘Girls’ who have babies out of wedlock must pay the price for their illicit sexual activity by parting with their children”. This had the effect of not only pitting one group of women against the other, but placed the declassed woman, the unmarried mother, outside of society’s rights and protections, so casting her as a non-citizen. Hence the non-citizen/unwed mother was deemed not to have rights to her children (Reid: 1957).

**Marriage and the Ownership of Women and Children**

The mother is not the parent of the child which is called hers. She is the nurse who tends the growth of the young seed planted by its true parent, the male (Aeschylus’ The Furies – Oresteia trilogy cited in Lerner: 1986, p. 205).

Traditionally, marriage has created the bond between a father and his children and defined motherhood for women. Martha Fineman (1995, p. 61) supporting this assumption, cites the case of Lehr v Robertson 463 U.S. 248 (1983):

The mother carries and bears the child and in this sense her parental relationship is clear. The validity of the father’s parental claims must be gauged by other measures. By tradition, the primary measure has been the legitimate, familial relationship he creates with the child by marriage with the mother.

Fineman (1995 p. 30) states that: “Women have been defined in feminist legal theory as ‘wives’ not as mothers”. She claims that legal support for the sexual affiliation between husband and wife as constituting the ‘normal’ family structure underpins the patriarchal system, as men must be present and this maintains patriarchal power. It also ensures that the nuclear family’s privacy is protected whilst the state’s patriarchal concern leads to single mothers and their children being characterised as ‘public families, vulnerable to state interference’. Other feminists (Whitford: 1991; Corea: 1985) also support Fineman’s (1995) claim that motherhood needs the legitimation of marriage to be held in esteem. Corea (1985, p. 145) suggests that, “a woman’s right to bear a child evaporates if she fails to do so under the conditions prescribed by patriarchy. The basic condition is that she be legally bound to a man”.

Irigaray (cited in Whitford, 1991, p. 185) claims that “The ‘patriarchal contract’ is one which began with the exclusion of women by virtue of them being
used as objects of pleasure or exchange. Only as objects owned by men were women given value, hence motherhood is only of value in a patriarchal system if the mother is in relationship with a male”. Further Irigaray states that women’s lack of personal connection to the State other that via a male excludes her from full citizenship.

Fineman (1995, p. 101) explains that the process of reformulating and reinforcing the historic control of fathers over children and in families, hinges on casting the practice of single motherhood as ‘deviant’. Women successfully mothering outside of the traditional heterosexual family calls into question some of the basic components of patriarchal ideology. She states succinctly, “the representation of single motherhood as pathological is inextricably linked to patriarchal ideology. It is through this constellation of symbols and beliefs, about what constitutes a ‘natural’ or ‘normal’ family, that all motherhood discourses are processed” (Fineman: 1995, p. 102).

**Roots of Science**

Removing children from their mothers is not a new phenomenon. Lerner (1986) claims that within the archaic state, the individual patriarch could use his wife or children to pay off his debts by using them as debt slaves, marry off his children for the highest price, or cement an affiliation that was efficacious (Lerner: 1986). With the development of the nation state and the outlawing of slavery, patriarchal science became the authority that legitimated the control of women’s reproductive labour (Keller: 1986), and the removal of their children. Keller (1986, p. 5) claims that science is not an objective pursuit, but is ‘deeply personal as well as a social activity’ and reflects society’s patriarchal base. The roots of science reach back to Aristotle (384-322 BC) whose way of life evolved out of the denial and denigration of all things feminine. Sexual relations with women were viewed as degrading and put in the same category as sex with slaves (Keller: 1986).

Descartes (1596-1650) believed that male semen carried within it the soul that would be impregnated into the ovum. Women only provided the lower physical/natural substance (Merchant: 1980, p. 162). The father of modern science, Francis Bacon (1561-1626), dismissed Aristotelian science as being too ‘feminine’.
He spoke of giving birth to a science that contained within it all the traits associated with masculinity, such as detachment from feelings, rationality and separation. Both Aristotle and Bacon saw nature as being female (Keller: 1986, p. 31). Science was set in opposition to nature, as was reason to feeling, objectivity to subjectivity, all of which became polarised along with the gradual desexualisation of women (Keller: 1986, p. 63). Scientists immersed in principles of masculinity found the equality of the sexes a violation of their religious and political views and believed that only the masculine principle, epitomised in a ‘male-God’, was the creative principle. The female principle, being relegated to nature was, according to Bacon, there to be ‘thrust into’, ‘revealed in her most intimate parts’, and ‘enslaved in the service of mankind’ (Keller: 1986, p. 36). In short the birth of this new (male) science was to be done by man for man utilising traits not associated with the feminine, and the feminine was perceived as the object, hence objectified, of its inquiry. Keller (1986) argues that modern science defined in opposition to everything considered feminine provided support for the polarisation of gender required by industrial capitalism.

Science was doubly advantageous for men as it provided legitimation for maintaining regulation of reproductive labour via population control (Peperell et al: 1980) closure of the blood lines (Yuval-Davis: 1992) and as a means to re-establish social order without recourse to moral platitudes (Castle & Davidson: 2000, p. 121). According to Solinger (1992), the Victorian Age heralded in an unprecedented attack on unwed mothers. Prior to that time, in the US, research indicates that (Solinger: 1992, p. 285 citing Ulrich: 1990, pp. 147-160) unwed pregnancy was not as stigmatised as it later became, and that mothers and their children usually remained within their family of origin until the mother married. British Governmental reports indicate that around 1834 there was a purposeful move to stigmatise unwed motherhood which had been an acceptable phenomenon amongst the working class, this is discussed in Chapter Five. In Australia the Annual Reports of the Child Welfare Department indicate the focus of ‘elites’ was to control and regulate unwed motherhood and impose middle-class sexual values on working-class women, discussed in Chapter Seven. Moor explains that Australia like other capitalist countries was concerned with accumulating wealth not dispersing it among its dependents (2005, p. 52) Eugenics an extreme form of patriarchal science that was
grounded in capitalism, specifically focused on regulating the ‘breeding habits’ of unwed mothers primarily to save the State expenditure.

**Discourse Theory**

A particular discourse socially constructs our inner and outer worlds. It is more than an ideology, or a way of living, it defines our position in the world, the knowledge we subscribe to, our understanding of what is truth, and what is not. It denotes a hierarchal order defined by power relations and the role we will take in that order, and within that set of power relations. Post-structural theorists like Foucault believe that analyses of power should proceed from a micro level (Foucault: 1976, pp. 17-36). Michel Foucault conceptualised discourse as a way of talking about something; organising knowledge and classifying and regulating people. He thought of it not just as the use of words, but of processes and social practices, knowledge and power (Foucault: 1969, 2005a). He discussed the medical discourse for instance, as power emerging from medical knowledge, and the way of classifying the patient and defining the role of the doctor according to its dictates. In the Birth of the Clinic (1973) he describes how the power of the Western medical doctor arose from the base of medical knowledge which defined the doctor as the ‘truth-sayer’, the authority who had the right to observe, by what Foucault labelled the ‘medical gaze’. The patient’s role was/is to be observed, evaluated and categorised. This led to a hierarchal system wherein traditional healers were devalued, communities and the lay person’s subjective experience rendered insignificant. Those who do not have the ‘truth’ or knowledge gained by attendance at a formal institution are excluded or at the least marginalised (Haralambos et al: 1999, pp. 159-160). In this discourse women’s maternal instinct is devalued, and her child bearing and rearing disciplined and surveyed.

Those that worked within such a system and were part of the hierarchal order under doctors: midwives, nurses, matrons, social workers and adoption ‘specialists’ were authorised to speak and be listened to, whilst mothers’ voices and their distress at the loss of their infant went unheard, and they remained invisible. Their treatment within institutions evidences the repressive regime under the dominant medical discourse. Those working in repressive medicalised institutions were guided by a
rigid techno-medical construct that aimed to control and dominate their reproduction. Hence unwed mothers’ interaction with medical and social work staff was dependent on discourses that objectified, monitored, surveyed and regulated their behaviour, and medicalisation formed part of an ensemble of discourses aimed and controlling this population (Foucault: 1973; Illich: 1975).

The medical discourse has had a powerful effect on the ‘lived experiences’ of unwed mothers. It is part of the discourse of the institution. It pervades the social sciences as profoundly as it pervades the biological. It includes the rise of ‘the expert’, those trained within socially sanctioned edifices: the University and other institutions of academia (Haralambos et al: 1999, p. 160; Aidenbaum: 2006). The social sciences are credited with the construction of ‘unwed motherhood’ as a pathological state (Reekie 1997: p. 82; Behrmann: 2003, p. vi) in need of intervention by those trained as experts in the field: social workers and those with whom they collaborated: psychologists and psychiatrists (Degler: 1974: p. 1477; Cravens: 1978: pp. 10-11; Kline: 2001). Empirical knowledge: what is observed, measured and capable of being re-tested, as opposed to subjective experience is valued and validated (Sarantakos: 1998, p. 42). Mother’s intuition is relegated less worthy than the empirical science of medical men.

Women’s experience of child birth as defined by medical discourse is an ‘illness in need of treatment’ (Behrmann: 2003, p. vi). This not only legitimised medical men who practiced in this field, but it has been financially lucrative and extended control over women’s bodies (Scrine: 2003, p. 128). Under the patriarchal/medical gaze the sacred bond between a newborn and its mother was perceived as a relationship easily transferred. As discussed earlier, the mother’s attachment equated with that of the father: developing after the birth and only dependant on its needs being met (Bowlby: 1952). The symbiotic mother/child dyad is devalued in a hierarchy where the male/female sexual bond reigns supreme. The patriarch/doctor maintains his power in this hierarchy, and women and children are subordinated, hence women’s reproductive labour is regulated and controlled for the benefit of the State (Fineman: 1995, p. 30). The institutional discourse in the context of this research project incorporates the medical and motherhood discourses, both inherently patriarchal and is further reinforced by capitalism/consumerism (Walby:
The treatment of the unwed mother therefore was doubly exploitative because not only was she observed to be ‘unfit’, but there was a market demand for her baby (Young 1954; Vincent: 1961, Ch. 7). The discourse was not only dehumanising, but commodified both her, and her offspring (Yngvesson: 2002, p. 252).

Those who had authority over unwed mothers have up until recent history, been the ‘speakers of the truth’. It has been their voices that were heard, validated and accepted (Moor: 2005, p. 2). Their ‘truth’ contrasts markedly with mothers’ accounts, but unfortunately it is the one that has shaped society’s understanding of adoption. The overall theme in the authoritative account is that the babies of unwed mothers would be neglected because they were ‘unwanted’ and therefore it was in their interests to be adopted (Bowlby: 1952; Roberts cited in Crown St. Archives: 1977; Moor: 2005, p. 29; Cole: 2008). They told society that mothers made a choice and that was to ‘give their babies to strangers, and then go away and forget about them’ (Lancaster: 1973, p. 63). They proclaimed to society, and the frightened pregnant women they counselled, that the right thing to do was to give ‘the’ baby to a good married couple. To enforce the non-mother status a standard comment was after this baby you can always go on and ‘have children of your ‘own’ one day’ (Watson: 1999 cited in Cole: 2008, p. 61; Moor: 2005). Adoption agents justified their harsh treatment by stating that women would wanting to be ‘relieved of their burden’ and would soon get over their grief (Betheras: 1973, p. 106; Spence: 1907, p. 61). They consoled themselves with falsities, such as they: ‘All would be free to start their lives over again unhindered by rearing an infant’.

It has been accepted as fact that during most of the 20th Century nearly all unwed mothers ‘relinquished’ or willingly gave away their infants because of the stigma of single motherhood, illegitimacy and lack of financial assistance (Marshall & McDonald: 2001; Report 22: 2000; Swain & Howe: 1995, p. 197; Higgins: 2010; Kenny et al: 2012; Brown: 2012). This belief is inherent in the institutional discourse and is articulated through the ‘experts’ (MacDermott: 1984, pp. 3, 41; Rawady: 1997; Report 17: 1998; Report 21: 2000; Moor: 2005, p. 2). In Moor’s (2005) thesis she situates the narratives of mothers who had their infant’s ‘stolen’ in a literature review that reflects a lot of the assumptions of the authoritative account.
As previously stated most research has been done on women who had their infants ‘taken’ and Moor cites the experiences of many of those women, to support the accepted historical version that unwed motherhood was deeply stigmatised across the entire of society.

The lay discourse prevailed when mothers had family support. It was the discourse of grandparents and others who supported the unwed mother and her child and can be summed up with statements such as: ‘No stranger is going to take my flesh and blood, my grandchild’ (Roberts cited in Crown St. Archives: 1977, p. 7). ‘Everyone is entitled to make a mistake; after all it’s only human to have a baby’ (Anderson, Kenna & Hamilton: 1960, p. 330). Some of the participants in this research study had parents who expressed similar sentiments: ‘What is wrong with that social worker, how dare she suggest adoption for my grandchild’ (Research Participants: 2007, Maria; Regina; Jill; Shirley; Julie). It was a discourse, up until recently, that was a voice that spoke into the void; nobody listened. In the public sphere there was no place for it to exist. The ‘experts’ made certain of it (Marshall & McDonald: 2001, p. 3; Moor: 2005; Lawson: 1960). Even today past adoption agents insist it was only stigma and financial concerns, not the abuse and coercive practices that led to so many adoptions (Brown: 2012). Irrespective, of the fact, that hundreds of mothers and assorted professionals have testified and exposed a systematic and national regime of abuse at a number of inquiries. Testimonies supported by documentary evidence; medical files, hospital records and historical evidence (Report 17: 1998; Report 21: 2000; Final Report: 2000; LFC: 1994, 1997; Sherry: 1991; Joint Select Committee: 1999; Kenny et al: 2012; CARCR: 2012).

The lay discourse did exist though, in the private sphere. In the hearts and minds of grandparents, mothers with partners old enough to know their rights and other supportive relatives. Sometimes it was friends, who could be witnesses and ensure the mother’s legal, civil and human rights were upheld. Some family members had to literally fight for their daughter or sister to get out of the hospital and keep her child (Research Participants: 2007, Jessica; Reanne; Moira; Tina; Ellen). In other instances, even with support mothers suffered abuse. For instance one mother and her unmarried partner were treated with ‘contempt in the maternity ward’, until her private doctor arrived. After which according to Maria: “The whole
mood changed, he was so very kind and the nurses just seemed to ‘fall into line’” (Participant: 2007, Maria). So mothers who ‘kept’ were also exposed to the institutional discourse in hospitals, and when confronted by adoption agents did feel the pressure to adopt, but they also heard other voices and those voices were supportive and ensured their rights were upheld. The little research that was done on mothers who ‘kept’ (Bernstein: 1971; Anderson et al: 1960; Greenland: 1958) indicated that they coped well and overall they had ongoing support from friends, family and their community.

Contrary to the myth that most relinquished their infants, the majority of single mothers throughout the 20th Century kept them. For instance during the 1930s and 1940s, 66% of mothers kept their babies in West Australia (Kerr: 2005). Shurlee Swain’s recent research indicates that just under 75% of unmarried mothers at the Royal Melbourne Hospital kept their infants (Australian Catholic University: 2012).

Contrary to the belief that there was no financial assistance, Benefits were available in New South Wales under sec. 14 of the Child Welfare Act 1923 (NSW) and sec 27 of the Child Welfare Act 1939 (NSW). Along with food, blankets, milk and additional benefits in times of crisis through state relief funds and religious and secular organisations set up to help the indigent (Progress: 1962, p. 24; Crown St. Archives: 1953). The financial assistance available will be discussed in more detail later.

Mothers only exposed to the institutional discourse, because their families turned their backs on them (Mather: 1978, p. 107) or were migrant or orphans without social networks, experienced society as condemning, those working within the adoption industry as cruel, punitive and heartless (Moor: 2005; Mc Hutchison: 1986; Condon: 1986; Swaine & Howe: 1995; Inglis: 1984; Winkler & van Keppel: 1984). It is these women in the main that have been researched and their reality contrasts markedly with unwed mothers who ‘kept’. It has been convenient for social workers and consent takers from the era, such as Margaret McDonald, Aubrey Marshall and Elspeth Brown to lay the blame solely on society. They have reported

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6 All single mothers were supposed to survive on these benefits: widows, deserted wives etc.
that society was cruel and punitive, not them, and how they treated unwed mothers only reflected the social mores of the day. They claim it was the stigma and lack of benefits that created a situation where mothers ‘chose’ adoption (McDonald & Marshal: 2001; McDonald: 1986, The Womens Weekly; McDonald: 1998, SMH p. 9; Moor: 2005; Brown: 2012). This version of history is still dominant within the social work profession (Australian Association of Social Workers (AASW): 2011, pp. 4; 7) and until recently has rarely been challenged. An example of the repetitive theme espoused by authorities is the following justification for ‘historical actions of some social workers as … instruments of governmental health’ (AASW: 2011, p. 7):

The AASW acknowledges, but regrets that these policies and practices reflected the values and attitudes of the times and, for unmarried pregnant women, adoption was assumed to be one of very few possible options because of lack of financial and other support and the stigma associated with illegitimacy and motherhood out of wedlock (AASW: 2011, p. 7).

This thesis supports the researchers that have challenged the above dominant view and assert that it was not lack of finances or stigma/social mores that caused thousands of babies to be available for adoption, but the abusive practices that became normalised in hospitals and unwed mother and baby Homes across Australia (MacDermott: 1984, p. 39; McHutchison: 1986; Condon: 1986; Rawady: 1997; Sherry: 1991; Rickarby cited in Report 17: 1998, 2004; Moor: 2005; Cole: 2008; Cheater: 2009, p. 182). It was only around the late 1960s-1971 when the supply of babies exceeded demand by adopters and adoption began to cost the government that the abusive hospital policies used to forcibly take babies began to soften (McHutchison: 1984, 1986; Berryman: 1979, Sun Herald, April 8). For instance, Pamela Roberts (1994) claims she began to implement changes, in 1970, in the treatment of unwed mothers within Crown St. Roberts’ states (1994) she allowed some mothers to go to the nursery to see their babies. Certainly there were younger members of the medical staff challenging the practice of not allowing mothers to see or have any contact with their newborns (Crown St. Archives: 1977). The number of adoptions conducted at Crown St. dropped from 60% of all ex-nuptial births during the June 1969-1970 period to 47% between June 1971 and 1972.
Since the institutional discourse is blind to the lay discourse there are some glaring contradictions within it. The inference that adoption agents were not culpable because they reflected a very judgmental society is revealing in itself. Social workers, for instance, were supposedly employed to ensure that a mother and her infant were provided with information about financial support and all available options to assist them to stay together. That is according to their own code of practice as expressed in the AASW 1971 Manual of Adoption Practice (AASW: 1971; Cole: 2008) - not reflect the extreme punitive position and prejudices of sections of society. In an article titled: ‘How Society Made Adoption the Only Choice for Some’ (SMH: 1998, April 14, p. 19) Margaret McDonald and Audrey Marshal state, “Before the supporting mother’s benefit (July 1973), it was impossible for a single unsupported woman to keep a child”, but then go on to claim, “in the face of generally unsympathetic, judgmental public attitudes, about 60 per cent of unmarried women chose to keep their children”. They admit mothers kept their infant if they were supported, but contextualise that with, “Such support flew in the face of strongly held social attitudes regarding ex-nuptial relations”. If they were so strongly held, then I doubt 60% would have ‘kept’, and I will argue later that in fact the percentage ‘keeping’ was much higher. They are right that mothers needed support, but that was more to do with evading the clutches of the adoption industry, and assisting mothers to get out of hospitals and Homes with their infants. In an article in the Australian Women’s Weekly, titled ‘Mothers Who Do it Alone’ (1972, April 5, pp 3-6, 8) a number of single mothers discuss how they survived on the available benefits prior to the introduction of the Supporting Mothers’ Benefit, and how they were managing to raise their infants successfully as sole parents.

The institutional discourse was not hegemonic in that all members of society believed that it was ‘best for the baby’ to be adopted. Many, as stated earlier, did not agree with that assumption. Neither, I would argue, did everyone believe that doctors should be able to break the law and forcibly take newborns to gift to adoptive parents. Or that a single mother and her entire family were incapable of rearing their infant (Lawson: 1960, pp. 162-166). Nor do not I believe that if the Australian community knew that very distressed young mothers were being drugged and denied access to their babies (Research Participant: 2007, Marjorie), that would have been acceptable to the majority. In fact the majority of Australians did not know what was
going on behind the closed doors of institutions. Social and welfare workers ran propaganda campaigns purposely to misinform. For instance, they were quoted in newspapers declaring that unwed mothers were unable to adequately rear their children. They labelled their infants ‘unwanted’ inferring they had willingly been given away (Australian Women’s Weekly: 1954, Sept 8, p. 28; Perkins: SMH 1967; Dupre: The Sun, 1973; Gilbert: Sunday Telegraph, 1968, p. 41; Cole: 2008; Mather: 1978, p. 108).

In an article titled ‘Playing God’ Mary McLelland stated that the social work profession used ‘strategic groups such as doctors and clergy’ to funnel single mothers through social work departments (Daily Mirror: 1967, Oct 17). In this way adoption agents were able to utilise forms of, what Dr. Geoff Rickarby labelled, ‘brain washing’, to ensure mothers felt shamed and disentitled to their own child (Rickarby cited in Report 17: 1998, p. 65). The mother’s maternal love for her child was used as a weapon against her by social workers and matrons of unwed mother and baby Homes. They convinced her that if she kept her baby she was being ‘selfish’ and it would be harmed by what she could not give, hence it was in ‘its best interest’ to be adopted (Mech: 1986; Report 22: 2000, p. 83; Cole: 2008, 1997; MacDermott: 1984, pp. 38-40; Roberts: 1969; Australian Women’s Weekly: 1954, Sept 8, p. 28).

**Discourse of Eugenics**

The father of eugenics and I.Q. measurement, Sir Francis Galton, (1822-1911), set up the Chair of Eugenics at the University of London’s Galton Laboratory. Galton coined the word ‘eugenics’ (the Greek words for well and born), in 1883, in Inquiries into Human Faculty and Development, which heralded in the movement. Galton (1904, p. 1) defined eugenics as ‘the science which deals with all influences that improve the inborn qualities of a race and with those that develop them to the utmost advantage’ and ‘as the science which deals with those social agencies that influence, mentally or physically, the racial qualities of future generations’ (1905, p. 11). This biological form of eugenics was labelled ‘Mainline’ by Daniel Kevles (1985), eugenics scholar. It included practices such as the promotion of marriage between individuals classed as genetically ‘fit’ and implementing legislation to stop
those deemed ‘unfit’ from breeding. The poor, the handicapped and those perceived as mentally incompetent fell into the latter category. It also included the forced sterilisation of individuals with supposed character flaws, such as immorality (Kevles: 1985, pp. 93, 166). Mainline eugenics is comparable to ‘positive eugenics’ (1985, p. 178) in its promotion of marriage between the fit.

Kevles (1985) differentiates the above form of deterministic breeding from race improvement measures utilised by eugenicists who favoured environmental interventions. This Kevles labelled: Reform Eugenics, which took precedence over Mainline Eugenics by the 1920s. It included measures such as the removal of an infant from its ‘unfit’ biological family, usually designated so by poverty or the mother’s unmarried status (Kevles: 1985, pp. 130-147, 167-168, 173-175; Lawson: 1960; Reekie: 1998). Barry Mehler (1997) argues that the borders between the two forms were highly fluid and therefore difficult to position particular eugenicists in one or the other. Reform eugenics provided the foundation for adoption practices that occurred throughout most of the 20th Century in Australia.

Mainline eugenics was taken up by Galton’s disciple and respected psychologist, Karl Pearson (1857-1936). Pearson was succeeded by Charles Spearman (1863-1945), who was a mentor of Raymond B. Cattell (1905-1998). These eugenicists formed the intellectual foundation of the London School, which dominated and set the course for the field of psychology, in England, America and Australia, for ensuing decades (Mehler: 1997). Social casework theory that formed the epistemological base of social work as it professionalised drew heavily from Freudian psychiatry, itself influenced by eugenics, and eugenic orientated psychology (Morton: 1988; Robinson: 1962). Hence the profession evolved with a strong eugenic underpinning.

Cattell, and other eugenically orientated psychologists, believed that society could be improved by measuring human mental capacity and establishing who was mentally fit to breed (Black: 2004). Quantifying intellect by means of Intelligence Quotient (IQ) tests meant that feeblemindedness could be ‘proven’ and therefore given scientific legitimacy (Mehler: 1997). Eugenic psychologists and consequently the social work profession placed unwed mothers into the category:
‘Feeblemindedness’. From the early decades of the 20th Century social workers were calling for unwed mothers to have their IQs tested to determine if they were fit to parent (Morton: 1988).

Eugenics was well accepted by the Australian elite. Rodwell (1998, pp. 131-156) cites a lengthy article from an Australian paper, Hobart Mercury, published in 1906, which expressed its support for Galton’s scheme for improving the white races by ‘breeding from mentally superior people’. It stated this would be achieved by, ‘eliminating the worst, by obstructing as far as possible the output of children by the obviously defective in body and mind - feeble-minded people’. According to Wyndham (1996) the list of successful doctors and lawyers, politicians and academics that espoused eugenics reads like a ‘who’s who’ list for the first half of the 20th Century. Voight argues (1986: pp. 84-85) that the pseudo science has, and still does, provide a theoretical underpinning for the State’s control of childbirth and rearing. I support Voight’s assertion and will argue later that eugenics has survived in Australia in the form of scientific (eugenic) adoption (Herman: 2001).

**Epistemological base of Social Casework Theory**

Florence Clothier (1903-1987), an influential Freudian psychiatrist in the field of adoption, maintained that single motherhood resulted from both feeblemindedness and neuroticism (1941a, p. 204; 1941b, p. 590). It is apparent that her influence and that of her colleague, who held the same prejudicial opinions, Leontine Young, adoptive mother and Professor of Social Casework at Ohio University (Carangelo: 2002, p. 29), pervaded medical practice (Lawson: 1960) and Australian social casework theory up until the 1970s (Rawady: 1997). Young’s theories (1945, 1954) in particular found a ready acceptance among Australian professionals (Swain & Howe: 1995, p. 141; Rawady: 1997).

Adherents of Freudian based social casework theory claimed that any decision by an unwed mother to keep her child was further proof that she was ‘neurotic; immature’ (Kasanin & Hanschin: 1941; Benet: 1976, p. 177; Yelloly: 1965, p. 12; Vincent: 1961, pp. 186, 191); ‘schizophrenic’ (Cattell: 1954) or ‘had a need to act out sado-masochistic phantasies’. It was claimed that the child was used ‘to contribute to
the mother’s need to suffer and expiate her guilt … and …such a mother has little motherly tenderness and affection to offer her child’ (Clothier: 1943a, p. 543). The resolution of the mother’s neuroticism was the removal of her child supposedly in ‘its best interest’ (Kasanin, & Hanschin: 1941, p. 83; Donnell & Glick: 1952; Clothier: 1941b, p. 584; Young: 1954; Vincent: 1961; Bowlby: 1953; Reid: 1957; Lawson: 1960, p. 162; Cattell: 1954). The eugenic consensus that: ‘No feebleminded person should be allowed to become a parent’ … and that … ‘Certain families should become extinct’ (Fernald: 1912, p. 98 cited in Pfeiffer: 1993, p. 726) had now become articulated and reiterated through Freudian theory.

The strategy for accomplishing the removal of the newborn from its mother was clearly elucidated in psychiatric and social work journals. Florence Clothier explains: “Preliminary work … will include case-work treatment aimed at making it socially and psychologically possible for the mother to give up her baby”. Social workers were encouraged to use their relationship with and knowledge of the unwed mother’s psychological needs to achieve this aim (1941b, p. 584). Clothier emphasises that it is the social worker who decides whether or not the mother will keep her child. She urges her colleagues to be “realistic and … guide the client to an understanding and acceptance of future reality factors” (1941b, pp. 581-582). She states: “Social workers, like physicians must be prepared to reach a decision, and then work actively toward the carrying out of that program” even if it will “involve suffering for the patient or the risk of untoward results” (1941b, p. 583).

The above ideology was reiterated in the 1956 publication of the Child Welfare League’s two volume guide to standardise adoption practice. The editor stated that the one common characteristic of unwed mothers was neurosis, and its most prevalent symptom was inability to make a decision based on reality. Hence it was up to the social worker to actively participate in the decision making process and ‘not leave the burden on the mother’ (Schapiro: 1956, p. 47). W. C. Langshaw, Director, NSW Department of Youth and Community Services, acknowledged that the development of the Commonwealth’s Uniform Adoption Law, discussed in Chapter Nine, that was implemented in all states through the 1960s was influenced by the Child Welfare League’s Standards of Adoption Practice (Langshsaw: 1978, p. 47). So providing evidence that Australian adoption legislation was influenced by the epistemological
Adoption social workers fought to dominate control of services for unwed mothers. They argued against private adoptions, whereby mothers had a say in who adopted or fostered their infant, by the justification that women they counselled were unlikely to change their minds and reclaim their children because ‘the mother had been carefully prepared’ beforehand (Kornitzer: 1972, p. 73).

By the 1950s the unwed mother and her child were not even considered a family. The Executive Director of the United States Child Welfare League, Joseph Reid, whose ideas were vigorously supported in Australia (Langshaw: 1978, p. 47), summed up this attitude stating:

> It is not an unwarranted interference with the unmarried mother to presume that in most cases it will be in the child’s best interests for her to release her child for adoption. The concept that the unmarried mother and her child constitute a family is to me unsupportable. There is no family in any real sense of the word (Reid: 1957; Reid cited in Smith: 1963, p. 34).

This above ideology was re-stated in the NSW Child Welfare Manual which proclaimed that welfare officers primary objective was to make ‘a family, where before there was none’ (Child Welfare in NSW: 1958). It was further reiterated in a paper presented (1967) by Mary McLelland, Supervisor of Professional Training, Social Studies Department, University of New South Wales at a Conference, to herald in the new Adoption of Children Act 1965 (NSW). McLelland claimed that the social worker’s duty was “to make a family where before one did not exist” (1967, p. 40). The conference was sponsored by the Council of Social Services of NSW and the paper subsequently published in Proceedings of a Seminar (1967).

**Medical Eugenicists**

Additionally the position of the medical fraternity which mirrored that of the Social Work/Psychiatric community (Marshall & McDonald: 2001, p. 3) was clearly articulated by Dr. Lawson whilst delivering a lecture at the Royal Women’s Hospital,

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7 Attended by adoption social and medical workers, representatives of adoption agencies, adoption lawyers and the Minister for Child Welfare.
in Victoria, in 1960 (which was subsequently published in the Australia Medical Journal). He stated:

The prospect of the unmarried girl or her family adequately caring for a child and giving it a normal environment and upbringing is so small that I believe for practical purposes it can be ignored … Natural selection played a part in keeping this proportion of the population down … I believe that in all such cases the obstetrician should urge that the child be adopted … Adoption brings joy to the adopting parents and the prospect of a better life to the child … Heredity is important [but] I believe that a good environment will make a better job of bad genes than a bad environment will make of good genes … the last thing that the obstetrician might concern himself with is the law in regard to adoption (Lawson: 1960, pp. 162-166).

Lawson was clearly urging his colleagues to break the law in a national publication. Yet no government representative rebuked Lawson for his comments. There was no condemnation by his colleagues in subsequent articles in the Medical Journal of Australia. It can only be concluded that the Commonwealth Government’s failure to respond to Lawson’s remarks or ensure that unwed mothers’ rights were protected, after such a public proclamation, amounted to tacit approval of a policy of forced removal of unwed mothers’ babies. It certainly condoned the medical fraternity’s involvement in their theft. Additionally the Commonwealth owed a duty of care under international law to protect its most vulnerable citizens since it had ratified the Universal Declaration of Human Rights (UDHR) (1948). It had committed itself to provide special protection to mothers and infants, irrespective of birth status. Further it had committed itself to desist from committing inhuman and degrading acts against its citizens, freedom against arbitrary detention, security of person and right to legal redress for crimes that violated the UDHR principles. The continuation of a policy of Forced Adoption violated its obligations under UDHR Articles 2, 3, 4, 5, 7, 9, 12, 23, 24 and 25(2) - every child has the right to grow up in its own family. Yet obviously this was not what Lawson or the Federal Government envisaged if the infant was illegitimate. Certainly no protection was given to unwed mothers and their infants to ensure their common law rights were upheld either under domestic or international law or as citizens of Australia.

Lawson’s above allusion to ‘natural selection’ echoes the sentiments of the early eugenicists: that the ‘stern processes of natural selection’ had kept down the
number of ‘defective’ people in the past, but now modern society and philanthropy have protected them and thus ‘favoured their rapid multiplication’ (Stoddard: 1922 cited in Smith: 1985, p. 3; Gosney & Popenoe: 1929 cited in Pickens: 1967, p. 92).

The government’s failure to rebuke Lawson for his eugenic condemnation of single mothers and their families and his call for the forced and unlawful removal of their infant is unsurprising when one considers the following statements of our parliamentarians. Eugenic ideology had become so entrenched in Australia that an unwed mother should willingly part with her child, that the Honourable Ann Press stated (1965) unashamedly, in a parliamentary debate prior to the implementation of the NSW Adoption of Children Act 1967:

I have always advised adoption …. [the unwed mother] would if given the opportunity, like to own and love [her baby]. But this is not for her; she must make the supreme sacrifice by denying herself the pleasure of holding it in her loving arms. She always makes the sacrifice (cited in McHutchison: 1984, p. 19).

The Honourable A.D. Bridges (Minister for Child Welfare) responding to Press’s comments stated:

I can speak of the hospitals where these girls go … and where they rarely if ever, see their children, because they have no interest … and because of their attitude … perhaps it is just as well they never do … Let us consider the interest of the child of the young mother who has never married and is lying at one of the department’s lying-in homes. This little baby is bottle fed because it is unwise, and in fact imprudent, to take the baby to the mother (cited in McHutchison: 1984, p. 19).

The fact that many politicians were lawyers meant they should have been aware that denying mothers’ access to their infants was illegal under common law and constituted coercion and therefore violated both the Child Welfare Act 1939 (NSW) and would have violated the impending Adoption of Children Act 1965 (NSW).

**Consumer Principles: Supply and Demand**

The forces of supply and demand have always played a major role in dictating adoption policy and practices (Marshall & McDonald: 2001, p. 26).
In the late 19th and early 20th Century, Child Welfare Departments ran media campaigns to promote adoption for a number of reasons. Firstly for its pecuniary benefit to the states (Kerr: 2005; NSW Annual Report State Children Relief Department (NSW SCRD): 1883, p. 21, 1904; NSW Annual Report of the Child Welfare Department (NSW CWD): 1921-1925) and secondly to ensure there was a white, legitimately born - hence presumed racially robust, population bred that was capable of defending a crucial British outpost in the Pacific (Reekie: 1998, p. 79; Gillespie: 1991, p. 33). Campaigns to promote adoption ran throughout Australia (Kerr: 2005; Cole: 2008; Minister Drummond cited in NSW CWD: 1933 & 1931). As the Century progressed infertile couples were encouraged to feel entitled to other people’s children because they not only provided homes for babies advertised as ‘unwanted’, but their desire for children saved tax payers welfare dollars. The campaigns also aimed at reducing the stigma around infertility and creating more positive social attitudes towards families formed by artificial means (McLelland: 1967; Herman: 2001). Adopters were hence portrayed as altruistic saviours and adoptees as being grateful for being saved. In this way the State created a demand for babies that far exceeded supply. The situation worsened after World War II when many service men came home with venereal disease (VD) and other sexually transmitted diseases pushing up the infertility rate and hence the demand for children (SMH: 1943, May 4, p. 7; Rickarby cited in Report 17: 1998).

Another factor that put further pressure on demand was the government’s agenda of wanting women back in the home to make jobs available for returning veterans. Satka & Mason (2004) explain that there was a general push in industrialised countries to return to the gendered role models that existed prior to World War II: the ‘breadwinner husband’ and ‘stay at home Mum’ (2004, p. 92). It was presumed that childless women would have little incentive in becoming housebound. Therefore satisfying the demand for babies became a project of national interest for a number of reasons: save on welfare costs; seed the State with white, legitimately born infants for militaristic purposes; expand the middle class and entice women back into their homes to make more jobs available for men (NSW CWD: 1925; Satka & Mason: 2004, p. 92; Reekie: 1998, p. 79; Gillespie: 1991, p. 33; Herman: 2001).
Eugenicists who promoted childbirth amongst those deemed fit: married couples, probably never envisaged supporting those who could not procreate because of VD, but on the other hand the end goal was to support patriarchy by privileging heterosexual marriage. Hence the progeny of unmarried mothers became a ‘multi-purpose commodity’ (Rickarby: 1998; Yngvesson: 2002, p. 252; Young: 1954; Vincent: 1960). A further pressure on demand was the notion that providing a child to an infertile couple cured psychological infertility and so facilitated them having their ‘own children’ (Orr: 1941; Grotjahn: 1943; Deutsch: 1945; Crown St Archives: 1956; Progress, 1964 cited in McHutchison: 1984; Humphrey: 1969; Kraus: 1976a).

In some quarters this was not thought to be an insignificant number. For instance, in 1956, the sterility clinic within Crown St. attributed 95% of infertility to psychological causes (Crown St Archives: 1956).

The media campaigns were particularly vigorous in the 1950s and 1960s and further exacerbated demand (Cole: 2008; Australian Women’s Weekly: 1954). In NSW, the Child Welfare Department, fed the newspapers pictures of maternity nurses holding newborn babies with captions like, ‘All these unwanted babies’ (SMH, Feb 18, 1968; Daily Telegraph, Jan 31, 1967). The article, like many others (Perkins, Daily Telegraph: 1967; Dupre, The Sun: 1973; Gilbert, Sunday Telegraph: 1968, p. 41), implored prospective adoptive parents to rescue ‘one of the poor abandoned children’. Unfortunately, the greater the demand, the more the pressure put on unwed mothers to ‘choose’ adoption. Leontine Young (1954) acknowledging this phenomenon stated, “the tendency growing out of the demand for babies is to regard unmarried mothers as breeding machines by people intent upon securing babies for quick adoption”.

Inter-family or kin adoptions were not encouraged. The rationale behind this was the eugenic belief that unwed motherhood equated with ‘mental incompetency’ and ‘racial inferiority’ because of growing up in an ‘immoral’ and inferior environment. Hence the entire family was considered ‘inferior’ and ‘contaminating’ (Lawson: 1960, pp. 166-168; Reid: 1957). Consequently ‘saving a child’ meant removing it from its entire biological family.
After the implementation of the new Adoption Acts around Australia during the 1960s, which included some of the most draconian clauses in adoption legislation in the world (McHutchison: 1984), supply was expected to increase dramatically. The required result was achieved and during the June 1971-1972 period more infants were taken than in any other time in history (Marshall & McDonald, cited in Report 22: 2000, p. 21; Kraus: 1976b). So by 1971, for the first time, there were more babies than adopters, and social workers had started to contact adoptive parents to enquire if they wouldn’t mind adopting another baby (McHutchison: 1984). The over-supply of infants meant that many ended up in institutions, so adoption rather than saving the taxpayer was now an additional cost. The following excerpt from a newspaper article explains the dilemma that occurred: ‘When babies were freely available for adoption [1970-1971], some people would refuse a baby because they didn’t like the colour of its hair, or the shape of its nose. They knew there would be another baby. Children with even minor problems were often doomed to spend their youth in institutions’ (Berryman: 1979, Sun Herald, April 8).

By 1975 demand once again outstripped supply. In order to increase it, adoption social workers lobbied the government to implement even harsher policies; believing that would result in the acquisition of more babies. For instance, they insisted that single mothers must appear before a court and prove they were able to adequately care for their children. Additionally they wanted powers to dispense with mothers’ consent altogether, if they gave birth under sixteen, irrespective of what they, their parents or extended families chose (Crown St. Archives: 1975; Royal Commission on Human Relationships (Royal Commission): 1977, pp. 102-105). Fortunately their efforts were futile. There would be no repeat of the rampant baby-taking era of the late 1960s-1971. By the 1970s the consumer rights movement and the second wave of feminism were in full swing (Report 22: 2000, p. 40). Married women were no longer barred from the workforce so women with experience of childbirth began to work within the hospital system as nurses and midwives (Woodward: 2004). Unmarried mothers, with support from families, partners or friends who had managed to keep their children, began to form groups and to speak out and expose the injustices experienced by them and other single mothers within the institutions (Report 22: 2000, p. 39).
Another factor that led to a change in the abusive culture within the institutions was an ease in demand by potential adopters. Dr. Rickarby (cited in Report 17: 1998) points out that the success of the IVF programme played a contributory role as this alternate means of acquiring a child of one’s own began to reduce the political pressure on government to provide babies for the infertile. This trend has continued as options other than adoption have become available to couples who struggle with infertility. For instance the Australian Bureau of Statistics (ABS) states: ‘The more recent development of alternative reproductive technologies such as in-vitro fertilisation (IVF) and gamete intrafallopian transfer (GIFT) have avoided the need for adoption for some couples’ (ABS, Australian Social Trends: 1998).

Women’s Activism

Walby (1986) states, that the forces of supply and demand can be moulded by women’s agency. Certainly women’s agency influenced the adoption industry’s response to the falling numbers of adoptable babies. Around 1969-1970 women formed self-help groups such as Care and Help for Unmarried Mothers (CHUMS) in NSW and the Council for the Single Mother and Her Child in Victoria (Final Report 22: 2000, p. 39). These groups were outspoken and used the media effectively to expose pro-adoption bias within the institutions. They used popular women’s magazines to advertise the fact that there were benefits prior to the introduction of the Supporting Mother’s Benefit (which they survived on!) and let the public know that their goals were to lobby politicians, social-service agencies, and hospitals for a better deal for unwed mothers and to stop the adoption process line (Hickman: 1972, *Australian Women’s Weekly*, April 5, pp. 2, 3, 6).

They highlighted the coercive practices and the prejudice that existed amongst doctors and nurses working within the hospitals, and the adoption industry generally. In the early 1980s the Association of Relinquishing Mothers (ARMS) was formed by Judy McHutchison in New South Wales and she began to expose the life-long grief and metal health problems that adoption caused unwed mothers. She also attempted to debunk the myth that unwed mothers willingly gave away their children (McHutchison: 1986; Final Report 22: 2000, p. 41). These self-help groups developed alongside increasingly vocal feminist lobby groups such as the Women’s
Electoral Lobby (WEL), which had as its priorities, government support for child-care and equal opportunity legislation. There was a strong connection between CHUMS and WEL. One of its influential first members was Sue Thompson who was also the Chairperson of CHUMS (Final Report 22: 2000, p. 39).

Lone voices within the adoption industry had also spoken out against the illegal practices occurring in hospitals as early as the 1960s (Wessel: 1960, 1963; Gough: 1971). For instance, Mary Lewis, a Social Worker with the Catholic Adoption Bureau, called for a halt to the illegal practice of denying mothers’ access to their newborns in maternity hospitals in 1965 (Final Report 22: 2000, p. 100). As the women’s movement gained momentum there was a rising tide of opposition to such inhumane practices. Non-adoption social workers added their voices and were highly critical of their colleagues’ abusive disregard of unwed mothers’ rights (Mather: 1978, pp. 107-109). The Australian Association of Social Workers (AASW) in 1971, in its Manual of Adoption Practice (p. 4), stated:

Parents should have perfect freedom as to access to their child and it would be morally and ethically indefensible to refuse an unmarried mother opportunity to see, nurse or nurture her child if she so chooses (AASW: 1971. p. 4).

**Australian Citizenship**

Citizenship is an important theoretical model for this project as it is useful in explaining the reasons for the differential treatment experienced by mothers who had their infants taken as opposed to those that ‘kept’. Mothers without familiar or partner support became for all intents and purposes: non-citizens. Mothers who had the support of their patriarchal/nuclear family had a buffer, and did not feel the full force of the patriarchal state’s intervention into their private lives, therefore were able to keep their infants.

Citizenship theory has been extensively discussed (Walby: 1994; Turner: 1990, 1986, 1993b; Lister: 1997; Fraser & Gordon: 1994; Barbalet: 2000; Mouffe: 1992; Roche: 1992; Held: 1991, 1996, 1999), but as far as I am aware, has never been linked to the phenomenon of Forced Adoption/abducted babies. Therefore this
thesis will analyse and explain the historical evolution of unwed mothers’ non-citizen status through a theoretical framework that invokes the structures of patriarchy and capitalism. It will combine this with an analysis of the various themes that emerge from their narratives.

Australia prides itself as egalitarian, the land of the ‘fair go’. The government articulates this public policy through its institutions, such as, the Department of Immigration and Multicultural and Indigenous Affairs (DIMIA), whose website defines citizenship as:

The right to equity and freedom from barriers based on race, ethnicity, culture, gender and other differences.
The right to participate fully in the community and to achieve your full potential, regardless of your background (DIMIA: 2004).

The Australian Constitution omits specific provisions conferring or otherwise dealing with citizenship. Citizenship is not referred to in the Constitution as one of the powers for the enactment of laws by the Federal Parliament. This means that citizenship is a statutory, not a constitutional notion (Kirby: 2004). According to Crock (1998, p. 14), it leaves the concept of citizenship undefined. Mick Dodson (former Aboriginal and Torres Strait Islander Social Justice Commissioner) criticises this lack of definition, stating that conceptually citizenship is, “ill-defined, poorly understood, confused and confusing” (Dodson: 1996, p. 193).

Chesterman and Galligan (1997, 1999) argue that we need to distinguish Australian citizenship in its narrow legal meaning from formal citizenship. That is a person owing loyalty to and entitled by birth or naturalisation to the protection of a State or Nation as opposed to the real citizenship of substantive rights. These are the various rights that come under the term citizen and which are not governed by the Constitution, but by individual laws. Some of the rights referred to are social rights, such as access to social security, and civil rights such as freedom of speech and thought and the ability to move freely (Universal Declaration of Human Rights:
Unwed, unsupported mothers were denied these rights both under the narrow and broad versions of the rights a citizen of Australia is entitled. The State failed to protect and to ensure that their rights were not violated, and it did not ensure that they had access to social security, freedom of movement, bodily integrity and the right to freely give consent. I contend that any notion of consent to adoption was illusionary (Condon: 1986).

In their discussion of citizen rights, Chesterman and Galligan (1997) note that substantive citizenship in Australia is further complicated because of the division of powers between the Commonwealth and the states, ergo, rights of citizenship are decided at two levels of government. It could be argued that with a Constitution that is silent on citizenship and with no Bill of Rights, citizens are at the mercy of the State/states to either enforce their rights or if infringed bring those responsible to account. Consequently marginalised groups and minorities may find it difficult to secure their citizenship rights, and if violated have little or no avenue of recourse. This could also explain why when the government has been aware of Forced Adoption for decades, no-one or no entity has ever be held accountable for criminal offences, such as kidnap and false imprisonment. The crimes Justice Richard Chisholm identified committed against unwed mothers in Australian institutions (Final Report 22: 2000, pp. 131-133).

**Women’s Citizenship**

T. H Marshall (1950) conceptualises citizenship as a ‘bundle of rights: civil, political and social. Rights accessed equally by both men and women’. Voet (1998, p. 7) argues that this assumption means that women’s citizenship, in contemporary Western democracies, is not perceived as problematic: “Believing that men and women have both obtained equal rights under the law, citizenship theorists felt that there was no need to discuss women citizens as a discrete group. Inequalities between the sexes were not seen as issues of citizenship, but of injustice” (Voet: 1998, p. 7). According to Carol Pateman (1989, p. 10), “Women’s societal

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8 Preamble: Human beings shall enjoy freedom of speech and belief and freedom from fear. Art 5: No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. Art 12: Freedom from interference with one’s family; Art 13: Freedom of movement
contribution is not seen as part of, or as relevant to, their citizenship, but as a necessary part of the private tasks proper to their sex”. Therefore, it seems that modern political theory suggests that feminist issues ought not to be addressed in terms of citizenship. I would argue that a woman’s contribution, particularly her reproductive labour, must be seen as relevant to, and inextricably linked to her full participation in and access to the rights and institutions of citizenship.

Citizenship for women is complicated, because as Lerner (1986) states, traditionally they were their husband’s property, and ownership of women raised a dominant male’s prestige and power. Fraser and Gordon (1994, p. 88) explain that women’s historical exclusion from citizenship defined ‘civil citizenship, for it was by protecting, subsuming and even owning others that white male property owners and family heads became citizens’. In addition, Lister (1997) points out, not only did men’s participation in citizenship rely on women’s exclusion, but their sustained participation was maintained by women’s labour in the private sphere. Ruth Lister (1997) explains that for much of ancient and modern history, women were denied the formal status and rights of citizens. Lerner’s (1986) historical thesis on patriarchy supports Lister’s (1997) claims and it explains why women were denied these rights. Women, were either the property of their father or husband, and as such were never citizens in their own right, but accessed rights through the male that owned them.

T. H. Marshall’s Model of Citizenship

Most sociologists preface their discussion of citizenship with Marshall’s (1950) formulation of what rights ‘substantive’ citizenship should include (Walby: 1994; Turner: 1990, 1986, 1993; Lister: 1997; Fraser & Gordon: 1994; Barbalet: 2000; Mouffe: 1992; Roche: 1992). Hence rights relevant to unwed mothers will be discussed, one in particular, the right to give a free and informed consent. The link with autonomy and citizenship is an important one. In fact David Held (1991; 1996; 1999) concludes that having the right to make a free choice is the cornerstone of citizenship. He noted that if a person does not have this right they are no better off than a slave and the Marshallian (1950) concept of citizenship has no meaning, whether it relates to social, political or welfare rights. Hence the lack of consent afforded unmarried mothers when it came to Forced Adoption would, according to Held’s
premise, put them in the position of reproductive slaves. The notion of slavery being inherent in Adoption Law has been suggested previously.

According to lawyer and legal academic Robert Ludbrook (NSW LRC: 1994, p. 35) adoption law, in many Western societies, is more to do with property law than family law. He states children are treated as ‘commodities’, whose ownership is contractually transferred from one set of parents to another. Ludbrook has labelled this ‘modern day slavery’. In a New Zealand newspaper article he called for a ban on adoption labelling it a ‘cruel practice’; “It's become a sacred cow … but adoption is a creation of law, it was not created by society, it focuses on adults and adults’ concerns” (Mooney, Sunday Star Times: 1994). This ‘property rights’ notion of adoption is largely limited to Western societies. It is not a feature of all societies and all patriarchies (Hawkins: 2004).

When Marshall (1950) examined and discussed the concept of citizenship he made no allowances for gender inequality (Walby: 1994). He was aware of the inequality caused by capitalism and saw the Welfare State as a buffer, but he did not account for the inequality that women suffer additionally, patriarchy. Marshall (1950) did not acknowledge or allow for the patriarchal base of society out of which these institutions developed and which ideology they reflected. Therefore he remained blind to women’s differential access to the institutions of citizenship both theoretically and literally. The inequality inherent in a patriarchal structured society has meant mothers’ rights as citizens have not followed a lineal trajectory, particularly the citizenship rights of unmarried mothers.

In Australia, at the beginning of the 20th century with women’s enfranchisement and politicians wishing to gain the female vote, the federal government recognised ‘citizen mothers’ for their contribution as child-bearers irrespective of marital status and compared their service to the Commonwealth to that which men provided as ‘citizen soldiers’ (Lake: 1999a, p. 352). Marilyn Lake (2012, pp. 55, 59, 60) rationalises that enfranchisement led directly to Andrew Fisher’s Labor government granting a Maternity Allowance in 1912 for all (white) mothers, married or unmarried. However the bright future that feminists imagined for all ‘citizen mothers’ in 1912 (Lake: 2012, pp. 62, 66) did not eventuate. The
strength of the gender bias inherent in society was not fully comprehended. The legitimacy of unmarried mothers’ claims on the State and their right to care for their own children was whittled away, so much so Lake contends that (2012, p. 55): “governments in the 1950s and 1960s … sanctioned the removal of single women’s children for adoption”. The elevation of the patriarchal contract that privileges heterosexual marriage and disdains child-bearing outside of its confines, was the underlying force in the reversal of unmarried mothers’ rights.

Assimilation Policy

This project will investigate an area of Australian history that has been, and is still, contested and well may prove to be one of the most controversial parts of the thesis. Gail Reekie (1998) argues that the ‘illegitimate’ status of the Aboriginal mother has been rendered invisible by being distilled to a purely racial motive. The failure of other academics to acknowledge the connection between illegitimacy and forced adoption for Aboriginal mothers as led to unanticipated consequences. These will be discussed in this section as will the ‘Principle of Assimilation’ that was applied to white as well as Aboriginal mothers. The underlying philosophy that led to the forced removal and assimilation of Aboriginal children had its roots in British law and policy and was also applied to the forced removal of generations of white children. Therefore what has been considered divergent phenomena: the Indigenous stolen generation; British Migrant Scheme; Forgotten Australians and Forced Adoption survivors all emerged from the same well-spring. I am only identifying the phenomena, because it is an area of research that would consume another thesis.

Prior to the apology to the Aboriginal Stolen Generations given in 2008 by Prime Minister Kevin Rudd, it was not uncommon to describe the phenomenon of the stolen white babies and their families’ loss as the ‘new stolen generation’ (Hermeston cited in Report 21: 2000, pp. 225; SMH: 1999, p. 5) or the ‘white stolen generation’ (Byrne: 1997, ABC Lateline; Newcastle Herald: 1999, p. 4; Central Coast Sun: 2000, p. 2). After the apology the term has rarely been used (SMH: 2010, Dec 8). It is considered by some as racist to compare the experience of white mothers with that of our Aboriginal sisters. This assumes we did not feel the same
level of powerlessness and grief at having our newborns taken because the intent behind the forced removals was different. I assert that whether a mother is black or white the pain of having her child forcibly removed is a horror beyond belief. A highly respected Aboriginal elder and author stated: “I applaud the Prime Minister’s apology to our mob, but what about the white stolen generations that has suffered the same fate? I know many white people who have went through the same pain. So why can’t this government do its healing again, and apologise to the white stolen generations to bring closure to all their suffering as we Walk the same land, Breathe the same air, Drink the same Water” (Yuan Elder Max Dulumunnummum Harrison: 2011, Nov 2) (See Vol II, Appendix, p. 242).

The Aboriginal Stolen Generation has been addressed as solely a racial issue with many accusing the Federal Government of having an agenda of genocide (Reekie: 1998, p. 69) and/or assimilation (Garton: 2010: pp. 253-254; Mann: 1999 cited in SMH, p. 27). Garton (20010, p. 254) qualifies this though, stating the strategy behind forced removals:

Was so ‘half-cast’ children [could be] trained as domestics and apprentices. The philosophy underpinning this policy was ‘absorption’ and ‘uplift’ where Aborigines … were seen as ‘primitive Caucasians’, held back by culture, but with proper training and education capable of entering into normal society.

Assimilation has been seen as solely an Aboriginal issue and assimilation of white babies in the context of Forced Adoption has not been examined or discussed. Hence this thesis will argue that not only black (with white antecedents) babies were targeted for assimilation into families with white, married, employed couples, but so were white babies (Reekie: 1998, pp. 66-70; Mackellar: 1913; p. 91; Kline: 2001, pp. 121-122). Both strategies were subsumed under a population policy designed to keep Australia predominately a white British colony ready to defend the Empire (Reekie: 1998, p. 79). Assimilation was a broad and complex policy that was applied to a number of disparate groups. For example in the SBS special Immigration Nation (2011, Part two) it is stated that: ‘The ‘Doctrine of Assimilation’ as applied to Aborigines, was applied to hundreds of thousands of migrants. The idea being that these people could be assimilated to be British Australian in the 1940s and 1950s; it
assumed that you could be socialised into a new way, into embracing a new way of life’.

The intent of the next section is to illustrate the parallels between the theft of Aboriginal and White Australian children for the purpose of adoption. And further to highlight how adoption was utilised as a tool for assimilation and to address child removal as it pertains to illegitimate status.

Adoption as a tool of Assimilation

Walter Bethel, career public servant and senior clerk in the NSW Child Welfare Department, later becoming its Secretary, was principally responsible for policy development on issues relating to child welfare matters (Quinn: 2004, p. 104, 114). He stated:

It is felt that adoptions will … prove to be a lasting and permanent way for the child to be absorbed [assimilated] into the community (NSW CWD: 1925, p. 5).

Research indicates that unwed mothers: white and Aboriginal, were considered to be feebleminded and part of the same sub-group: ‘racially inferior whites’ (Mackellar: 1913, pp. 86, 91; NSW SCRD: 1904, p. 24). They were considered ‘unfit’ to rear their infants to become ‘industrious useful citizens’, because their unmarried status automatically deemed them neglectful parents. When discussing the Infant Mortality Bill (Later the Infant Mortality Act (NSW) 1904), Mackellar discussed the high mortality rate of ‘illegitimately’ born infants and blamed it on the neglect of their mothers. He proclaimed: “The Bill aims at placing the State Children Relief Board in loco parentis to any mother who bears an illegitimate child” (NSW SCR: 1904, p. 24). Racially inferior persons, as a class, were thought to be in need of elimination (Reekie: 1998, pp. 67-70; Kline: 2001, pp. 121-122; Odem: 1995). The way Australia solved the problem was to remove their children/infants and assimilate them (NSW SCRD: 1902, p. 24, 1904, pp. 18, 24; NSW CWD: 1925, p. 5; Reekie: 1998, pp. 74-75) amongst the ‘industrious’ classes’, or as the government perceived it: a ‘class above their own’ (NSW SCRD: 1883, p. 4; 1894, p. 1, 1902, p. 24, 1904, pp. 18, 24; 1908, p. 19; NSW CWD: 1925, p. 5;
‘Full blooded’ Aboriginals were expected to die out, so were not targeted for assimilation (Manne: 1999, cited in SMH, p. 27).

Cheater argues that adoption ‘exemplifies the worst excesses of the forced separation of Aboriginal children’ (2009, p. 193) and the ‘the ultimate form of assimilation’ (2009, p. 187). She states:

The children most likely to be adopted were ‘light-skinned’ infants who authorities determined would be better off if they were raised in the white community … Under the states’ welfare regulations no child could be adopted without the mother’s consent. When confronted with this restriction, authorities resorted to the same tactics they used when pressuring single white mothers to relinquish their children. Some children were adopted without the mother’s consent after nursing or welfare staff had forged their signatures. Some women were told their babies were stillborn and some women signed papers without realising they were authorising the adoption of the child.

Cheater goes on to state that prior to the 1950s and 1960s a number of children were taken from missions and adopted without parents being advised of their rights. Some were removed from remote areas in Northern Australia and subsequently adopted by white families in Victoria (2009, pp. 182-183). By 1953 the number of children placed in foster care or adopted out was double the number of institutionalised children in some states. Cheater also states that Paul Hasluck induced the states to place Aboriginal child services under the auspices of their welfare departments which she states:

Proved to be a two-edged sword because during the 1950s child welfare polices were also intent on assimilating deviant white families to socially accepted norms … this included single parent families, poverty-stricken families and indigenous extended families (Cheater: 2009, pp. 184-185).

At the New South Wales Inquiry into Past Adoption Practices (1998-2000), Wendy Hermeston, representative for the Aboriginal search and reunion organisation: Link-Up (NSW) Aboriginal Corporation gave a submission. She stated that the removal of Aboriginal children evolved in the 1950s and 1960s into the theft of newborns from Aboriginal mothers from the same institutions and carried out by the same social and medical workers that were stealing white babies. Hermeston
referred to the theft of white babies as ‘the other stolen generation’ (Report 21: 2000, pp. 226-229).

Reekie (1998) states that the part ‘illegitimacy’ played in the forced removal of Aboriginal infants for adoption has not been given consideration.

Any discrimination the stolen generations might have experienced as a consequence of the social stigma attached to ex-nuptial birth has attracted much less public attention … Although the illegitimacy of the stolen children is sometimes mentioned as a salient fact in the removal policy, the problem has been constructed overwhelmingly as one of the government’s mistreatment of Aboriginal children on the basis of perceived racial status and its attempted genocide of the Aboriginal race (Reekie: 1998, p. 69).

She highlights though, a salient fact: “The discursive embrace of racial inferiority and illegitimate reproduction is tight and enduring” (1998, p. 84).

The outcome of academics and feminists (Lake: 1999b, p. 76) failing to note the linkage between ‘illegitimate reproduction’ and child removal and solely focusing on racial grounds has had the unfortunate effect of making the forced removal of white babies an invisible phenomenon. It has also hidden the phenomenon of Forced Adoption amongst Aboriginal mothers. Hence the 250,000 white mothers (Inglis: 1984) who had their babies taken for adoption have been marginalised and their experience dismissed as ‘their choice’. Whilst a former consent taker who worked at Crown St. can make divisive remarks in a journal article that go unchallenged.

How then does a [white] woman feel if she had deliberately ‘lost’ her child by giving it away? … Aboriginal mothers … always kept their babies (Brown: 2012).

In my first year of study at University I was given a text book: Sociology: themes and perspectives Australian edition’, along with hundreds of other students, that provides a good example of the above paragraph’s conclusion. It stated:

Over 5000 Aboriginal children were removed from their families between 1909 and 1969 in New South Wales alone and unlike white children great care was taken to ensure that they neither said goodbye
nor ever saw their parents or family again (italics added, Haralambos et al: 1999, pp. 428-429).

Quoting another academic, Haralambos et al state: ‘Perhaps in time, the whites will suffer in the knowledge of what they have done. But they cannot expect forgiveness’. As a white mother who never got to see or hold, name or get to say goodbye to my newborn I found the text distressing and offensive. It also reinforced the myth that white mothers willingly gave away their babies and had a totally different experience from that of Aboriginal mothers. Thus, a salient part of my thesis is to make visible the importance that the status of being unmarried, poor and/or unsupported was in the removal of one’s baby. This project provides evidence throughout to support that argument, including data gained from an interview with a social worker who trained at Crown St. who stated that the removal of infants was “based on marital status not on race”. She worked at Crown St. and stated: “I never got over the guilt I felt at trying to railroad a young Aboriginal mother into adoption” (Participant: 2007, Rose).

In summary White Australia wanted a population of white, legitimately born infants (Reekie: 1998, pp. 74-74; Walter Bethel cited in NSW SCRD: 1925, p. 5; Arthur Renwick cited in NSW SCRD: 1883, p. 4; 1894, p. 1; Mackellar cited in NSW SCRD: 1904, p. 24, 1908, p. 19). This is a hidden history, one neither politicians nor many academics have accepted. It is imperative that this aspect of Forced Adoption is understood.

**Hypotheses**

Hypothesis 1: white unwed mothers who kept their infants did so because they had the support of a witness/advocate that ensured their rights of citizenship were upheld, such as the right to leave the hospital with their infant and rear it;

Hypothesis 2: white unwed mothers wanted to keep their babies, but it was the practices within the hospitals such as not allowing them to see, feed or touch their infant and other degrading treatment, that resulted in the high number of babies made available for adoption.
Hypothesis 3: it was pressure and coercion to adopt, combined with lack of a witness/advocate to ensure that white unwed mothers’ human and civil rights were upheld, not stigma/social mores and lack of money that accounted for the high number of white babies available for adoption.

Hypothesis 4: white unwed mothers had their babies taken because of their marital status - they and their infant were deemed racially inferior and through assimilation of their infants with married, white, employed couples they would be ‘normalised’ and they would go on to marry and have children of their own.

Hypothesis 5: The forced removal of infants of unwed white mothers was a Commonwealth/State project run under the auspices of Federal and State Health Departments.

Hypothesis 6: There was conspiratorial activity between health departments, hospitals, unwed mother and baby homes, child welfare departments and social workers to abduct white babies for adoption.

Hypothesis 7: Irrespective of the intent behind Forced Adoption all mothers suffered trauma at the loss of their baby; many white mothers were betrayed by members of their own family and white authority figures.

Hypothesis 8: all unwed white mothers who suffered the trauma of losing their infant, suffered severe and ongoing mental health problems, unwed mothers who ‘kept’ did not.

Hypothesis 9: there are two co-existing discourses: institutional and lay, and depending on which one the white unwed mother is immersed determines her outcome.

Hypothesis 10: those working within the adoption industry had internalised the institutional/medical discourse and consequently mothers in hospitals were exposed to patriarchal and punitive themes.

Hypothesis 11: Mothers who ‘kept’ had higher levels of control (empowered) than mothers who had their infant taken (powerlessness).

Conclusion: Organisation of the Thesis

The thesis is unconventional for a number of reasons. Firstly because the practice and theory of adoption is dispersed across a variety of disciplines, I have utilised a cross disciplinary approach which may be criticised for being too broad in
scope. The fact is that because so many disciplines are involved in adoption, they need to be addressed in order to adequately answer the research questions, aims and to support or reject the hypotheses. Therefore it has not been possible to contain a literature review in one chapter. Chapter One provided an overview of the literature that supports the theoretical models selected to explain the phenomenon of Forced Adoption/stolen babies.

Each chapter has its own unique literature review supporting the various disciplines and to create a chronology of the relevant themes that reoccur, and/or evolve that provided the framework for the treatment of unwed mothers in the 20\textsuperscript{th} Century. Hence though working towards a coherent argument, chapters are focused on historical issues, legislative implementation, social administration, population control and relevant discourses that have led to the phenomenon. In each chapter the underlying themes inherent in the data are identified and in the Appendix those themes are tabulised and linked to the thematic analysis of the mothers’ narratives. Hence the historical overview is an attempt to contextualise, as well as explain how and why the Forced Adoption/abducted babies phenomenon became accepted practice in 20\textsuperscript{th} Century Australia. Key themes in the mothers’ narratives are linked to the thematic analysis findings of the historical literature review. The thematic analysis of the mothers’ narratives are utilised to support or reject the hypotheses.

The originality of this research lays in contrasting the lived experiences of unwed mothers who kept with those who had their infant taken and in so doing identify the variable/s that produced the opposing outcome. The project challenges the accepted assumption that it was the social mores, stigma and lack of finances that drove extraordinarily high number of mothers to relinquish their infants. The thesis will attempt to reject the long held assumption that mothers’ willingly relinquished their infants to strangers because they wanted ‘to get on with their lives’ and that their infants were unwanted (Carrol & Law cited in HRSCFHS Inquiry into Overseas Adoption: 2005, Brisbane, July 21; Kerr: 2005). It will draw on evidence given, at three governmental inquiries; to the Australian Institute of Family Studies (AIFS) and from the data I collected, to reject those assumptions (CARCR: 2012; Report 22: 2000; Joint Select Committee: 1999; Kenny et al: 2012).
Chapter Two will elaborate on the importance of conducting research on mothers who kept their infant and discuss how bias in research has evolved and been misused to promote adoption. Chapter Three explains the Methodology used. Chapters Four and Five examine the foundational structure that provided the framework for 20th Century Forced Adoption. Chapter Six explains the influence of eugenics that informed social work practice in Australia and provided ‘scientific’ justification for forced removal policies. Chapter Seven describes the importation of laws and social policy pertaining to the treatment of unwed mothers and their infants from Britain’s rigid patriarchal society, and the beginning of the boarding-out and adoption systems. Chapter Eight describes the forces behind the evolution of adoption legislation and policy and the subsequent impact on the ‘lived experience’ of unwed mothers and their infants. Chapter Nine examines and discusses a Commonwealth population policy as it pertained to infant and maternal welfare implemented at a state level via state institutions. Chapter Ten provides an insider’s view of the treatment of unwed mothers in a public hospital in Sydney, that exposes the legislation, policy and practices inherent in Forced Adoption. Chapter Eleven gives voice to the mothers’ experiences. Chapter Twelve provides the findings of the thematic analysis of the data from the research participants and explains the quantitative findings. Chapter Thirteen is the conclusion, gives a summary of the chapters and the hypotheses that are supported or rejected and further areas of research are suggested.
Chapter 2

The Importance of Surveying Unwed Mothers Who ‘Kept’

Introduction

The importance of conducting research on single mothers who kept their baby will be discussed in this chapter. It is particularly pertinent when one is conducting research on a marginalised group that appropriate comparisons are made with relevant other groups. Within the pro-adoption industry usually the circumstances of single mother-headed families are compared with those of two parents and the findings are then touted as reasons for promoting adoption to young pregnant women. This unfortunately has been occurring since the number of adoptions began to drop in the 1970s (Royal Commission: 1977, p. 105). Also it is relevant to this project to understand the dynamics that permitted mothers to keep their infants as opposed to those who did not, not least, in order to support or reject the hypothesis that it was the abusive practices within hospitals that led to the high number of adoptions. If supported, further weight is given to the argument that it was not stigma/social mores and lack of access to the pill/abortions that led to the historical high in adoptions in 1971. It also allows a more realistic picture of what unwed mothers were up against and to ensure that the barbaric treatment meted out to acquire their babies never reoccurs.

Adoption industry workers, academics and researchers state that the majority of unwed mothers ‘chose’ adoption because a deeply intolerant society and poverty made any other option impossible (Marshall & McDonald: 2001; Swain & Howe: 1995; Higgins: 2010; Brown: 2012; Final Report: 2000). I argue against those assertions and claim that it was the abusive practices inherent in the adoption system that made available the high number of babies for adoption combined with a peak in the fertility rate in 1971. Further the majority did not relinquish, in fact, the majority of unwed mothers kept their baby. It was a much smaller minority, without an advocate to ensure their rights were upheld, that had their baby taken for adoption. The phenomena of stigma, social mores and lack of finances cannot usefully explain the unprecedented rise and fall in the number of adoptions from the late 1960s to 1972. It
certainly does not explain how the majority of unwed mothers successfully reared their infants.

**Available Benefits: Brief Overview**

If finances were the root cause of relinquishment, then there should have been many more adoptions pre-World II when assistance was meagre. Yet the majority of white, unwed mothers in the US and Australia kept their children early 20th Century (Morton 1988; Langshaw: 1978, Moor: 2005). In Australia, the highest number of adoptions were recorded after the Commonwealth Government introduced the Deserted Wives Benefit in 1968. This brought financial assistance to all unwed mothers in line with the benefits widows were expected to rear their children on. As perplexing was the rapid decline in the number of adoptions prior to the introduction of former Prime Minister Gough Whitlam’s Supporting Mother’s Benefit (July, 1973). Hence I argue Benefits could not have been the major factor in the rise and fall in the number of adoptions as has been claimed (Sammut: 2013a).

Financial benefits were available in NSW from 1923, as stated in Chapter One (SMH: 1934, May 1, p. 10). From the 1940s unmarried mothers could claim Sickness, Unemployment and Special Benefits, under the Unemployment and Sickness Benefit Act 1944 (C’th). In 1945 the Special Benefit clause was inserted into the Act (Daniels: 2006b). It was ‘granted to a person who by reason of age, physical or mental disability or domestic circumstances or any other reason was unable to provide for themselves and their dependants’.

There are records of unwed mother and baby Homes charging those they had interned, an amount equating with their ‘Social Service Allowance’ for board (McCabe: 1997, p. 508). In NSW in the 1950s mothers were able to obtain ‘a composite allowance from the Department of Labour & Industry & Social Welfare and the Child Welfare Department’ or an ‘Unemployment Benefit after the birth’ and ‘a Sickness Benefit prior’ (Crown St. Archives: 1953). In 1968 single mothers could apply for the Deserted Wives Benefit under the State Grants Act (Wilson: 1973, p. 70). Pamela Roberts explained that in NSW a single mother was entitled to $1 less
than mothers on a Class A Widow’s Pension or $22 (Roberts: 1969). In Canberra a
single mother was also entitled to an amount equivalent to the Class A Widow’s
Pension which was $49 a fortnight (The Canberra Times, 1971, Sep 8, p. 17). The
WA Minister for Youth and Community Services, Keith Wilson informed the
organisation ARMS (WA) monetary assistance was available for unmarried mothers
through the Child Welfare Department “for decades prior to the 1970s and that many
mothers accepted this assistance” (Wilson, Communiqué to ARMS WA: 1993). Mr.
Hall (WA MP for Albany) in response to his question, “What income does an
unmarried mother receive in this State from child welfare and social services, when
maintenance is not paid”, provided the answer he was given to the WA Parliament.

(a) For an unmarried mother with one child: Social Services:
£4 pound 17s 6d, Child Welfare.; Child Welfare, £2 5s.; total
per week, £7 2s 6d.
(b) Unmarried mother and two children: Social Services, £5
12s 6d.; Child Welfare, £2 5s.; total per week, £7 17s 6d.
(c) Unmarried mother and three children: Social Services, £6
7s 6d.; Child Welfare, £2 5s.; total £ 8 12s 6d.
(d) Unmarried mother and four children: Social Services, £7
2s 6d.; Child Welfare, £2 5s.; total per week, £9 7s. 6d.

Mr. Hall articulating the lay discourse urged that more money be provided to single
mothers because even though there were “very admirable foster parents, nothing can
replace the love and care of the mother who had given birth to the child” (WA
Hansard: 1964, Nov 25, p. 3001). De facto widows were entitled to the Widow’s
Pension available from 1942 onwards (Daniels: 2006a; SMH: 1942, Oct 17, p. 6).

However, unsupported mothers were never told of any of the assistances that
were available (Cole: 1994, 2004, 2008; Research Participant: 2007, Rose; Moor:
makes the point: “The services which are available are not always made use of”
was common practice not to inform mothers of available assistance. In fact many
who asked were told there was no financial assistance, or if the mother knew that
some assistance was available they were told it was not enough to live on and were
not informed of which departments to contact to obtain it”. So who applied for these
funds? According to this research project, women who were protected from the overt
abuse in the adoption system and got out of the hospital or the unwed mother’s Home with their baby and found out Benefits existed.

In 1976, the NSW Minister for Youth and Community Affairs, W. C. Langshaw, commissioned research on the number of single mothers keeping their infants from 1923 to 1976. It was found that approximately 60% of mothers kept (Langshaw: 1978, p. 49) and were able to manage on the assistance provided (Cunningham: 1996; Australian *Women’s Weekly*: 1954, 1971; Crown St. Archives: 1953). I would suggest the number of babies being kept was probably much higher as many estimates did not exclude infants adopted by their own parents, step-parents or kin to legitimise their birth. For instance according to the NSW CWD in the 1948-1949 period almost 50% of adoptions were by family members. There were 606 infants adopted by their natural parents, 110 adopted by another family member and 900 stranger adoptions (NSW CWD: 1949, p. 25). During 1949 there were 1351 applicants whilst there were available only 650 children for adoption (NSW CWD: 1949, p. 14). In 1950 there were 2,914 ex-nuptial births and 1,533 adoptions, not excluding kin adoptions (Report 22: 2000, p. 218). A booklet published by St. Anthony’s Home at Croydon (1949) states that the majority: 80% of mothers, took their infants back to the parental home.

Dr. Kraus, a statistician working for the CWD, agreed that 80% of mothers kept their baby (1976b, p. 24) which he stated differed widely from the 30 to 40 per cent estimate made from ‘impressionistic data’ cited by Schlesinger (1973, cited in Kraus: 1976b, p. 24) and the 30 to 40 per cent estimated by adoption agent Pamela Roberts (1968 cited in Kraus: 1976b, p. 24). Roberts was most likely generalising from the number of adoptions conducted at her hospital, Crown St., which peaked in 1968 at 64% of all ex-nuptial babies born there. By 1971 the number had dropped to 47% (Crown St. Archives: 1982). In 1969 about 24% of ex-nuptial children were adopted in NSW (Langshaw: 1978, pp. 49-50; Kraus: 1976b, p. 22), but that percentage peaked at 41% in 1971. By 1975 the number had fallen to 18.3%. Kraus stated that the decline was not the outcome of greater use of the pill or a sudden change in social mores. He stated: “As to greater acceptance by the community of unmarried mothers, it is difficult to see why it should have suddenly occurred” from one year to the next. He explained that the increase in the use of oral contraceptives, up 86% in the period
1967-1974, at the same time the birth-rate continued to increase could not therefore be considered a causative factor in the drop in adoptions from 1972 onwards (1976b, pp. 21, 23-24).

**Coercive Measures to increase the number of adoptions**

The Federal Health Department guided State Health Departments in their treatment of unwed mothers via an internal health department policy which prescribed an abusive regime with the intended result of making more babies available for adoption (Roberts: 1994; Woodward: 2004; Rickarby cited in Report 17: 1998). Abusive practices consisted of such measures as adoption only focused counselling; the use of sedating and mind altering drugs; isolation; forbidding contact between a mother and her newborn and failing to inform mothers of available financial assistance and accommodation prior to birth so they had time to plan a future with their child. Such inhumane and degrading treatment was designed to traumatised a mother into submission and thereby facilitate the forced removal of her newborn (Rickarby: 1997, p. 56, cited in Report 17: 1998; Woodward: 2004). For instance, it was thought that if a mother saw her infant she would fight harder to keep it and be less inclined to proceed with adoption (Health Commission Circular: 1982; Rickarby: 1997, cited in Report 17: 1998; Research Participant: 2007, Rose).

Dr Brian Hoolahan, who spent time at the hospital as a medical student described the treatment of young mothers there as the most ‘horrific thing I’ve ever seen in my life’ (Shields: 2012, SMH, Mar 1).

Professor Edward Mech’s (1986) and Patrick Fagan’s (1995) research projects, both designed to determine the most efficacious way to increase the number of adoptions, indicated that it was neither financial concerns nor stigma that influenced a mother to select adoption. Rather it was the introduction and promotion of it as a ‘best interests for the child’ option by social and health workers. Mech (1986) stated that almost 60% of mothers would consider an adoption plan if social workers impressed on them that ‘her child would have a better chance’ (Mech: 1986, p. 558). Only 29% of the sample indicated that economic concerns would be a
causal factor in relinquishment. This supports Australian research, in which Najman et al (1990) concluded that:

Extensive youth, poverty, an absence of a partner and an unplanned pregnancy may all contribute to a decision to relinquish a child. Yet the data indicates that the vast majority of women reporting these disadvantages proceed to keep the child … Indeed the majority of this small group of [his research sample] women who manifest any or even all these disadvantages together do not relinquish their child (p. 188).

Mech added that giving one’s baby to strangers was such an unnatural option that it would not ordinarily occur to a pregnant girl or woman, it had to be impressed on her that keeping the infant caused it harm (1986, p. 565). Further, Dr. Michael Carr-Greg recently stated, “To give up a baby [mothers] have to be desperate … It is not something that’s natural for a woman” (Herald Sun: 2007, June 14, p. 32). Hence the importance Mech and Fagan placed on the use of coercive counselling to increase the number of babies available for adoption. The Human Rights Commission concluded that the social workers’ method of counselling in the Forced Adoption era amounted to inhumane and degrading treatment and violated Article 7 of the International Covenant for Civil & Political Rights (ICCPR) (MacDermott: 1984, p. 39). However, the abusive institutional regime described above has not been the accepted historical causal factor for the high number of adoptions (Report 22: 2000, p. 39; Marshall & MacDonald: 2001; Higgins: 2010; Kenny et al: 2012; Brown: 2012).

Even though stigma and financial concerns had become uncontested facts for the reason adoptions peaked in 1971 (Kraus: 1976b), Kraus disagreed and attributed the peak to the inability of women to access abortion clinics because of a police crackdown that year in NSW. However other authors have argued that women did have access to abortions (Medical Roundsman, Daily Telegraph: 1971, Feb 20) as they had for decades (Roberts: 1968, p. 10; SMH: 1943, May 4, p. 7). A salient point is that the number of Aboriginal babies taken for adoption in NSW also peaked at the end of 1971 (Kraus: 1976b, p. 20). Those mothers are also included in his premise that women adopted out their infant because of inability to access abortions.
Social Mores and other Fallacies

Comparison of Babies taken at Crown St with NSW

Figure 1: Percentage of ex-nuptial births relinquished at Crown St. compared with the percentage relinquished in the remainder of NSW and ex-nuptial births as a percentage of total births (Sources: Crown St. Archives: 1982; Final Report 22: 2000, pp. 217-220; McHutchison: 1986).

The above graph shows that at Crown St. the number of adoptions began to drop after 1968, where they peaked at 64% of all ex-nuptial births, at the same time they began to rise in other parts of New South Wales. This phenomena cannot be explained by access to or lack thereof to birth control, abortions or the introduction of the Supporting Mother’s Benefit by Gough Whitlam (July, 1973). Dr. Geoff Rickarby attributes the decline in adoptions at Crown St. and the rise in other hospitals to two factors. The overtly abusive practices inculcated in doctors, nurses, midwives and social workers during their training, taken to other hospitals, and

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Crown St. had reached capacity for accommodating newborns for adoption (Rickarby: 2004). A phenomenon not confined to Crown St. (The Canberra Times: 1970, Mar 6, p. 1). Whilst so many babies were taken that supply overtook demand and adoptions began to cost the government rather than be a cost saving measure.

Research conducted in this thesis supports Dr. Rickarby’s claims. Further the abusive practices at Crown St. were allowed to escalate because of the State’s policy of forced removals, demand by infertile couples for newborns, and a blatant disregard for the rights of unsupported, unwed others.

As noted above the number of adoptions throughout Australia peaked in 1971 and in 1972 began a rapid decline (Hayes: 1994; Kraus: 1976b; McHutchison: 1986). Kraus (1976b) argues that the sudden drop in the number of adoptions was because in 1972 there was once again ease of access to abortion. However Kraus’s reasoning does not explain why in SA (1969) and Victoria (1970) when abortion legislation allowed women easier access (Gleeson: 2013) that the number of adoptions in those States continued to rise. For instance in Victoria in 1969-1970 the number of adoptions was 2,031 and in 1970-1971 it was 2,057. It wasn’t until the 1971-1972 that the number dropped to 1,768. In SA in 1968-1969 the number of adoptions was 834 in 1970-1971 the number rose to 879 and it wasn’t until 1971-1972 period the number dropped to 776 (CARCR: 2012, Appendix 4). The number of local adoptions Australia wide has dropped from nearly 10,000 in the period from June 1971-1972 to 45 in 2010-2011. Local adoptions are those conducted domestically by non-related persons (Higgins: 2012). Interestingly, in Britain, Martin Narey states that the decline in adoptions was not “a direct and immediate consequence of the 1967 Abortion Act. There were more than 20,000 adoptions a year until the mid-1970s and numbers did not fall below 10,000 until 1983” (The Times: 2011, July 5, p. 6).

It should also be noted that irrespective of access to abortions the number of ex-nuptial births has continued to increase to the present day. In 2010, 34% of births were ex-nuptial (ABS, Nuptial and Ex-Nuptial Births: 2010) whilst in 1968 the percentage was 7.97 (Report 22: 2000, p. 218), and according, to the ABS: ‘The proportion of ex-nuptial births has been increasing since the 1950s, and has risen strongly over the past three decades’.
According to the ABS the first peak of the baby boom occurred in 1947. This was due to men returning from the war and women returning from war time employment and taking on their more traditional role in the home. Additionally there was an influx of child bearing women from post-war immigration. During the mid 1960s the fertility rate fell, but as the first of the baby boomers started families it began to rise and Australia’s largest ever cohort was born in 1971– 276,500 births – the children of the baby boomers. Interestingly Kraus (1976b, p. 23) comments on the drop in the number of adoptions in the mid-sixties, but does not connect it with the drop in the birth rate. The upward trend in births that spiked in 1971 coincides with the cohort of women born in 1947 reaching the peak of their reproductive years. In the years 1970 to 1973 inclusive, the most common age of mothers giving birth was between 23-26 years which coincided with the age of the 1947 cohort (ABS, Australian Social Trends: 2004). The size of this cohort had also been increased by immigration. The peak quickly fell from the end of 1971 to 1980. The number of ex-nuptial births has continued to rise and the number of adoptions has continued to drop. This fact is not explained by ‘limited access to abortions’.

Therefore I argue that the high number of adoptions occurred because of two intersecting phenomenon. In 1971 the largest cohort of babies was born whilst cruel and barbaric practices reached their zenith.

If the social and economic circumstances were so harsh - why did they have to invent such a detailed and violent system to get our children off us - they clearly did not think they were enough (Research Participant, Mary: 2007).
The rapid decline was due to the sudden fall in the number of babies born, coinciding with abatement in the use of coercive measures to obtain infants (AASW: 1971; Health Commission Circular: 1982). Additionally, supply met demand (c. 1969-1971) and the increased number of babies going into institutions began to cost the government; adoption therefore ceased being of fiscal benefit (Berryman: 1979, Sun Herald, April 8).

By the time supply dropped away and demand began to increase there had been a change in social policy (c.1970 see Canberra Times: 1970), and a change in government; the Whitlam Labor Government (1972), being elected after 23 years of Liberal rule. The women’s movement was in full swing with organisations and individuals speaking out about the practices that were still occurring in some hospitals and the pathological grieving of losing one’s infant to adoption (Pearl: 1973, pp. 35-36; Mather: 1978, pp. 108-109; Murray: 1973, p. 83; Lancaster: 1973, pp. 63-64; Harper: 1978, pp. 111-119; The Canberra Times: 1970, Mar 31, p. 3; The Canberra Times: 1973, Febr 1, p. 13; The Australian Women’s Weekly: 1972, April 5, pp. 3-6; Final Report 22: 2000; Research Participant, Mary: 2007). So debunking the adoption workers’ propaganda utilised to undermine grandparents support, that mother’s would get over the loss “in six to twelve months” (Betheras: 1973, p. 106).

Pat Harper of the National Council for the Single Mother and her Child, told adoption workers at a National Conference, that adoption involved “pain and suffering” and that “losing one’s child to adoption was more difficult to come to terms with than the death of that child” (Harper: 1978, p. 112).

Blaming stigma/social mores and lack of finances for relinquishing one’s newborn iners that women had a choice. I argue that the harvesting of so many babies for adoption was a result of the human and civil right violations and the traumatisation of young mothers (Sherry: 1971; Rickarby: 1997, 1998). The ‘social mores’ argument is merely justification for an individual’s unethical and illegal behaviour. One might just as easily excuse their behaviour by claiming, “I was only following orders”. Social worker, Rhonda Ansiewicz (1997: p. 346) points out:

The history of adoption has been fraught with pain. In many documented cases, the profession can be accused of gross human
right abusers against the mother and subsequently the child. No longer can the profession hide behind its claim they operated out of the values of the time. Individuals and institutions are responsible for the displacement of women and their children and must be accountable.

Unfortunately many past adoption workers have not owned up, but continue a defensive stance that does not facilitate the healing response and continues to re-traumatise (Staub et al: 2005, 301). Many adoption agents shift all blame to a cruel and punitive society (Brown: 2012) for their behaviour, as well as their victims, by repeatedly asserting they gave their consent (Haralambos et al: 1999, p. 428; Carrol & Law cited in HRSCFHS: 2005, Brisbane, July 21, p. 27; Kerr: 2005), but now cannot deal with the guilt over ‘their decision’ (Brown: 2012). One reason put forward to explain why adoption was chosen was because: “They believed unrealistically, that the whole thing could be forgotten and the pain would disappear” (Brown: 2012, p. 63). Research refutes this assumption, social workers published what they told mothers, and that was they would “get over it” and be able to start their lives afresh (Mather: 1978, pp. 108-109; Murray: 1973, p. 83; Lancaster: 1973, pp. 63-64; Harper: 1978, pp. 111-119). Grief or lack of it is not something about which a young pregnant woman having a first baby would have any comprehension (Betheras: 1973, p. 106; Roberts: 1973, p. 97). So if mothers did believe they would quickly recover from the pain of their loss, why did they? Social workers and consent takers were supposed to warn mothers of the full import of what they were signing and the possibility of psychological harm and ongoing grief; they did not (Child Welfare: 1958; Cole: 2008). Many in the adoption industry stated that unmarried mothers did not have the same maternal feeling as married women, the justification for this was because the pregnancy was unplanned it equated with an “unwanted baby” (Crown St. Archives: 1977).

The lack of understanding of mothers’ grief has been the subject of research; the findings of which are critical of the lack of compassion of those working in the adoption industry (Condon: 1986; McHutchison: 1986; Winkler & van Keppel: 1984; Rickarby cited in Report 17: 1998; Mather: 1978). When many mothers returned to hospitals trying to reclaim their infant they were told “Everyone else has got on with their life, why haven’t you? Go home the baby is already adopted and with its family” even if the baby was still there (Participant: 2007, Amy; Rickarby
cited in Report 17: 1998). Many working in the adoption industry or those that benefited by it dismiss mothers when they speak out as a: ‘Noisy few unable to get on with their lives’ or just dismiss them as being anti-adoption (Carroll & Law cited in HRSCFHS: 2005, Brisbane, July 21, pp. 24-25, 27; Brown: 2012; Sammut: 2012a). Even in the present those who wish to promote adoption to vulnerable young pregnant woman lie about the grief they will suffer, and ridicule those who do try and warn them (Narley: 2011, The Times, July 5). The current pro-adoption program that is being run in Britain is a painful reminder of past such programs and again states that many mothers are ‘happy with their decision to become ‘birthmothers’’ and that many do not grieve (Narey: 2011, The Times, July 5).

Elspeth Brown (2012), former adoption social worker, takes a very defensive position. This is re-traumatising and undermines the intention of the Federal apology (CARCR: 2012). Indeed in her protesting more harm is caused (Staub et al: 2005, p. 300).\(^\text{10}\) Brown criticises the Senate Inquiry for only looking at Forced Adoption, not those that willingly chose adoption. The point is that the Inquiry was about the forced removal of infants and the illegal, unethical and human rights abuses mothers suffered – it was never meant to be a debate about adoption. And what about the babies forcibly taken for the purpose of adoption, but were later considered not perfect enough so were left to languish in institutions? What about the babies forcibly taken, but died before they were adopted? Prime Minister Julia Gillard apologised for the illegal practice and polices of forced removal – utilising adoption legislation to later legitimise a theft did not make the theft legal. Putting coercive structures into place and denying women any real opportunity to make an informed consent is coercion irrespective of whether or not she signed a piece of paper.

Was society as cruel as adoption agents make out? Rose Bernstein reviewed a number of studies done on unwed mothers who kept their infants between 1955 and 1965 and concluded that nearly all of the women interviewed did not experience severe social penalties.

\(^{10}\) A respectful apology enables the victim to move on and is constituted of particular elements: truthful acknowledgment of the injustices; taking full responsibility for the pain and damage and expression of deep regret. Without these key elements an apology can be harmful (Staub et al: 2005, p. 301).
Being a single mother did not result in poorer family relationships or bring censure from friends, neighbour or colleagues … the vast majority of unwed mothers reported that their friendships remained stable and many were married soon after to the baby’s father or to another man …. Very few women had tried to conceal the baby’s status by calling themselves ‘Mrs’ (Bernstein: 1971, pp. 96-97, 106-107).

Anderson et al (1960) and Greenland (1957, 1958a & b) also conducted research on mothers who kept in the 1950s, and their findings supported Bernstein’s. Unwed mothers did find family and communal support.

I am not arguing that there was no social stigma, but my research indicates it was contained for the most part to those working in the field of adoption: medical and social workers, conservative doctors and the clergy. Likewise families with strong religious convictions were judgemental and ostracised their daughters, but they were in the minority.

In many places illegitimacy has become much more of a family affair with young girls being able to remain in their homes … under the care of tolerant parents … Others remain with friends with whom they have been flatting … Certainly the social pressures have eased considerably … girls no longer have to have their babies in secret and have [them] adopted (The Canberra Times: 1970, Mar 31, p. 3; SMH: 1942, Nov 13, p. 9).

My research is supported by the work of Greenland (1957, 1958a & b), Anderson et al (1960) and Berstein (1971) who critique research that generalises stigma across society and whose findings, as stated above, indicate that their samples of mothers were generally well accepted in their communities. The unwed mothers who have been researched though, are in the main those who had their babies taken and were exposed to extraordinarily brutal and dehumanising treatment without the buffer of any kind of support system (Higgins: 2010). Hence their view of what happened is framed by stigma both within their judgemental homes and the adoption system. It is not surprising that these mothers’ generalise their experience and claim that the whole of society rejected them and stigma was widespread. This conclusion however must be tempered by evidence that the majority of mothers with the help of supportive families and friends kept their babies. Their experience is also valid and
more importantly it is the experience of the majority. It also provides a more realistic picture of unwed motherhood across society.

Since there has been very little research on the long term effects on mothers who kept and researchers have focused on the experiences of mothers who did not then their findings contain an unintended bias. The mothers who kept their infants have so far not been heard. They have not discussed their treatment at the hands of adoption social workers and pro-adoption medical staff. The strategy they used to keep their infant has up to now, not been determined therefore not examined and/or discussed. Some social workers state that the mothers who kept did so because they were in de facto relationships, my research does not support that claim (Brown: 2012).

Unfortunately misconceptions as those discussed above has spread and are then re-stated in text books and academic works and up until the present accepted as historical fact by society in general. Further it is unfair to accuse the broader society of condoning the barbaric treatment unwed mothers received, when they did not know about it. In 1994 I started campaigning for justice for mothers who had their newborns forcibly taken. The biggest hurdle to overcome was getting people to believe that force, threats, drugs and abusive treatment were commonly used in hospitals across Australia to forcibly take babies for the purpose of adoption. This beggars the question if it reflected social mores why didn’t people know this was going on?

The answer is that Child Welfare Departments and social controllers/social workers used the media to promote adoption, stigmatise single motherhood and publicly state that our infants were ‘unwanted’ even though they knew that to be blatantly untrue (Kerr: 2005; Moor: 2005; Cole: 2008). Not only were the public duped and led to believe that married couples were ‘saving’ babies because they were ‘supposedly’ unwanted (Perkins, Daily Telegraph: 1967; Dupre, The Sun: 1973; Gilbert, Sunday Telegraph: 1968, p. 41), but newspaper articles falsely stated that they were given away after all means of assistance was offered. Social workers were regularly quoted in newspaper articles claiming it was ‘the mothers who made the final decision’ (Perkins, Daily Telegraph: 1967; Kennet, Sunday Telegraph:
1970; *Australian Women’s Weekly*: 1954, p. 28), even though the literature that
guided their practice stated that unwed pregnant women were too ‘neurotic and
immature to make their own decision’ (McLelland: 1967, p. 42; Reid: 1957) and
social workers ‘must be the deciders’ (Cole: 2008). The adoption industry with the
use of duplicitous media campaigns moulded the societal mind to accept the
unbelievable; that thousands of healthy young mothers willingly gave away their
babies to strangers without a backward glance. Many still accept that lie.

This has had shocking ramifications for adoptees who have suffered
abandonment issues in part attributable to these deceptive campaigns labelling them

Social workers outside of adoption were very critical of the tactics of their
colleagues and their view of unwed motherhood differed markedly. For instance, a
community social worker with the Central Methodist Mission speaking about
treatment in general of unwed mothers in the late 1960s discusses community
acceptance:

Community attitudes towards the single mother and her child have
changed during the past few years … Now, not only is there wider
acceptance of her, but due to the granting of the pension to single
mothers in 1968 she is officially recognised (Wilson: 1973, p. 70).

So one wonders, with respect to social mores, to what decade and more
precisely, what section of the community are ex-adoption workers referring
(Marshall & McDonald: 2001; Marshall & McDonald: 1998 cited in SMH, April 14,
p. 19; Healy: 1999, p. 18; Brown: 2012)? Attitudes towards sex had softened and
society was moving on from the very conservative 1940s and 1950s. While it seems
adoption workers were stuck in an extreme, outdated and punitive mindset. It was not
unusual for women in that era to have pre-marital sex. For instance in a survey
conducted at the Queen Victoria Hospital in the 1960s, 70% of married women had
practised pre-marital intercourse and only 6% had used contraception (Murray: 1973,
p. 77). Single mothers therefore, were not an aberration, but ordinary members of
society with the distinction of being healthy, very fertile young women.
Research Projects

There have been two research projects that discuss the theft by coercion of white babies from their unwed mothers and the use of adoption as a legislative mechanism to legitimise that theft (Moor: 2005, McHutchison: 1986). Moor’s (2005) and McHutchison’s (1986) theses have some parallels with this study as they both discuss the denial of human and civil rights to enable the illegal taking of infants of unwed, unsupported white mothers to supply the demand for newborns.

Judy McHutchison’s (1986) thesis focuses primarily on the long term mental health outcomes such as the pain, grief and loss inherent in adoption. Meryl Moor (2005) does this as well, but she also takes a Marxist feminist approach to explain how the State’s concern lay with relieving any burden on internal revenue by providing meagre economic support, or not telling unwed mothers of its existence. She also makes the point that the State needed to keep married women at home to provide unpaid domestic labour (Moor: 2005, p. 52). However, as both focus on mothers who had their infants ‘stolen’ (Moor: 2005, p. 1; McHutchison: 1986) overall, both provide support for the authoritative account that across the community there was a hegemonic rejection of unwed mothers and their infants and it was society and the State working in tandem, that eventuated in the phenomenon of a ‘white stolen generation’ (Moor: 2005, pp. i, 3).

Moor argues unwed mothers were deemed by all as pariahs (2005, p. 3) and her study certainly supports the views of feminist scholars. That includes some who themselves had an infant taken (Swain & Howe: 1995: Summers: 1994, p. 298; Smart: 1992, p. 24; Dworkin: 1979, p. 119, 1982, p. 30; Inglis: 1984; Farrer: 1997, 1999; McHutchison: 1986), and contributed to the history of unwed motherhood. This has also been the perspective of those who worked in the industry as adoption agents: doctors, midwives, nurses and social workers as well as those they were aligned to: politicians and legislators (Bridges cited in McHutchison: 1984; Press cited in McHutchison: 1984; Marshall & McDonald: 2001, p. 3; Lawson: 1960; Roberts: 1968; McLelland: 1967, p. 42; Brown: 2012). Moor qualifies her point however, stating that much of the literature, “May be reflective of a male, middle-class conservative bias” (Moor: 2005, p. 27). I would add, women working within a patriarchal dominated
hierarchy espoused the same bias. In this research project, mothers of taken infants viewed the world through the medical/institutional discourse to which they were exposed, whilst those who ‘kept’ viewed it through a lay discourse, framed by working class values and ideologies. Hence, the level of stigma perceived by the two groups is vastly different, and describe a conflicted terrain.

Therefore it is unfortunate that there has been a paucity of research done on the dynamics that allowed mothers to keep their infants (Bowlby: 1953; Sauber & Rubinstein: 1965; Fagan: 1995; Shawyer: 1979; Wimperis: 1960; Nicholson: 1968; Charlesworth: 1976; Kiely: 1979). This has led to a lop-sided view of unwed motherhood in the 20th Century. The lack of empirical studies on this group has been acknowledged and critiqued by researchers (Bowlby: 1953; Wimperis: 1960; Higgins: 2010). The limited studies that have been done support the findings in this thesis and challenge assumptions made by those in authority that unwed motherhood stemmed from deviancy, but rather was an outcome of normal sexual behaviour (Anderson et al: 1960; Greenland: 1958; Bernstein: 1971). I could not find any Australian studies undertaken to explain why professionals dealing with unwed mothers and fathers in this country, drew on research findings that labelled unwed mothers as ‘deviant’ (Young: 1954; Bowlby: 1952; Kornitzer: 1959). Whilst ignoring research, as described above, that offered explanations such as lack of sex education combined with a relaxing of sexual taboos, as the rationale for rising illegitimacy (Anderson et al: 1960; Sauber & Rubinstein: 1965; Wimperis: 1960).

**Current Research**

More recent research in the United States of America (US) has focussed primarily on the ‘problems of teen parents’. In that country the majority of unwed mothers are poor and black (Garfinkel & McLanahan: 1986; Blank: 1995; Mack & Leiber: 2005; Amato: 2005) and are repeatedly stigmatised as being a ‘drain on the social purse’ (Murray & Hernstein: 1995). Some researchers cite US studies, to attack single motherhood and call for more adoptions, even though US demographics bear little resemblance to those in Australia (Sammut: 2013a). The misuse of applying such research was referred to by the Sydney based think tank: Centre for Independent
Studies (CIS) in 1994. It noted that American children in single parent households suffer serious problems of race and poverty. It also identified other variables:

Most people now live in a de facto relationship before marriage … in 1992, 81% of ex-nuptial births were acknowledged by the father … the age of unmarried mothers is increasing … the number of teenage pregnancies is decreasing … as a result, it is unlikely that Australia will suffer American-style illegitimacy problems (Norton: 1994, p. 58).

The increasing number of sole parent families in Australia result from divorce and separation of marriage-like arrangements, not as a result of teenage pregnancy. Norton’s article warned that US eugenicist, Charles Murray’s, stark findings that ‘illegitimacy was a major cause of all social problems’ did not apply to Australian unwed mothers (Norton: 1994, pp. 57-58).

Both Britain (Schofield: 1994) and Canada (Schlesinger: 1979) have focused primarily on the economic problems of teenage mothers, one Canadian study inquired into the reasons for the stigmatisation of teen pregnancy, the damage such intolerance causes, and how the harm might be minimised so they and their children could experience better quality lives (Kelly: 1997). Kelly concluded that “‘bureaucratic experts’ … framed teen pregnancy” as discourse about welfare dependency and intergenerational poverty. A solution her research posited was to educate the broader community about their accomplishments as mothers and hence counter the dominant prejudicial discourse (Kelly: 1997, pp. 166- 167).

Understanding that welfare reduction, or pecuniary interests, is the major catalyst in continuing the stigmatisation of single mothers and their children gives us an insight into the political motives behind the pro-adoption campaigns. This understanding is important because there has been a return, to the propaganda campaigns of the mid last century, by some conservative organisations and individuals who want a eugenic-style welfare system. In other words one that defines who is fit to parent their children and who is not (Ainsworth & Hansen: 2009). It is occurring in Australia, Britain and the US (Sammut: 2013a b c d e, 2011, 2010, 2009; Centre for Independent Studies: 2013; Ainsworth & Hansen: 2009; Edwards & Williams: 2000; Narey: 2011, The Times, July 5; Zill: 2011; Fagan: 1995, 1996; The Heritage Foundation: 2013). Under former Prime Minister, John Howards’, Liberal agenda of
cutting welfare, known as Welfare to Work, laws moved single parents, when their child turns eight, off parenting payments and onto the job search allowance: Newstart. On January 1, 2013 the Labor Government continued this policy by moving over 100,000 single parents onto Newstart. This is a cut in their Benefits of $60-120 per week. The current rate of Newstart is set at almost 40% below the poverty line. Senator Rachel Siewert (Greens WA) states the Australian Government is condemning single mothers into poverty (Siewert: 2013). The government is setting them up to fail, so how mischievous is it then, when a think tank with a right wing agenda, the CIS, states their children should be taken and adopted out because they do not do as well as those in a two parent family (Sammut: 2013a).

In both Canada and the US there have been calls by public figures and mass media to ‘re-stigmatise’ teen parenthood (Kelly 1997) and during a debate in the US on the 1996 Welfare Reform Act, high-ranking members of Congress suggested that babies born to unmarried welfare recipients should be placed for adoption, or be forced to enter orphanages (Edwards & Williams: 2000). Along with the stigmatisation in Australia, there seems to be a right-wing push to once again promote adoption of newborns, particularly those belonging to single mothers (Sammut: 2013a, Murray & Hernstein: 1995, p. 416; Murphy, Quartly & Cuthbert: 2009; Ainsworth & Hansen: 2009) and limit abortion rights. I am not aware of any research that has attempted to explain this phenomenon. Further research into this area is warranted as women’s rights are at stake. A recent Australian article (Murphy, Quartly & Cuthbert: 2009) has described the push here by members of a secretive right-wing Christian group within parliament: the Lyons Forum, who want to see the re-introduction of adoption as a default welfare option for those deemed ‘unfit’ and the curtailment of abortion rights for religious reasons. Professor Frank Ainsworth (2009) poses a question with respect to the current forced removal policies, particularly the one that empowers authorities to forcibly taking newborns from their unwed mothers: “Whether the child care and protection authorities are part of a new eugenics movement seeking to allow only approved people to parent” (Ainsworth & Hansen: 2009, p. 27).

The rhetoric coming from right-wing conservatives in Australia, Britain and the US has changed little since the 1970s (Fagan: 1995, 1996; Sammut: 2013a; Zill:
Murray and Hernstein (1995) called for the return to the ‘good old days’ of the 1960s when single mothers adopted out their children, because adopted children ‘did better than those raised by their single mothers’. It seems that the eugenic discourse grounded in patriarchal/capitalist relations that underlie past state welfare programs still exists. Further comment and research into this winding back of women’s rights and quick removal of children of those deemed ‘unfit’ is needed. This is an area too large in scope to be explored in this thesis, but because of its importance has been identified.

The originality and significance of this project is to include the narratives of mothers who ‘kept’, which will provide a far broader depth and complexity to the history of unwed motherhood in Australian literature. Then by contrasting their experiences with those mothers who had their infants ‘taken’ will give a more realistic picture of the long term effects of forcibly separating mother and child. Single motherhood is usually a transient state, the mother going on to marry, remarry or in some cases reconnect with her child’s father. Losing one’s infant to adoption though, is permanent and impacts generationally with the loss of grandchildren and for the child its whole extended family. Hopefully this study will open up areas for further research that will ultimately impact on adoption legislation and policy, mental health services, and the need to rethink the importance of the mother/baby bond, and the need to protect that powerful, but fragile relationship.

**Research Bias: Conflicts of interest**

 Even a superficial inquiry of pro-adoption research reveals that often the persons or institutions that conduct, fund and/or publish it have a personal or political agenda that could be construed as a bias. For instance research conducted by: adoptive parents, adoption agencies and anti-abortion/pro-adoption organisations (Fagan: 2006; Research Institute: 2009; Rosenwald: 2009, 2010; Carroll & Rosenwald: 2005; Harper: 1986, 1992; Young: 1954; Benson et al: 1994; Kirk: 1997). In the past research was conducted by eugenicists with preconceived assumptions that single mothers were ‘feebleminded’ or ‘mentally incompetent’ (Popenoe: 1918; Reid: 1957; Lawson: 1960, pp. 162-166; Reekie: 1998: pp. 67-70; Kline: 2000, pp. 121-122;

Research conducted by ‘interested’ individuals, such as those who have adopted or are relatives of those who have, has been highly influential with very negative consequences for single mothers (Young: 1954; Robinson: 1962; Carangelo: 2002, p. 29; Narey: 2011, The Times, July 5). For instance, Leontine Young’s research (1954), as mentioned previously, was used extensively to inform social work practice in Australia (Rawady: 1997). The research was criticised by Anderson et al (1960, Sect. 1, p. 313) for being more about ‘opinion’ than ‘established fact’, and her underlying premise that unwed mothers were neurotic was firmly rejected by other independent researchers (Greenland: 1957, 1958a & b; Macdonald: 1956; Thompson: 1956). Researchers therefore provided substantial evidence to reject Young’s and John Bowlby’s (1952: Ch. 10) claim that unwed motherhood was a pathological state and therefore their infants should be taken and adopted (Lewis & Welsham: 1997). Unfortunately their research did not inform social policy because it did not suit the vested interests of those in more powerful positions. Anderson et al’s research is discussed in more detail later in the thesis.

Another flaw in research on unwed motherhood is that it only reflected the minority account, that of unwed mothers of taken infants, not of unmarried motherhood generally. For instance, few longitudinal studies have been conducted on mothers who ‘kept’, a gap in the research identified by Higgins (2010), and when they have, the focus has generally, not been on them, but the supposed negative outcomes of their children (Bowlby: 1951; Wimperis: 1960; Pinchbeck: 1954; Kammerer: 1918; Vincent: 1954, p. 562; Nicholson: 1968). Such studies, however, have been criticised for being methodologically flawed; narrowly focused (Anderson et al: 1960), or because the sample was comprised of mothers who were in public institutions, psychiatric facilities or were dealing with welfare agencies at the time the research was conducted (Vincent: 1954, p. 562). Unfortunately these biased
findings go on to be generalised to all unwed mothers and presented as empirical
evidence ‘proving’ children are better off placed with married couples because they
do so poorly with their own mothers (Benson, Sharma & Roehlkepartain (Benson et

Measures used to determine outcomes for low income, sole parents and
minority groups have been criticised for their focus on these groups as ‘problem’
rather than accessing their strengths. ‘Multiple measures are necessary to provide a
complete picture of the status of a specific family … no single measure can serve as
a unilateral indicator to distinguish dysfunctional families from others who can
thrive, even under stressful conditions’ (Moore, Chalk, Scarpa & Vandivere (Moore
et al): 2002, p. 7). This has real policy implications. According to Krysan, Moore &
Zill (Krysan et al: 1990) the focus needs to be on what characteristics are needed to
develop and strengthen successful family interactions and what are the economic
stressors that limit family members’ ability to function well. Broader social policy
and unintended impacts of government policies and issues need to be assessed as to
whether they are hindering or helping successful family functioning. ‘Strong
communities with good support build strong families’ (Krysan et al: 1990, pp. 9, 12).

Despite the stresses within individual families that struggle with
conditions of poverty and social adversity, many children in low-income families succeed in life. By focusing solely on problem
behaviors, research studies and governmental reports routinely
overlook the successful coping strategies that families use to manage
multiple stressors in daily life. And the lack of attention to the positive
attributes of family life has created a significant gap in our knowledge base: a lack of an understanding of basic trends and indicators of
change in the behaviors and relationships associated with successful
parenting, family cohesion, and family support, especially during

Most measures to access strength in families are designed for individuals from the
white, middle class not those belonging to minority and low income groups (Krysan
et al: 1990, p. 14). Samples have been criticised for being small and self selected,
with the findings not readily generalised to subgroups.

Even with the above methodological flaws, prejudicial findings about unwed
mothers are uncritically restated in books, articles, governmental reports and

Theories, such as ‘it is in the best interests’ of the child to be given to a non-related caretaker, become a centrepiece of child protection polices (Ainsworth & Benson: 2009; Zill: 2011; Sammut: 2009, 2013a).

Are mothers … informed that they may find themselves in a state of unresolved grief and regret for the rest of their life if they give their child up for adoption? … Are mothers informed of the research results about the possible impact of adoption on their baby? Why do we ignore the research? … the need to maintain the status quo that is, that adoption is a good thing and the belief that to meet the needs of the childless couples solves everything … overseas research and Australian research indicates that there are a higher proportion of adopted persons in the psychiatric and prison system and constitute homeless youth (Collins: 2004).

There have been a number of researchers who have critiqued the methodology of pro-adoption based research. Specifically very small studies that do not take into consideration the body of research that has repeatedly confirmed the psychiatric sequelae adoption causes (Brodzinsky: 1987; Ryburn: 1999). Other researchers have criticised the misinterpretation of their research findings to put adoption in a positive light without exposing any of its complexities and psychological problems (Kirk: 1997; Brodzinski: 1987; Henderson: 2000).

There has now been copious scientific research conducted here and abroad that highlights the damage adoption causes mothers and their taken children (Condon: 1986; McHutchison: 1986; Winkle & van Keppel: 1984; Rickarby: 1997, cited in Report 17: 1998; Schechter: 1964; Kirschner: 1990; von Borczyskowski,
Hjern, Lindblad, & Vinnerljung: 2006; Kenny et al: 2012), but unfortunately it is either ignored, minimised (Collins: 2006) or countered with biased research, as mentioned above. Biased research that is then circulated by pro-adoption/ anti-abortion groups (Australian Council for Adoption: 2005; Pregnancy Help: 2009; Fagan: 2005, 2006; The Search Institute: 2009; Sammut: 2013a), adoption agencies (Adoption Professionals: 2009; Pierce: 2005), adoptive parents/relatives (Adoption Link: 2009; Rosenwald: 2009, 2010; Rosewald & Carroll: 2005; Narey: 2011, The Times, July 5) and is often found to be published by right wing Christian and/or conservative think tanks (Heritage Foundation: 2013; Search Institute: 2009; MARRI: 2013; Australian Christian Lobby: 2013; Australian Women’s Forum: 2013). Certainly, it is duplicitous to use misleading research findings to promote adoption to vulnerable, young, unwed mothers or by suggesting that they will not grieve and equating abortion to the loss of a full term baby given to strangers (Narey: 2011, The Times, July 5). This is akin to promoting smoking when you know it causes cancer.

Hence unpacking the ideology and emotional responses that underlie the above phenomenon is relevant to enable reliable research to be conducted and to formulate more useful social policy and legislation. Additionally contrasting the lived experiences of mothers who kept with those who had their infant taken over the long term is necessary to help fill the gap in the research identified by Dr. Daryl Higgins of the AIFS (Higgins: 2010). Not only is it important to understand the long term outcomes for mothers, but also for their now adult children. Comparing the outcomes of children of single mothers with those living with their married biological parents before they have left home and then using that research to promote adoption is irresponsible and dangerous. The necessity for doing more rigorous research before embarking on risky policies of social engineering has been demonstrated many times over by the harrowing narratives of women who had their infants taken and that of their now adult children who were taken and placed, for adoption (Kenny et al: 2012; CARCR: 2012; Hermeston: 1999), in foster care (Zill:

11 The late William L. Pierce was president of the US National Council of Adoption, a multi million dollar lobby group for adoption agencies. Pierce had contacts with the Adoptive Parents Privacy Group and the Australian Council for Adoption. It was Pierce who first argued that anyone that wasn’t promoting adoption was ‘anti adoption’ (see Aust. Council for Adoption Submission No. 56 to Inquiry into Overseas Adoption and Cole (2009, p. 119).

Contemporary Adoption is an institution that invokes extreme emotions. On the one side are the mothers, fathers and taken children, who suffer the trauma of separation and lifelong grief and loss (Kenny et al: 2012). On the other is the infertile couple whose grief over not being able to procreate compels them to search for an infant to satiate their longings (Harper & Aitkin: 1981). It is a highly contested space. The inherent bias of interested parties was first acknowledged when the number of infants available for adoption dwindled to only a few hundred in the late 1970s. This occurred long before the so called anti-adoption culture, ‘supposed’ misguided child protection measures, family preservation movement and (falsely claimed) bureaucratic tardiness in processing adoptions, existed; all phenomena currently blamed by neo-conservatives for low levels of adoptions. Those who worked in the adoption industry reported to the government that infertility should be de-linked from adoption as there were no longer enough babies available. They stated infertility was a ‘life crisis’ that could lead to ‘irresolvable grief’ (Marshall: 1984, pp. 8-9), and that failure to resolve it could lead to a ‘compulsive need to adopt’ (Harper & Aitkin: 1981). Hence government was advised to provide psychological support for couples to help deal with their infertility rather than to seek to ‘cure’ it via adoption (Harper & Aitkin: 1981; Royal Commission: 1977, p. 123). Such was the intensity of emotion aroused that when couples began sourcing infants from overseas a committee recommended that those with a ‘vested interest’ should not be advising government on adoption matters.

The Committee is concerned that adoption procedures should only be handled by people with … independence from the influence of persons with vested and/or personal interests in the adoption of children (Committee on Adoption Matters: 1978, p. 31).

12 See Dr. Peter Hoopman’s damning evidence of the serious mental health problems he was witnessing in women who had their babies taken for adoption (Royal Commission into Human Relationships: 1977, Vol 4, p. 111).
During this study I discovered that many of those who conducted research were ‘interested parties’ or had religious or societal views through which they framed their inquiry (Young: 1954; Vincent: 1960; Benson et al: 2004; Rosenwald: 2009, 2010; Fagan: 1995; Sammut: 2013a). A criticism no doubt, that will be directed at this research project. It must be said though, I have no financial incentive to promote adoption (Riben: 2006). I have not and never will benefit by adoption nor do I maintain strong religious views about abortion that would lead me to hold a pro-adoption perspective (O’Brien: 2013, Herald Sun, Jul 2; Howe: 2013; Australian Christian Lobby: 2013; Australian Women’s Forum: 2013). It is with this in mind that I recommend that any individual or institution conducting research on adoption must acknowledge their personal interest/bias, as I have done at the beginning of Chapter One. I would also suggest that when the mental health of mothers forcibly separated from their infants is being investigated it would be more robust if conducted and funded by ‘disinterested parties’ or at least by those who have nothing to gain. It should never be conducted or funded by individuals or groups that wish to promote adoption. Further that the research be longitudinal as the effects of separation are not only traumatic, but life long (Higgins: 2010; Kenny et al: 2013). Research conducted over the short term has grave limitations. For instance many problems may not surface until later in life or until triggered by a subsequent loss or in the mother’s case, a subsequent birth, or the adoptee, when he or she becomes a parent (CARC: 2012, Ch. 4; Kenny et al: 2012, pp. xiii-xiv, 60-65, 97-106).

An example of a biased research study is one that concluded its sample of adoptees did ‘better than children brought up by their own parents’ and was thereafter used as a propaganda tool to promote adoption. It utilised a method of self reporting juvenile adoptees and their adoptive parents (Benson et al: 2004). A methodology criticised by Brodzinski (1987, p. 396), for ‘sampling problems’ as he suggests adoptees may not want to offend their parents and who may be ‘either overtly or covertly influenced by the presence of their adoptive parents’. The misapplication of research is endemic in adoption. An example follows.

Australian research examined parental status and children’s wellbeing over a four year period. After which the outcomes of the children of sole parents were
compared with those living with their married, biological parents as well as co-habiting biological parents (Qu & Weston: 2012). Little consideration was given to the short term crisis caused by separation or divorce or the impact of reduced financial stability in the sole parent families. Factors that research has shown alleviate in time with corresponding positive changes on outcomes for children on a multiple of social, emotional and cognitive variables (Barber: 1992; Lewis & Welshman: 1997). Additionally since one third of all marriages end in divorce, it seems probable that the corresponding percentage of children surveyed during the four year period presently living with their married parents will end up being part of a sole parent household. Since nearly half of divorcees remarry then it is probable that the corresponding percentage of children in the sample presently living with a sole parent will eventually become part of a two parent family. The median length of Australian marriages prior to separation is 8.9 years. In 2008 nearly 80% of marriages were preceded by cohabitation. Additionally since, 95% of people aged between 35-64 have been in at least one live-in relationship, the fluidity and transitional nature of family forms must be taken into consideration, something a four year study could hardly achieve (ABS, One Parent Families: 2007; ABS, Lifetime Marriage and Divorce: 2007; ABS, Divorces, Aust: 2007; ABS, Marriages, Aust: 2007; Linacre: 2007; ABS, Pop. Year Book: 2012; Moore et al: 2002, p. 7).

Irrespective of the aforementioned facts the results that children of married couples did better than that of sole parents was then selectively used by Jeremy Sammut, research fellow with the previously mentioned, Sydney based right wing think tank, CIS, to justify the promotion of adoption for child protection reasons. Misapplying Qi and Weston’s research (2012) he claims that the children of single mothers are better off adopted and that removal and early adoption will prevent single mothers from harming their infants (2013d). CIS’s political agenda is to promote US conservative welfare policies here in Australia, such as reduction of all welfare payments, promotion of marriage, adoption and the continued stigmatisation of single mothers (Sammut: 2013a, pp. 6-7; Reekie: 1998, p. 63; Centre for Independent Studies: 2013). The promotion of adoption, in this instance, is being done under the guise of ‘Child Protection Policy’. A ploy that is also being used in Britain and the US (Narey: 2011, The Times, July 5; Zill: 2011).
Sammut uses the work of modern day US eugenicists Charles Murray and Patrick Fagan to support his and the CIS’s agenda. Even though, as previously stated, the CIS published a Policy Monograph wherein it stated that Murray’s finding were not relevant to Australian single mother-headed families (Popenoe: 1994, p. 58). It seems conflating child protection policy, unwed motherhood and adoption seems to be a new policy direction (Popenoe, Norton & Maley: 1994) that is causing anguish (see Pat Moor’s response to Sammut’s article: Vol II, Appendix, p. 235). Fagan a former Senior Fellow at the conservative, right wing, Heritage Foundation (Heritage Foundation: 2013), is presently a Senior Fellow at the Family Research Council also pro-adoption/anti-abortion and fundamental Christian. He is also Director of the Marriage and Religion Research Institute (MARRI). Fagan is vehemently anti-abortion, anti-contraceptive and anti-single mothers accusing them of being welfare cheats and the cause of all social ills (Fagan: 2013, 1995a, 1995b, 1996). Fagan’s claims were published by the Heritage Foundation and later reiterated on the MARRI website (MARRI: 2013). Fagan states that because adoption “fell out of favour with state governments and the social service establishment” the number of adoptions declined rapidly. He urges that because of the large number of infertile couples wishing to adopt “Congress not only should encourage adoptions … but change the public social service ethos by eliminating all barriers to speedy and permanent adoption”. This includes “providing counselling for unwed mothers to promote adoption”; “reject the UN Charter on the Rights of the Child” and make it easier for individuals to adopt out of the foster care system irrespective of parental consent (Fagan: 1996). Sammut replicates Fagan’s ideology, though emphasising the need for easier adoptions for child protection reasons, as does his counterpart in Britain, Martin Narey (2011, The Times, July 5). According to Sammut adoption protects vulnerable children from abuse, hence falling adoption numbers equates with a failure of the child protection services to do their duty by permanently removing children as young and as quickly as possible (2013a). Additionally he relies on Fagan’s ‘research’ to support his claims that adoptees do better than children brought up by their single parents (2013a, pp. 6-8). Fagan in turn relies on US research conducted by Peter Benson et al’s and the Search Institute (a right wing Christian

13 Charles Murray states that we should go back to the ‘good old days’ when single mothers gave their babies up for adoption, as their child’s IQ will increase by up to 10 points. It is also a way to make welfare savings (Murray & Hernstein: 1995, p. 416).
organisation) which will be discussed later. In short, Sammut blames falling adoption numbers on child protection services reorientation away from forced removal practices to family preservation services (Sammut: 2013a, pp. 7-8). Similarly to Fagan he takes an interventionist approach favouring adoption over family preservation and is highly critical of families on any welfare, particularly those headed by single mothers:

> Welfare-dependent families tend to experience multiple, chronic, and often intergenerational problems, including domestic violence, mental illness, drug and alcohol abuse, and the burdens of single parenting (Sammut: 2009, p. 13).

In 2009 Sammut cited the low number of local adoptions in the 2007-2008 period - “70 local adoptions compared to 270 overseas adoptions” as evidence for his argument that child protection agencies are failing to remove children earlier and quickly enough in Australia (2009, p. 6). This is a false dichotomy. He is conflating overseas adoptions with local child protection issues, two issues that are unrelated. As well he ignores the measures employed to assist children at risk domestically, such as permanent care orders, that do not obliterate an infant’s biological history, identity and connection with all kin. In 2013 his argument has shifted, he now claims the good work he and the CIS have achieved in presenting adoption in a good light is under threat by the “Politics of Forced Adoption” and “Anti-adoptionists” (2013a, b, c, d, e, f, g).

So concerned that adoption would be put under societal scrutiny and be found wanting Sammut released his research paper titled: The Fraught Politics of Saying Sorry for Forced Adoption: Implications for Child Protection Policy in Australia (2013, Mar 19) the same week that Prime Minister Julia Gillard issued the apology to all white mothers forcibly separated from their stolen children (2013, Mar 21). At the same time CIS published several pro-adoption articles: Apologise but allow adoption (2013, Mar 19) and Why adoption should ... continue (2013, March 22) His concerns were reiterated in the Murdoch press (Sammut: 2013g; Morton: 2013). Sammut acknowledged that he was being ‘politically incorrect’ criticising both the apology and the Survivors of Forced Adoption at such a time, but being a ‘thinker’ in a ‘think tank’ gave him the freedom to speak out (Sammut: 2013f). To add insult to injury he
reduced all the thousands of mothers and adoptees who have been campaigning for justice for decades to mere ‘anti-adoptionists’. He accused the Survivors of the Federal Government’s illegal removalalist polices of misusing the national apology for their own political agenda. Which he claimed, was to discredit adoption, promote family preservation policies and keep ‘problem families together’, hence endanger children. So conflating the issue of the state-sanctioned theft of newborns (Xamon: 2010a & b) from their mothers and fathers to a separate issue entirely, that of children growing up within an abusive environment (2013c). Listening to his diatribe was a poignant reminder of past justifications used by proponents of forced removal policies.

Ironically because of his deep fear that ‘adoption will be tarnished’ by the Federal government apologising for Forced Adoption (The Australian: 2013, Mar 19; Morton: 2013, The Australian, Mar 19) Sammut caused abuse. The apology was to facilitate the healing process of those who had unnecessarily suffered the trauma of illegal separation. To have Sammut equate their/our experience with a failed child protection policy was uniquely distasteful and unnecessarily cruel. None of the newborns were taken because of abuse, but rather because there was a demand for them by white, middle class couples. Mirroring Patrick Fagan’s (2006) eugenic rhetoric, Sammut accuses welfare payments accorded to single mothers to having “led to the creation of an underclass of never-married single mother families that are significantly over-represented in cases of child abuse and neglect”. Further he suggests “the dangers of welfare for the unwed has contributed significantly to the creation of an underclass of children who would be better off being removed and adopted by good families” (2013d). Such emotive and prejudicial language is very much at home with the past eugenic ideology that underpinned the forced removals of the Aboriginal Stolen Generation, The Forgotten Australians, the British Child Migrant Scheme as well as the White Australian Stolen Generation who were the subject of the apology. Rather it is Sammut and the CIS who have an obvious political agenda and that is to make available more newborns for infertile couples, and be of pecuniary benefit to the State:

The politically incorrect reality is the introduction of the single mother's pension by the Whitlam Government in 1973 has led to the very social problems that forced adoption was intended to prevent: the
rise of a dependent class of single mothers reliant on public assistance and unable to properly care for children outside of a traditional, financially self-supporting family (2013d).

Summat it seems, and the CIS, would like a return to the era of Forced Adoption that led to the high number of babies available that took place in the late 1960s to 1971.

In 1994 the CIS published a policy monograph titled: Shaping the Social Virtues. The article had three authors, none of whom mentioned escalating adoption to prevent child abuse. David Popenoe stated, “One of the most important distinguishing characteristics of families that abuse their children is social isolation … Indeed the recent increase in child abuse could well stem in part from the growing social isolation of families” (Popenoe: 1994, pp. 15-16). Popenoe argued for supportive communities to promote strong families. Andrew Norton noted that though there was an increase in the number of people on the sole parent pension there was a high turnover in who received it. Nearly half received the pension for less than a year and 80% stop receiving it within three years. He stated, “When sole mothers are employed, their children do fairly well according to most measures of well-being” (Norton: 1994, p. 61).

So to use biased research to promote adoption is highly disingenuous (Sammut: 2012a). It must be remembered that in Australia the majority of single mothers are not teenagers. At the national level the teenage fertility rate in 2010 was 16 babies per 1,000 women age 15-19 years. In 2011 that dropped to 15.5. In comparison only 4% of births to teenage mothers were to women aged 15 years resulting in a fertility rate of 3 babies per 1,000. The national median age for mothers giving birth was 30.7 years. The majority of births to teenage mothers were to woman age 18 and 19 years, (28% and 44% respectively) (ABS, Births Australia: 2010), many of whom were in committed relationships (Aust. Clearinghouse for Youth Studies: 2010). In 2011 nationally there were only 677 births to 16 year olds, whilst there were 4,530 births to 30 year olds. Most lone parents are so because of divorce (55%) with 5% being widowed. A further 35% have not been in a registered marriage, but a large proportion had been in long term de facto relationships. The peak age group giving birth in Australia is between 35-44, with 41% of single mothers falling into that age category. Sole parents are not the ‘bludgers’ Sammut
paints them. For instance, lone parents are more likely than partnered parents to be undertaking study at an education institution (14% compared to 7%). Between 1997 and 2006 the proportion of lone parents who were in the labour force increased to 60% (ABS, One Parent Families: 2007). The demographics that apply in the US are not applicable here. In the US the teenage fertility rate is at 51 per 1,000, Britain 27 per 1,000 and New Zealand 26 per 1000 (Aust. Clearinghouse for Youth Studies: 2010). Hence Australia’s teenage pregnancy is one of the lowest.

Hence research such as Sammut’s, Benson’s, Fagan’s Narey’s and Zill’s is identified in this project because its inherent bias leads to poor social policy and consequently poor outcomes for women and children. For instance, the Search Institute’s research project conducted by Benson et al (1994) was released to coincide with a national adoption conference held in the US where it was used to support expanding the adoption programme (Kirk: 1997, p. 244). The research supposedly provided evidence that single mothers and their children both do better if permanently separated by adoption. Since then it has been widely used to promote Western forms of adoption domestically and internationally to single mothers and policy makers (Fagan: 1995; Sammut: 2013; Rosenwald: 2009; Carroll & Rosenwald: 2005; HRSCFS: 2005). The bias may be countered with more rigorous research on single mothers successfully parenting in Australia.

Peter L. Benson is the CEO of the Search Institute, a right wing Christian organisation with links to the anti-abortion lobby, that published the research study: Growing Up Adopted: A Portrait of Adolescents and their Families (2004). The Study proclaims adopted children do better than children raised by their own mother; if she is single. Countless articles and books refer to this publication. Benson has authored several Christian based books: Effective Christian Education: A National Study of Protestant Congregations (publisher: Search Institute) and Sharing the Faith (published: National Catholic Education). He was awarded the Rotary International Adoption Educator of the Year 1997 by ‘Adoption Options’ which is associated with the ‘Right to Life of Greater Cincinnati’. ‘Adoption Options’ has links to organisations such as: ‘Adoption Link Inc’, founded by Naomi Ewald-Orme, adoptive mother and licensed social worker and ‘Adoption Professionals’, an adoption agency that then circuitously cites the Search Institute’s pro-adoption
Benson et al’s research is criticized by Professor H. David Kirk (1997), who claims that the Study used ‘questionable methodology’ and hence came to ‘misleading and inapplicable conclusions’. He is particularly critical of the way his previous research was ‘distorted, misused and misrepresented’ in the Study to provide ‘comforting conclusions’ that were unrealistic (Kirk: 1997, pp. 225, 228). Inherent bias was identified in that the research was self published by the institute that wrote it, that it wasn’t appropriately reviewed by its funding body the ‘National Institute of Mental Health’ and the research was not up to the standard expected by such a body. It was suggested that the motivation for presenting such positive findings was fiscal and that what appeared an inexpensive social solution in the short term would have long term negative affects and therefore be ‘detrimental to many children’ (Kirk: 1997, pp. 239-241). Kirk concluded it is “an indictment of the public granting agency that sees fit to finance research of this caliber” (Kirk: 1997, pp. 226-226).

Benson et al’s 1994 study is well cited in Australia. For instance, researcher and adoptive mother, Trudy Rosenwald (2009), refers to it as the ‘Benson Study’ and cites it throughout her thesis in support of intercountry adoption. She states adoption must be presented in a ‘more favourable light’, otherwise adoptees will be harmed. She is critical of them being perceived as ‘troubled individuals’ and states doing so ‘negatively affects’ their self concept (Rosenwald: 2009, pp. 196-197; Benson et al: 1994; Harper: 1992). She, like Benson, wants others to perceive adoption through ‘rose coloured glasses’ (Brodzinsky: 1987, pp. 394-398).

The argument that adoption should once more play a central role in Australia’s child welfare policies was a recurrent theme in the House of Representatives Standing Committee on Family and Human Services (HRSCFH), Inquiry into Adoption of Children from Overseas, chaired by Bronwyn Bishop. Trudy Rosenwald, authored, with the collaboration of Rita Carroll, another adoptive mother, a submission to the Inquiry titled: ‘From the Trenches of The War on
Adoption’. The article uses strong emotive language to argue against the ‘anti-adoption culture’ they claim exists in Australia, and that supposedly began with the ‘opening of the adoption records’ in 1991 (Rosenwald & Carroll: 2005). Rosewald urges that adoptions should be a far more frequent occurrence in Australia and promoted to single mothers as being in their child’s ‘best interest’. She claims that the single mother and her child are the “most socially and economically disadvantaged members of our society”; the child is “educationally disadvantaged” and if under four “most likely to be abused by her or her de facto”. Rosenwald concludes: “Single parenting is not in the best interests of the child”.

The largest research project on the impact of adoptions in Australia was recently conducted by the Australian Institute of Family Studies (AIFS) (2012). The Report concluded that of the eight hundred and twenty three adopted individuals surveyed 70% reported ‘some level of negative effect on health, behaviour or wellbeing’, irrespective of whether or not they had a ‘positive or more challenging experience growing up within their adoptive family’ (AIFS: 2012, p. xiv). This was further supported by the Senate Committee Report into past practices in adoption. It stated “As well as mothers, adopted people … expressed the ongoing trauma that was caused by their adoption … they had difficulty constructing their own identity and addressing feelings of loss, abandonment and grief” (CARCR: 2012, p. 219-220). Five hundred and five mothers were also surveyed and ‘close to one-third showed a likelihood of having a severe mental disorder’. The mothers rated ‘lower quality of life satisfaction than the Australian norm, and over half had symptoms that indicate the likelihood of having post-traumatic stress disorder’ (AIFS: 2012, p. xiii). The distress and trauma is not confined to mothers and their taken child. Dr. Daryl Higgins discussed what he called the ‘ripple effect’ in an earlier AIFS Report: “The trauma experienced by one individual can have effects on others, for example, by affecting their emotional availability, relationships skills, sense of identity and self-efficacy, or by affecting the quality of their own parenting skills” (Higgins: 2010, pp. 11-12).

14 Allowing adopted persons access to information about their biological heritage and allowing mothers’ access to information about their taken sons and daughters.
This is sobering research and undermines the ‘comfortable conclusions’ elicited by Benson et al’s research (1994). It also highlights the contrast between the findings of an independent study as opposed to one that is pro-adoption. The importance of such research is obvious. In this particular case it is being used by the Australian Government that commissioned it to provide adequate mental services for those affected by past forced adoption practices. It will also inform future policy makers and act as a warning to future generations about the dangers of interfering with powerful biological processes such as the bond between mother and child and blood related kin.

Conservatives continue to refer to low numbers of adoptions as a failure of child protection services, but the reason for few adoptions is the same as it was from 1971 onwards. Mothers and fathers want to keep and rear their own infants. Additionally when we had what was referred to as an ‘adoption crisis’ (Kraus: 1976b), vis-à-vis not enough babies to adopt, adopters did not begin to adopt older children from the foster care system, they went overseas to find babies (LRC: 1994, 1997; Australian Catholic Social Welfare Commission: 1991). Closed adoption and babies are still their preferred option (Graff: 2008; Smolin: 2005, p. 492; HRSCFHS: 2005, Brisbane, July 21, p. 19). So it seems once again the primary drivers of the shift away from family preservation back to forced adoption practices in Britain the US and Australia is fiscal and meeting the needs of middle class, usually white adopters (Silmalis: 2012, The Daily Telegraph, Nov 11, p. 31).

Nicholas Zill recites the neo-conservative mantra on adoption:

There would be benefits for both the children who await adoption and for US society as a whole if adoption of children in foster care by qualified non-relatives were made easier, faster, and more frequent.

He infers that it is preferable to adopt children early because:

Adopting children from foster care is risky for prospective adoptive parents because of possible long-term effects on the child of both the

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15 Promoting adoption out of foster care could create 2 social problems. E.g.: the number of children freed for adoption soared in the US foster system whilst adoptions increased slowly-This left a generation of legal orphans to age out of the system with no social support network. Since babies are preferred vulnerable individuals will once again be targeted for their newborns as they are easier to place (Guggenheim cited in Wexler: 2011, p.1).
traumatic early experiences … and the detrimental genes they may carry (Zill: 2011, p. 3).

Reminiscent of the ideology of 20th century eugenicists who wanted to put distance between the child and all of its ‘inferior’ biological family. For instance he does not support kinship care. The reason he proffers is that kin may only have “meagre financial resources” whilst there are “sizeable numbers of middle-class couples prepared to adopt”. His concern is also for the longer term societal costs that incur because of children being placed in foster care. For instance, he states that children in foster care have much higher rates of unemployment, homelessness, drug and alcohol abuse and “extremely high rates of incarceration” (Zill: 2011, p. 3). He notes that couples adopt from overseas because it is often easier and they can obtain a child “within the first year or two” of its life. He concludes that in

The current era of massive deficits … government agencies are seeking ways to lower expenditures … Child welfare programs represent an area where significant saving could be achieved … The way this could be accomplished is by increasing the number of children and youth who are adopted out of foster care.

He cited one recent study of a sample of young adults who aged out of foster care that reported 81 percent of males had been arrested at some point and 59% percent had been convicted of at least one crime. This compared with 17 percent of all young men in the US who had been arrested and 10 percent who had been convicted of a crime. Similarly 57 percent of the long-term foster care females had been arrested and 28 percent had been convicted of a crime. The comparative figures for all female young adults in the US are 4 percent and 2 percent, respectively (Zill: 2011, p. 2). Yet in Britain, Martin Narey, the ministerial advisor on adoption, maintains that more children should be taken into care (Narey: 2011, p. 4). Even though in August 2006 when he left the management of the Prison and Probation Services to join Barnardo’s he claimed that because so many prisoners had spent time in Foster Care he believed the experience had propelled them to prison. Superficially he seems to have done a complete turn around, but his agenda, I would argue, is to get as many children and as young as possible into care and then have them adopted.

In Britain, Rupert Murdoch’s The Times newspaper commissioned Martin Narey to write a report on how to reform the adoption system (Narey: 2011, The
Specifically to report on why numbers of adoptions had fallen and what measures needed to be implemented to raise them (Narey: 2011, The Independent, July 31). Narey was already a proponent of adoption having five adopted nephews and nieces: “Who made my brothers, their fathers, very proud” and because of whom he knew “how successful adoption” was (The Times: 2011, July 5, pp. 2-3). Clare Sambrook, British investigative journalist, was suspicious of the Narey, Murdoch, Times connection stating:

Breathtaking collusion between ministers, special advisers and Rupert Murdoch’s lieutenants is being dragged into the light by the Levenson Inquiry. Where else is policy being created by cabal? … This prompted me to reflect on the curious way in which last summer a Blueprint for adoption reform emerged from Murdoch’s Wapping news factory.

Two days after the Report was published Narey was given a two year appointment as Ministerial advisor on adoption (Sambrook: 2012, May 26). His brief, to make “a much more user-friendly and effective adoption system” (Tim Loughton cited in Sambrook: 2012, May 26).

Narey identified three reasons for the drop in the number of adoptions. 1. Misconceptions about attachment theory, the importance of the mother and child bond; 2. The belief that what is best for the child must be balanced with the parents’ human rights; and 3. The belief that placing children in care placed them at risk. So Narey wrote the Blueprint for overhauling the adoption system with the primary intent of overcoming these 3 obstacles and bringing adoption “back into fashion” (Narey: 2011, The Independent, July 31).

The Times had been running a three month campaign to reform adoption (a euphemism for making it easier for couples to adopt) before it commissioned Narey to write what it called “Our blueprint for Britain’s lost children”. The Times revealed its true agenda, at the beginning of Narey’s Report when it posed the question: ‘Why is it … the number of parents wanting to adopt is growing, the number of successful adoptions is falling’. The answer was found – rather than assist vulnerable families to stay intact the strategy was to increase the number of infants in the care system and then make it easy for them to be adopted. Narey states this is now known as ‘Fostering for Adoption’ (Narey: 2013, The Guardian Social Care Network, Feb 13).
In The Times Report on Adoption’ (2011), Narey attempts to break down the barriers he had identified standing in the way of increasing the number of adoptions. For instance, he dismisses current bonding theory and the importance to the physical, social and cognitive development of the child in maintaining a healthy connection with its mother, for which there is now copious scientific research (Chamberlain: 1992; Verny & Kelly: 1981; Pierce: 1992; Sullivan: 2006; Odent: 2006; Kisilevsky et al: 2003; Kirschner: 1990). Instead he cites the work of John Bowlby (1952) to support his assertion that any stable primary carer, can replace the mother, without trauma. He cites a 1972 reference to support his claim that infants don’t bond until they are 7 months old. He discredits Nancy Verrier’s research (1991) on separation trauma in adoptees and goes on to attack the understanding, based on years of research, that mothers suffer life long trauma and grief by being separated from their infants/children (Condon: 1986; McHutchison: 1986; Winkler & van Keppel: 1984).

Narey accuses a British website, that makes reference to the life long grief adoption causes, of being “a deeply unbalanced reference … [by] one large local authority”. He preferred the US Planned Parenthood statement on mothers’ grief or lack thereof: “Many women who make this choice are happy knowing that their children are loved … and feel empowered in their role as birth mother”. He advises social workers that parents/mothers’ human rights are not of import and that the ‘best interests of the child’ is the only consideration. He apologises for his earlier conviction that putting children into care is dangerous and states that whilst working at Barnardo’s he came to believe that more rather than less children should be placed. Then he discussed the vexed issue of promoting adoption to (usually single) women with unplanned pregnancies. He states “What seems to have disappeared in the UK - certainly in comparison to the US – is consciousness about a third option: of going to term, but allowing the child to be adopted”. Hence he had moved right away from the child protection angle and now openly discussed the promotion of adoption purely for the benefit of potential adopters. Narey argues for many more and much younger children to be adopted, preferably under two, because they are “easier to place” (Narey: 2011, The Times, July pp. 5-6). Clare Sambrook’s analysis of the Narey Report is sharp:
The Blueprint is a curious hybrid, a vision of how policymaking might look if it were outsourced to vested interests. Framed as advice to the Minister it was published as an ‘exclusive’ behind the Murdoch paywall … Narey produced the Blueprint after two months of work. The creation of government policy is not supposed to be arbitrary or personal or accountable only to subscribers of one particular newspaper. Policy relating to children, who have no voice requires particular skill and care to protect it from the vagaries of political expediency and populism … Adoption is full of complexity yet the Blueprint and the Government urge strong speedy ways forward.

One wonders what is Mr. Murdoch’s interest in promoting adoption and servicing the needs of adopters?

Many countries that formerly allowed Australians to adopt are closing down their programs because of kidnapping and illegal trafficking of children under the guise of intercountry adoption (Graff: 2008; Smolin: 2006, 2005). Consequently, for the first time since 1998-99, more Australian children (184) were adopted than children from overseas (149, excluding expatriate adoptions). The decline of intercountry adoption continued a 7-year pattern of decline. The majority of mothers of children adopted were not in a registered marriage (85%) and the median age was 22, which is 5 years younger than that of all unmarred mothers giving birth in 2010. There were 70 adoptions in 2011-2012 by ‘known’ carers, such as foster parents. This represented a 10 year high for this type of adoption and more than double that of this type of adoption in 2002-2003 (29) (AIHW: 2012, p. vi). I would argue, those with a vested interest are again targeting vulnerable groups, urging their babies be removed and adopted, to once again supply a growing demand by comparatively wealthy, middle class, white Westerners (Ainsworth & Hansen: 2009). To accomplish this they are using politicians, movie stars, the media, conservative think tanks and other assorted vested interests armed with biased research reminiscent of the propaganda used to promote adoption mid 20th Century (Sammut: 2013a; Sheather: 2013, AWW, June 3; Wood: 2013, DT, May 30; Silmalis: 2012, ST, Nov 11, p. 31; NAAW: 2013; HRSCFHS, Brisbane, July 21, pp. 19-20, 73; Rosenwald & Carroll: 2005; Tovey: 2012, SMH, Nov 22).

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16 The Create Foundation (2013, p. 41) states: expanding foster care to enable more adoptions, particularly those where parental consent is dispensed with is akin to stolen generations.
Conclusion

Australia must learn the lessons taught by the mothers and children separated by forced removal policies of the past. All of which were touted as being in the ‘child’s best interest’ at the time, because the home/parent was in some way inadequate. All of which relied on biased research conducted by those with personal and/or vested interests. It is not good enough to apologise for past wrongs if the State continues to perpetuate the same wrongs in some modified form. Who can argue against protecting children from abuse? But quick removal and placement with strangers, without ongoing supervision, never worked in the past why do we think that it will in the future? Stigmatising and impoverishing single mothers is not the answer, it is intolerant and should have been relegated to the dust heap of history along with slavery and other forms of civil and human rights abominations. The focus needs to shift from one of prejudice to support. Research should be conducted to determine in what ways single mother-headed families can be strengthened. What is the point of comparing one family form to another and subjectively finding fault because it does not fit into the patriarchal approved model? Research on lone parent families should include comparisons with other relevant groups, for example, in this study the relevant comparison was with mothers who ‘kept’.

Inquiry should be undertaken into what economic stressors limit family members’ ability to function well. Minority families need to be researched using appropriate measures and methodology. The transitional nature of family forms should be incorporated into research designs. Rather than viewing single mother-headed families as ‘problems’, utilising a ‘strengths based’ framework might lead to more nuanced public policy. As previously stated, broader social policy and unintended impacts of government policies and issues need to be assessed as to whether they are hindering or helping successful family functioning. Building a strong family is not a one-way process, but rather: ‘Strong communities with good support build strong families’.
Chapter 3

Methodology

Sampling and Procedure

I hypothesised that very few women made a choice to adopt out their infant and that there was a key variable that allowed some women to keep their infant as opposed to those who had their infants taken. In order to test this hypothesis I selected a sample that comprised of two cohorts of mothers: unwed, white mothers who had an infant adopted, and unwed white mothers who ‘kept’. Additionally to further support or reject the hypothesis, a small sample of professionals who worked in the area of adoption were included.

A multi-method research approach to the data collection was utilised. It consisted of mailed-out questionnaires, as well as telephone and face-to-face interviews, using a semi-structured interview approach. In-depth interviews were supported by guided questions to enable participants to tell their stories in their own words, and pseudonyms were used to maintain participant anonymity. An interpretive approach to data analysis was utilised. This was undertaken by a thematic coding of data. Chunks of data were colour coded to identify major themes or proto-themes and these themes further analysed and broken down into micro-themes. An overview of the Analysis Process is as follows:

1. I generated surveys, questionnaires and open-ended interviews which were then thematically analysed. The interviews were conducted and transcribed by myself. Both were manually coded.
2. During the first reading of the data, major themes were identified in order to acquire a sense of the embedded topics.
3. The data was then re-read to facilitate a micro analysis. I attempted to identify new information by de-contextualising bits of data embedded within the primary material.
4. The emerging themes were identified by organising items relating to similar topics into categories.
5. The proto-themes were then sorted with examples of the text used to support them.
6. The original data was once again read to ensure that the emergent themes were supported.
7. The support data was re-examined for the final construction of each theme. I focused on the underlying themes embedded in each overt theme.

8. The themes were sorted into tables.

I hypothesised that it was the treatment of unwed mothers by adoption agents and the lack of an advocate who could ensure their right to parent was upheld was the variable that made the difference between a mother keeping her infant as opposed to having it taken. The authoritative account is that mothers freely chose adoption because of stigma and lack of available financial assistance. The surveys were therefore constructed to identify variables that motivated women to keep or relinquish and to test the hypothesis that it was the punitive practices within the institutions that led to the high number of babies made available for adoption.

Several of the social science methods of data collection and analysis that were employed in this project have been criticised. Holloway & Jefferson (2000), for example, argue that even with semi-structured interviews, the interviewer is imposing on the information in three ways: ‘by selecting the theme and topics, by ordering the questions and by wording questions in his or her language’ (Bauer: 1996, p. 2 cited in Holloway & Jefferson 2000: p. 31). Further, they contend that the question-and-answer method of interviewing suppresses respondents’ stories (Holloway & Jefferson 2000: p. 31). According to Weingraf in semi-structured research interviewing, there is far more micro-management by the interviewer (Weingraf: 2007, p. 59 n48). To address some of the criticisms I have used an undirected approach in the face-to-face and telephone interviews, loosely based on the Biographic Narrative Interpretive Method (BNIM) interview style. BNIM is minimalist in that the interviewer does not guide by specific questions, but asks one question and allows the interviewee freedom to narrate their own story (Weingraf: 2001). Since very few questions are asked, the respondent is allowed to be in control of their narrative. BNIM analysis of data is a time intensive method, but very useful for participants who are ‘conflicted’ and eliciting usable data from them is difficult. So for one subject, Penny, a social worker, I utilised the method for both interview and analysis. I have gone into detail about her interview and the BNIM approach generally, later in this chapter.
The questionnaires incorporated Likert scales that were utilised to measure the participants’ subjective impression of their level of powerlessness. I will go into further detail about the use of the Likert Scales later in the chapter. The questionnaires are slightly different for each cohort and are included in the Appendix.

The primary method used to elicit relevant data was the interview method. Questionnaires were used to either support or reject the major themes identified in the interviews. Major themes were identified in the historical data collected via Royal Commissions, Inquiries and newspaper articles as well as historical books. The aim of situating mothers’ narratives within a broader historical context was to answer the questions of why and how Forced Adoption/abducted babies became a phenomenon of 20th Century Australia and what led to such an incredibly cruel practice becoming common place in a supposedly free and liberal democratic country. I wanted to understand how it had become accepted and how could certain individuals perceive it morally right to forcibly take another’s child?

Therefore I needed to examine the larger societal influences or structures that moulded our society. Nothing occurs in a vacuum, so what ideologies, influences, discourses led to this taking place? As I traced back the policy of forced removals to the beginning of the 20th and late 19th Centuries it was obvious that it was already well entrenched. What had set the precedent? The attitudes towards unwed mothers were punitive and severe amongst the elite. Early NSW Child Welfare Reports referred to practices in Britain and the influence of eugenics in them was apparent. In my historical digging, another important stream of influence to follow emerged, but that took me to early 20th Century psychiatry and its influence on social work in the US that then influenced social work practice, legislation and policy in Australia. Being another colony of Britain, it was unsurprising that certain themes and streams of thought, such as eugenics, would travel between Britain and the US and subsequently influence Australian welfare practices.

Since we imported the British legal system and much of its social policy, I then needed to examine the culture there and its attitudes towards unwed mothers. It was apparent from reading original English Reports of the 1800s that child removal
was very much connected with control and regulation of the poor, with a major focus on pecuniary saving for the wealthy rate-payer. So I was drawn back through the ages, to where I believe the framework was formed and discourses began to emerge that justified the mistreatment of one’s own people and the cruel practice of taking another's child as an instrument of social control. Hence the journey took me to 14th Century Britain and the beginning of the Poor Laws. It was there I found the processes taking shape that what would appear hundreds of years later, seemingly out of nowhere, that became the phenomenon of 20th Century Forced Adoption.

Informants

The informants are white (non-Indigenous) women who gave birth at ages ranging from 14 to 30 years old, during the period between 1954 and 1987. One informant, who kept her child, has a father who is part of the Stolen Aboriginal Generation. She suffered emotional abuse at the hands of hospital staff, but relevant to this thesis, her treatment according to the informant, was due to her unwed status. The participants come from working, middle-class and various religious backgrounds. Purposive, convenience and snowball sampling techniques (Kemper, Stringfield & Teddie: 2003, Ch. 10) were employed and participants were recruited from personal networks; a national women’s organisation and adoption support groups via their newsletters and websites, and a local newspaper. Initially the researcher advertised for mothers who gave birth whilst unwed from 1960 until 1980, but the timeframe was extended. One of the face-to-face interviews included a mother who had her child taken in 1987. Several informants gave birth during the 1950s. Another participant, worked as a Nurse’s Aid at Crown St. in 1941. Then I uncovered research that was conducted on West Australia Hansard (Moulds: 1982) that included two interviews with mothers who had given birth in 1927.

Historical Data

The historical data collected from Annual Reports of the NSW Child Welfare Department indicated that Forced Adoption had taken place even earlier than 1927, under the NSW State Children Relief Act 1881, the department was empowered to remove babies from unwed mothers and place them with wet nurses in country areas.
Hence the project was further broadened to include forced adoptions from 1881-
1987. This is not to say that infants weren’t forcibly removed from their mothers
prior to that date (see Kippen’s work on convict mothers referred to in Ch. 6), but the
adoption clauses inserted into Child Welfare Acts throughout Australia had the effect
of legalising the forced removal of infants and children (Moor: 2005).

The historical data gleaned from British Government reports, some over two
hundred years old and eugenic orientated texts from the late 1800s indicated that
unwed mothers could be divided into two distinct groupings that coalesced around
two divergent themes or discourses. Mothers who had support of their family, or
could afford to financially support their infant kept it - the lay discourse – and were
not subjected to denigration. Mothers who were without family support and could
not financially support their infant were separated from it – institutional discourse -
and were described by civic fathers and later female reformers as ‘vicious’,
‘immoral’ and ‘racially inferior’ and were denigrated by being accused of wanting to
‘rid herself of the burden of her unwanted baby’.

Key themes of the historical discourses are evident in the narratives of the
unwed mothers that participated in this study. The institutional discourse is
articulated through governmental publications (ABS, Australian Social Trends: 1998;
Mutch, NSW Legislative Assembly, 1922, Hansard p. 1342 cited in McHutchison:
1984, p. 4), academic text books (Haralambos et al: 1999, pp. 428-429), books,
journal articles and submissions written by social workers (Marshall & McDonald:
Brown: 2012), evidence submitted by adoption workers at an ‘Inquiry into Past
public statements (Elspeth Brown on ABC Lateline: 1997; Aubrey Marshall &
Margaret McDonald on Hindsight, ABC radio: Tangled Web Parts I & II: 2009,
2011) and via newspaper and magazine articles (West Australian: 1933, Nov 17, p. 6;
Australian Women’s Weekly, 1953, July 15; Australian Women’s Weekly: 1954, Sept

17 See Catherine Dunne’s (2006) critical analysis. She accuses the authors of writing from a defensive
position and minimising mothers’ claims of abuse. Dunne states the book is written as a defence of the
social work profession and the author’s actions – as they shift blame from themselves onto society.
The basic themes are that white mothers ‘chose’ adoption because they did not want their babies; lack of financial support; the stigma of unwed motherhood and often, simplistically: unplanned pregnancies equated with ‘unwanted’ babies (Australian Women’s Weekly: 1953, July 15; Roberts cited in Crown St. Archives: 1977, p. 1; Moor: 2005, p. 29). It is of interest to note that because of the activism of Aboriginal Australians, unwed Indigenous mothers, who were exposed to the same institutional/medical discourse within the various institutions, and had their children adopted are not considered to have ‘chosen’ adoption, or to have relinquished because of stigma or lack of finances, but rather because their children were stolen (ABS Australian Social Trends: 1998; Link-Up cited in Report 22: Dec. 2000; Haralambos et al: 1999, p. 428).

Hence, to support or reject the hypothesis that there were two co-existing discourses that developed over centuries and was still apparent in 20th Century Australia, I included in this project two cohorts of unwed mothers, those that kept their infants and those that did not, and a small number of representatives of the medical and social work professions that worked with unwed mothers during the period 1941-1983. The lay discourse is, as discussed in Chapter One, the ideology, practices and processes employed by ordinary people to keep the infant within their family. It is a reaction to state authority that insisted that adoption was the solution to the ‘problem of the unwed mother’. The overriding theme for the ex-nuptial child in this discourse is that the infant is, ‘Our flesh and blood and belongs with its family’. The overriding theme for unwed mothers is, ‘Anyone can make a mistake, and it is only human to give birth and want to keep your child’. Even though it is not the discourse the general public is aware of, it in fact affected the majority of unwed mothers in Australia. The negative theme that could be attributed to the lay discourse is, ‘What kind of a woman gives away her own flesh and blood?’ This was felt by many mothers to be a far greater stigma than bearing an ‘illegitimate’ infant and one that stayed with them for a lifetime. It was for many, the reason they felt so much shame and did not speak out about having their baby taken for adoption (MacDermott: 1984, p. 3).
Methods of Recruitment

I composed three different advertisements for the three cohorts and three different letters to either post or email. The outreach to participants continued throughout April-August, 2007, depending on the publication date of the various groups’ newsletters.

The sample that consisted of unwed mothers who kept their babies, was gained by phoning the National Council for the Single Mother and her Child (NCSMC) followed up by a formal request to the group’s co-ordinator in April, 2007. The NCSMC agreed to advertise for participants on their website and through their newsletter. Their website advertisement was titled: ‘Research Participants Wanted: Women who Kept or Relinquished a Child for Adoption During the Period Between 1960 and the 1980s’. Because of the assistance of the NCSMC, I was able to send questionnaires to, and interview, a number of participants who did not belong to any support group. None of the mothers who kept their infants were part of a support group, but some received the Council’s newsletter.

I contacted via phone various adoption support organisations, both government and non-government, who had networks of mothers, adoptees and adoptive parents. These groups were the 'Mothers of the White Stolen Generation (Vic), Adoption Loss Adult Support Australia (ALAS); Association Representing Mothers Separated from their Children (ARMS) SA; Association for Relinquishing Mothers (ARMS) Vic; Association Representing Mothers Separated from their Children (ARMS) WA; Adoption Research and Counselling Service (ARCS) WA; Jigsaw WA; Jigsaw Queensland; Jigsaw SA; Post Adoption Resource Centre (PARC), NSW; VANISH Victoria, and a Community Health Centre in Casino. The various support groups are not homogenous. Some support only mothers, some support mothers, adoptees and adoptive parents. They each have a different mission statement and agenda. Some of the organisations focus on search and reunions, others have a political focus while others run support groups, or have members who stay connected via email and newsletters. The individuals come from varied backgrounds and ethnicities and from different eras, as members range in age from their 40s to their 70s.
All the groups that I formally contacted by mail contacted their members via their email lists, newsletters and websites, except Jigsaw Queensland and PARC NSW, who did not respond to my invitation to participate in the research study.

After the groups sent out their newsletters I was emailed or phoned by interested participants. I followed up by sending out, either by email or letter, an introduction to explain the research I was conducting in a more detailed manner. Due to the sensitivity of the research, particularly with respect to women who had their children taken, I included a list of support services they could access if needed. I also included a consent form to be returned, either via email or mail, if the potential participant intended to proceed. There were two types of consent forms, one for those who would participate solely via a questionnaire, the other for those who were interested in either being interviewed by telephone or face-to-face. The choice depended on distance, as some of the participants resided in West and South Australia. Consent forms arrived from July-December, 2007, mainly via email. Additionally an extra form: a Confidentially Agreement, with additional assurances of anonymity, was developed for professionals who may have been reluctant to speak about their involvement in past adoption practices because of fear of legal prosecution (Rawady: 1997).

**Data Collected**

The data was sorted into three groups: mothers who kept, those that had their infants taken, and the professionals working with them.

<table>
<thead>
<tr>
<th></th>
<th>Mothers who had their infants taken</th>
<th>Mothers who kept their infants</th>
<th>Professionals &amp; Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surveys</td>
<td>15</td>
<td>11</td>
<td></td>
<td>26</td>
</tr>
<tr>
<td>Telephone interviews</td>
<td>6</td>
<td>6</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>Face-to-face interviews</td>
<td>14</td>
<td>1</td>
<td>4</td>
<td>19</td>
</tr>
<tr>
<td>Participant file analysis &amp; Face-to-face interview</td>
<td>1</td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>36</td>
<td>18</td>
<td>6</td>
<td>60</td>
</tr>
</tbody>
</table>
Table 1: Break Down of Data Collected

In the above table in the cohort ‘Mothers who had their infants taken’, two respondents filled in questionnaires and participated in phone interviews, and one did a face-to-face interview as well as a phone interview, and one respondent did a questionnaire and a face-to-face interview. Hence, four extra interviews, totalled 36 interviews, with a total of 32 participants. In the cohort mothers who ‘Kept’, total interviews were 18 and participants were 16. Two mothers did both a phone interview and a questionnaire. The combined number of interviews for both groups was 54. The number of interviews conducted with professionals and others and the text analysis was six hence the total for surveys was 60. The number of participants was 54. The data received came from all states of Australia.

I conducted an intensive textual analysis of two respondents’ files as well as conducting face-to-face interviews to discuss the content of their files, and to elicit further data which is discussed in Chapter Ten.

I had a cluster of women, who had their children taken for adoption in Melbourne, so I travelled there to conduct face-to-face interviews over a four day period during July, 2007. Additionally, I was contacted by a member of another group headquartered in Queensland: Adoption Loss Adult Support (ALAS), and members of that group agreed to participate in face-to-face interviews so I travelled to Brisbane in May, 2008. I also interviewed two more women in the Brisbane area, one who was with another support group and another who was independent of any group, but had contacted me after seeing the NCSMC advertisement.
Professionals & Others

I conducted three face-to-face interviews with social workers, a fourth with a medical doctor and a fifth with a medical assistant. One of the mothers who had her infant taken was a midwife who trained in a Brisbane hospital in the late 1960s, so I interviewed her from the perspective of both midwife and mother. An interview with Penny, one of the social workers, was conducted using the Biographical Narrative Interpretative Method (BNIM) (Weingraf: 2001) for both interview and textual analysis.

Penny had played a prominent role during the 1960s and 1970s in social work. I was concerned that the interview may not elicit substantial data because, not only are many professionals fearful of speaking out (Rawady: 1997), but because of an experience I had previously with another social worker. The person in question had worked in the 1960s at the Royal Women’s Hospital, Melbourne. She initially agreed to participate in my project so I travelled many hours to meet with her, but when I arrived I found her defensive, even hostile, towards my research. She questioned as to who I was, why was I conducting this research, and what did I hope to gain? I briefly outlined my project, and she responded by stating that social workers had led the way for change within her hospital and were generally at the forefront of social and policy change for unwed mothers. I thought this may be an opening and suggested that she might like to talk in a general way about the social changes for which she and her colleagues were responsible. She again became very defensive and then refused to participate, or answer any questions whatsoever. I was at a loss to understand her anger, particularly when I was originally given the impression that she would be happy to participate in the project.

The former social worker continued to state her case claiming that the procedures within maternity wards could hardly be placed at the feet of social workers. She did not deny unwed women had been treated shamefully or that there was a ‘forced removal policy’, only that she was not to blame. She did, however, blame midwives and doctors and said it was they who called ‘the shots’, whilst social workers ‘had been up against it’ and had worked long and hard for change. After this experience I thought to elicit data of relevance I needed to find an alternative method.
of interview and analysis that was not solely reliant on content. Hence the BNIM approach was chosen.

In this method the biographical reconstruction is not restricted to the sociological understanding of persons ‘as acting units in society’, but is also aimed at the understanding of society in its historical and social structures (limiting and enabling interaction). Therefore the approach can be used as a tool for a wide variety of research questions (Weingraf: 2001, p. 113) and is particularly useful when the subject comes from a position of ‘defended subjectivity’ (Holloway & Jefferson: 2000).

‘Defended Subjectivity’

This form of minimalist interviewing style, and highly structured data analysis is very useful to examine the strategies and defences developed by persons who may not want to reveal sensitive data in the present and who may have an investment in presenting a reality to themselves and others that ‘defends’ their present perception of ‘self’. Holloway & Jefferson (2001) present a model of ‘defended subjectivity’ that is useful in analysing data provided by such an informant.

The BNIM approach allows the researcher to look for the ‘basic theme’ - not of the text - but of the person behind the text: ‘the subjectivity in its historical situation’ (Wengraf: 2007, pp. 38, 40). The tone of the voice, the pauses, the ‘ums’, the ‘textsorts’ or the way ‘what was said’ was said, and what the participant omitted from their narrative, are all as important in this method of analysis as actual content. This is a hermeneutic method since ‘the researcher is aware that any material being produced by the interviewee, has been generated with regard to both the interviewee’s subjective perception of his/her situation and history and the interviewee’s perception of the research and the relationship between the two of them (Miller: 2000, p. 131 cited in Jones: 2002: p. 2). ‘The idea of a defended subject shows how subjects invest in discourses when these offer positions which

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18 Note: Catherine Dunn’s (2006) criticism of consent takers Marshall & McDonald’s book, The Many-Sided Triangle (2001) is an example of Defended Subjectivity. As Dunn stated it was a treatise to defend their actions and that of their profession. It is not a balanced historical account.
provide protection against anxiety, and therefore offers supports to identity’ (Holloway & Jefferson 2000: pp. 19-23).

For instance, a person who feels that his or her identity, in this case, a professional caring social worker, is under threat because their past actions are incongruent with present beliefs, may invest in one discourse: ‘mothers’ ‘chose’ adoption’, rather than another: ‘I participated in illegal practices to procure babies’. This conflict would certainly provoke cognitive dissonance (Festinger: 1957). Similarly such individuals may project ‘bad’ attributes onto a whole group, in this case, ‘single mothers’ and equate their status with ‘unfit to parent’ and therefore ‘in need of an adoption plan’. Understanding the concept of ‘defended subjectivity’ began to shed light on the interaction I described earlier with the social worker who changed her mind and refused to be interviewed.

The BNIM model not only allows for the researcher’s subjectivity, but takes it into account and so provides the researcher the structure to be on the one hand able to guard against bias, and on the other, to use it as a reflexive tool to produce high quality data. BNIM data analysis, not being solely reliant on content, utilise the ethnographer’s skill of participant observation (Weingraf: 2007, p. 87). I felt this was important for my project if I had an informant who was not forthcoming with relevant data. It is not assumed that the subject always knows the reasons behind some of his or her actions, or indeed to know the nature of the research subject. It comes from the standpoint that the subject is a psycho-social being:

One theorised as constituted from a combination of unique biographical events (in which unconscious dynamics are crucial in determining a person’s relation to external reality) and socially shared meanings, interactions and situations (Hollway & Jefferson 2000: p. 104).

It is therefore a psycho-societal form of analysis (Weingraf: 2007, 42) wherein what is ‘omitted’ is as important as what ‘is said’.
Measures

Two semi-open ended questionnaires were devised to elicit the relevant data from the two cohorts. In the questionnaire for mothers who had their infants taken, a short preamble advised that if any question was distressing, to either leave it blank or to contact the researcher so that I could refer them onto a support service if necessary. The questionnaire was comprised of 11 questions and within each question there were sub-sections. Sub-sections were used for unwed mothers who had their infants ‘taken’ to make each question clearly comprehensible in consideration that re-visiting such a painful ordeal may, for some, trigger a trauma response and make the questions therefore difficult to comprehend. There was an additional question that mothers who ‘kept’ would not have needed to answer, such as a question on the consent to adoption process. Both questionnaires concluded with the invitation: ‘Anything else you would like to discuss’? The first question was used to elicit demographic data.

Two questions consisted of Likert scales. The scales were utilised to measure and contrast levels of powerlessness between the two cohorts. One scale simply requested respondents to rate on a scale from one to ten, the level of powerlessness they felt during the pregnancy; in the maternity hospital; in the decision to relinquish and in life generally as a result of the experience of the unwed pregnancy and birth. The second scale consists of a number of statements to which the respondent indicated their level of agreement or disagreement. Powerlessness is measured by indicators such as control over outcome; freedom around decision making; freedom of expression; freedom of movement and long term emotional impact. The level of powerlessness around the birthing process and loss of the infant was known to severely impact on one’s ability to cope with loss in the long term (Lancaster: 1973, p. 63; Parker: 1927, p. 44). The data collected from the second scale is sorted into three major categories: physical, emotional and psychological powerlessness as determined by the respondents.

In the questionnaire for mothers who ‘kept’ it was expected that there would not be such a depth of negative emotion around the birth, so the preamble was only
an instruction to read through the questionnaire in its entirety, and then proceed to
begin to insert their responses. In the questionnaire an additional question was
included, asking whether or not any person had been involved in supporting the
respondent to keep her child, and in place of the question around consent giving, it
was asked if adoption had been suggested by anyone during the pregnancy and/or
stay in the hospital. Hence this questionnaire was comprised of twelve questions.

The questionnaires overall were designed to elicit data to determine the
pregnancy experience for all the mothers and to identify major themes such as
whether or not the individual felt supported during her pregnancy or experienced
abandonment; whether she had freedom to choose her outcome; or whether the
outcome was the result of coercion or other similar variables. Close-ended questions
were answered by the participant, either expressing agreement or disagreement
whilst open-ended questions were framed in such a way to give the participant an
opportunity for more in-depth reflection. The questionnaires were a useful method
of gaining data from geographically remote participants, or those who, because of
time constraints, could not participate in either phone or face-to-face interviews.
Additionally it provided a quantitative measure for the data.

**Phone Interviews**

I conducted six interviews with mothers who had their children taken and five
interviews with mothers that ‘kept’. As mentioned previously, all were loosely based
on the BNIM approach of interview to allow mothers the opportunity to tell their
narratives with minimal guidance. Participants were asked a specific question whilst
I took notes. The question posed: “Please explain in your own words what happened
leading up to and around the birth – I will let you talk freely without interrupting
you”. The narrator may have gone for five or ten minutes when they paused long
enough or began to wander too far off topic, I inserted a question pertaining to the
data just given, or asked a question in order to keep the conversation flowing. There
was a 20 minute break and then I resumed the interview. I asked specific questions
based on the notes and in the same chronological order provided by the interviewee.
This was done to elicit more detailed information about particular points the
interviewee had raised. The average time of the phone interview was approximately
one hour and fifteen minutes which provided about twenty pages of transcription each.

**Face-to-face Interviews**

I conducted five face-to-face interviews with each of the professionals. One utilised both the BNIM interview and data analysis as described previously. This is a very time consuming method, but yields a rich amount of data particularly from a ‘conflicted’ interviewee. I conducted fourteen face-to-face interviews with mothers who had their infants taken and one with a mother who ‘kept’. The average time for these interviews was two hours which was approximately twenty five pages each of transcription.

The overall intention of the surveys was to allow mothers an opportunity to contribute their voices and describe ‘their lived experience’. This is preferable to having it described for them by ‘experts’ whose version of history has been thus far the accepted historical account (Marshall & McDonald: 2001; Brown: 2012).

**Thematic Analysis: Reason for the Use of This Method**

Historical texts, newspaper and magazine articles, governmental reports, inquiries, as well as the first-hand accounts of professionals who worked with single mothers and those who have lived through the experience of single motherhood, have informed this project. Reoccurring themes run through the historical account, as gathered through the varied sources just referred to, and are further identified in mothers’ narratives. Key themes are ‘alienation versus connection’; ‘social isolation versus support’; ‘powerlessness versus empowerment’; ‘betrayal’; ‘confusion’; ‘abandonment’; ‘fear’; ‘guilt’; ‘shaming’; ‘dehumanising and degrading treatment’; ‘uncertainty’; ‘lack of decision making’; ‘lack of autonomy versus autonomy’; ‘expendability’; ‘entitlement versus disentitlement’; ‘stigmatisation versus social support’; ‘social control’; ‘deception and government interference in the private sphere of mothers’ lives’. These themes, as previously alluded to, congregate around two competing discourses: an institutional and a lay discourse. The ‘institutional’ in this instance, is informed by medical and motherhood discourses, and the ‘lay’ by
those relating to connectedness, kin and the strength of blood ties, as discussed in Chapter One.

‘The world is constituted in one way or another as people talk it, write it, and argue it’ (Potter: 1996, p. 98 cited in Bryman: 2008, p. 17). Overarching themes constituting the various discourses are identified and discussed further in Chapter 13. The world of single mothers has been defined by those whose reality was framed by an institutional discourse: the ‘controllers’ the ‘experts’, and it is they who have written and spoken the supposed one ‘true’ account (Marshall & McDonald: 2001; Elspeth Brown on ABC Lateline: 1997; Aubrey Marshall & Margaret McDonald on Hindsight, ABC radio: Tangled Web Parts I & II: 2009, 2011; Brown: 2012). The research project intends to right that wrong, and let history be recorded by those who lived through it, not by those who benefited, or controlled the outcomes. The study identifies the key themes that emerge from the experiences of mothers who ‘kept’ as opposed to mothers who did not keep their infants.
CHAPTER 4
The Old Poor Law

Introduction

This chapter will briefly examine and discuss the evolution from the 16th to the 19th Century of the English Poor Laws. These laws were implemented to regulate and control both the working and non-working poor and ultimately had a major influence on subsequent legislation, social policy and regulation on categories of poor in Australia. The focus however will be on how the development of these laws impacted on the lives of unwed mothers and their children.

I will argue that the emergence of certain discourses resulting from changing economic and social conditions in the 14th Century led to the development of the Poor Laws which in turn paved the way for the phenomenon of Forced Adoption/abducted babies in 20th Century Australia. Certain themes begin to emerge that can be tracked over hundreds of years to contemporary society; themes such as parental rights are not a ‘given’, but depend on behaviour and economic security, and that certain criteria must be met if a parent is to be regarded ‘fit’ to rear their child. Hence at this juncture discourses emerge and take form that provide the social space for language and practices enabling the forced removal of children, and over time they crystallise and child removal becomes normalised.

Therefore a review of these laws and policies and the underlying ideology that influenced their implementation deserves consideration. They provided the framework that it was in the child’s best interests to be cut off from all association with, and knowledge of, its kin. A parent was only deemed fit if they could raise their child to be an efficient and industrious citizen. If they were poor, unemployed, a single mother, or in some way deemed to be defective, they did not have equal status with other members of their own race and they did not have the automatic right to rear their child. Hence hundreds of years later in the 20th Century whilst countries like Australia claimed that, ‘All men are equal’ - this was not true for unsupported, single mothers. The above themes were still apparent, thus being allowed to parent
your child was linked to discourses and ideology that emanated prior to the development of the Poor Laws. By the early 20th Century child removal was seen as ‘child saving’ and removal from ‘vicious parents’ usually an unwed mother, was perceived as a way of neutralising the infant/child’s tainted biology.

The discourses that preceded the development of the Poor Laws came about in response to several forces, the demise of feudalism which was slowly being replaced by capitalism, the Black Plague and famine. People were economically displaced and had to roam to search for employment and if they could not find any were forced to beg, and hence became vagrants (Quigley: 1996).

British Vagrancy and Apprenticeship legislation dating back to the 16th Century, included the removal of children as young as six and seven to be indentured where they were often cruelly treated and used as a source of slave labour (Quigley: 1996, p. 14; Webb: 1928, p. 3; Eekelaar: 1994, pp. 448, 491; Murdoch: 2006; Pinchbeck & Hewett: 1969, Ch. IX). Families were pushed off the land and under the Vagrant Act of 1536 could have their children legally taken. Vagrant children were considered dangerous, and a threat to the moral and social order (Pinchbeck & Hewett: 1969, p. 94).

The private patriarch (Lerner: 1986, p. 122) was being usurped by a public patriarch: the State (Walby: 1990; 1986). The ‘ruling elite’ presided over the working class, as the ‘nobles had over the serfs’ in the feudal era (Webb: 1928). The ‘elite’ considered themselves to be a ‘superior race’, not only ‘over native peoples of conquered nations, but over their own working poor’ (Crawford: 2008, pp. 7, 9).

The move away from private philanthropy and to the dependence of the poor on the rate-payers meant that the ‘elite’, specifically the Civic Fathers (Crawford: 2008), acted on behalf of the State in their role as public representatives, and with the rise of capitalism their duties were constrained by matters of the public purse. Over time the State gained greater control and interference in the private sphere of family life. Eventually the children of poor parents and single mothers were placed under its regulation and control.
The Discourse of Contagion

Juan Vives’ (1493-1540) Treatise (1526) provided a theoretical foundation for the discourse of contagion. A discourse, that emerged in the 14th Century and later provided the justification for the forced removal of children, and the social space for the emergence of the Poor Laws. Laws that ultimately dictated who was ‘fit’ and ‘unfit’ to rear children (Murdoch: 2006).

Prior to the emergence of the modern state in Europe, when the population was smaller and most people lived off the land, the poor were seen as representing the Body of Christ and were therefore deserving of receiving alms. Before the rise of Puritanism and under the fist of Catholicism – almsgiving was seen as a soul-saving opportunity for the giver: the rich. The feeling towards the poor changed during the Middle Ages, particularly the 14th Century, with the spread of the plague as fifty percent of the population in many villages across Europe were wiped out. Vagrants were not only the public face of leprosy with its physical deformities, but they spread it as they wandered. The destitute homeless became feared, hated and shunned. They were seen as contaminated and contaminating (Cooney: 2001, pp. 1-3; Rawcliffe: 2006, p. 353; Wood: 1795, cited in Poor Law Commission’s Second Annual Report: 1836, p. 363). Due to illness and the shifting of people off the land poverty and begging were exacerbated and in the year 1349 restrictions were made on vagrants’ movements. Consequently the plague significantly affected the social structure of feudal Britain making sharper distinctions between the ‘deserving’ and ‘undeserving’ poor. By the 15th Century the destitute generally were considered inferior, malicious, and set apart from their own race (Cooney: 2001, pp. 2-4).

Long after the plagues had ended, but as poverty grew along with the population, fear of the unemployed, homeless continued to spread. Stringent measures had to be employed to control them (Cooney: 2001). The rise of Puritanism (16th and 17th Centuries) added an extra dimension. The poor were poor, not because of unemployment or misfortune, but because they were immoral, idle, debauched and vicious, and it was now believed that these traits would be transmitted to their children who would then become ‘hereditary paupers’. The vagrant class had to be stemmed, and the only way to do that was by removing
children from their ‘vicious’ environment (Pinchbeck & Hewitt: 1969, p. 95). In this discourse biology and environment were more than interacting they were confounded. It became accepted that removing children to be ‘bred up’ in industry and moral habits neutralised their tainted biology (Pinchbeck & Hewitt: 1969, p. 169).

‘On the Relief of the Poor’: Economic Justification for Institutionalisation of the Poor

[Single] mothers should nurture their infants until the sixth year. After this age, all such children would enter a publicly supported school where they would be educated and maintained (Vives: 1526, p. 43).

Juan Luis Vives’ book: On Assistance to the Poor (1526) had a profound effect on the formulation of Tudor Poor Laws (Pinchbeck & Hewitt: 1969, p. 94). Vives was born in Spain, lived and taught in France and was invited to England by Henry VIII in 1523 (Gale Encyclopedia: 2004). The originality of Vives’ thesis was to bring several practices that dealt with treatment of the poor in use in Northern Europe into one integrated system (Tobriner: 1999, p. 4). Vives provided a model for their control and restraint that ‘did not offend the social conscience’ (Alves: 1989, p. 7; Cooney: 2001, pp. 8-16). His plan was couched in a discourse of Christian charity, yet it was ultimately about maintaining social order and control (Alves: 1989, p. 7). Vives did not believe that the poor should rear their own children: ‘children of the needy receive a deplorable upbringing’ (Vives: 1526, p. 36). He accused them of idleness and teaching their children no other trade, but begging (Vives: 1526; Pinchbeck & Hewett: 1969, pp. 91-92; Cooney: 2001, p. 10). His scheme included removing the poor out of sight to institutions, where they were to be trained, moralised and prepared for industry. In short he provided the theoretical framework and justification for interfering in their lives (Cooney: 2001, p. 10), including the removal of their children (Cooney: 2001, pp. 8-16). He encouraged the wealthy and powerful to take up his plan with a sombre warning: ‘When ignored, the poor generally rise up to demand satisfaction of their needs’ (Vives cited in Alves: 1989, p. 7).
This was an era of rapid demographic growth, constant warfare, famine, spiralling inflation, and the consolidation of lands in the hands of a few (Alves: 1989, p. 3). It was in response to the social and perceived moral disorder that Vives wrote his treatise. It also coincided with the change in the British landscape from one of a primarily agrarian nation to one which was entering into a pre-industrial stage (Pinchbeck & Hewett: 1969, p. 93).

**The English Poor Laws: Control and Regulate**

In the upper-middle and upper classes the power of the father over his children reflected the power of the State over its subjects (Crawford: 2008, p. 2). The private patriarch was assumed to have as much power over his subjects, wife and children, as the Monarch had over his (Roberts: 2002, pp. 2, 9). British society was run on rigid, patriarchal and hierarchical lines (Roberts: 2002, p. 9). Everyone was expected to know their ‘station’ in life (Roberts: 2002, p. 10). Sidney Webb (1928, p. 3) states the original function of the Old Poor Laws was designed not to assist the destitute, but to oppress and control and keep the working class in the same position they had held during the Middle Ages: serfs/slaves. Webb (1928) writes they were to be treated as slaves and held in servitude to their masters. The poor were not passive recipients of State intervention. They perceived it as oppressive and resisted it, both overtly and covertly (Webb: 1928, p. 3; Thompson: 1980, p. 250; Hindle: 2004, p. 209; Murdoch: 2006, p. 7).

The Poor Laws empowered the authorities to remove children (Webb: 1928, p. 3). Initially it was the children of the homeless who were forcibly taken (Pinchbeck & Hewitt: 1969; 1973, Vol I & II), but as the State expanded its power through successive legislation it included the children of the destitute, or just parents deemed inadequate by their superiors, such as single mothers (Mundella Report: 1896; Pinchbeck & Hewett: 1969; 1973, Vol I & II; Murdoch: 2006; Crawford: 2008, pp. 3-5). Originally the focus was on children aged five to fourteen, that was then broadened to include infants, even newborns (Report Thirty-Two: 1840; Crawford: 2008; p. 4).
The Henrician Poor Law of 1536 also known as the Act for the Punishment of Sturdy Vagabonds and Beggars (Henry VIII 27 c 25) (Barker: 1995) introduced by King Henry VIII empowered authorities of every parish to take ‘idle begging’ children between the ages of five and fourteen years and apprentice them to masters in husbandry or other crafts. Children were to be removed from their ‘vicious environment’ and those aged between 12 and 16 years who ‘without reasonable cause refused service’, or ‘attempted to return to their idle ways’ were to be openly whipped (Pinchbeck & Hewett: 1969, pp. 94-95). The apprenticeship system was an early form of boarding-out where the master and his wife were positioned similarly to contemporary foster parents. The poor did not allow their children to be taken without a fight. Unfortunately many of the apprentices were very poorly treated and abused. Parish records indicate parents resisted, and spoke out about the harsh treatment of their children and reclaimed them from their masters. This continued until parish officers reacted, for example in 1638, they financed the prosecution of ‘Parents which did keep their children from their Masters’. The Wiltshire J.P.s, complained of the unwillingness of the ‘foolish poor’ parents to depart with their children, which Hindle explains is ‘redolent of magistrates patronising disdain for the affective bonds within poor labouring families’ (Hindle: 2004, p. 209).

The Poor Law Acts of 1572 (14, Elizabeth, c. 5) and 1576 (18 Eliz C 3 s. 2) extended the authorities power so they could remove not only homeless, but very poor children as well. Hence single mothers had a precarious hold on their children as many were often both poor and homeless (Thompson: 1980). The 1572 Act made the alleviation of poverty a local responsibility, and those that could pay were charged a Poor Rate. Though it was principally directed towards the problem of the vagrant child the 1576 Act was important because it included the first regulations regarding the maintenance of illegitimate children, hence identifying them as a specific sub-group. It introduced punishment of the unwed mother and the putative father and provided the legislative mechanism for the building of workhouses (without accommodation for the poor) and houses of detention for beggars and vagrants, hence the beginning of the workhouse system. These two Acts continued in force until they were replaced by the comprehensive Act for the Relief of the Poor of 1597. The 1597 Act allowed the apprenticing of illegitimate children and created the
The churchwardens and overseers of the poor, with the consent of the Justices of the Peace were required to set to work and apprentice, not merely vagrant and destitute children, but all children whose parents were unable to keep and maintain them. The Act was followed by a series of Orders from the Privy Council reminding justices that they were specifically charged with the apprenticeship and training of children. Where parental rights clashed with the security of the State and with the welfare of the child, they were to be overridden (Pinchbeck & Hewett: 1969: p. 98). The Act was re-enacted with only slight modification and became The Poor Law Act 1601 (43 Eliz I Cap. 2). This Act formalised earlier practices making provision for a national system of collecting money for the poor by levying property taxes. It was compulsory to apprentice out children whose parents, or mothers were unable to support them. This remained the basis of poor law administration until 1834.

The combined influence of capitalism and patriarchy is apparent in the legislative provision for illegitimate children. The Acts only dealt with the ‘bastards’ who became chargeable on the parish, hence the law only criminalised the poor. Hewitt and Pinchbeck states that this highlights the fact it was an economic rather than a moral consideration with parliament’s major concern being with public expenditure (1969, p. 207). The Civic Fathers judged the success of the Poor Law on its savings to rate payers (Pinchbeck & Hewett: 1969, p. 496). This is not to say there was not an attempt to stigmatise illegitimacy. Under the Act, two local justices could punish the mother and father and require them to support their child. If they failed to pay they could be sent to gaol. Pinchbeck and Hewitt (1969, p. 207) argue that the stigma of illegitimacy persisted from the 16th Century until recent times, I will argue later that the aversion against illegitimacy was reflective of the contempt the upper classes had for the values and customs of the ‘labouring poor’ and pragmatically was more about controlling population and for relief from the rates.

The most serious outcome of the Poor Laws for parents and single mothers was that their familiar ties were being legislated away, as the State had now formal power to separate them from their children (Crawford: 2008, pp. 2-3). A child’s
labour was privileged by the Poor Laws and with implementation of the Statute of Artificers 1568 (Apprentices) (Pinchbeck & Hewett: 1969, pp. 96-97). The removalist policies inherent in the Laws were used to ‘both punish and control the poor’ and a way to provide a pool of cheap and expendable child labour (Crawford: 2008, p. 9). The main tenant, therefore, enshrined in the legislation was that children should be ‘trained up’ for the work force (Hindle: 2004, pp. 195; Slack: 1988, pp. 29-30). The forced removals being justified on three grounds:

(1) The parents were vicious and profligate (Hindle: 2004, p. 210);
(2) The children needed to be educated to ensure they were moral and industrious (Hindle: 2004: p. 213);
(3) They needed to be trained in a form of labour that would suit their station in life and to ensure they did not swell the ranks of vagrants (Hindle: 2004, p. 94; Slack: 1988, pp. 29-30).

The three principles above were all touted as being in the child’s best interests (Hindle: 2004, p. 197).

Apprenticeship, whereby a premium was paid to the employers, who as stated previously, were supposed to act as foster parents (Crawford: 2008, p. 2) for the training of children, and to whom they would be indentured, could be considered as an early and cheap form of boarding-out (Pinchbeck & Hewett: 1973, p. 496). Many masters though were unwilling to take pauper children and that reluctance was almost certainly encouraged by the increasing association of the poor with dirt, pollution and peril, and notions that pauper children inherited traits of idleness and disobedience from their ‘unworthy’ parents (Hindle: 2004, p. 205). Or in contemporary terms, they inherited poor genes.

**Early Boarding-out Schemes**

Under these various Acts of the Tudor period mentioned above, foundlings and orphans, most often euphemisms for illegitimate children, were supported by parish rates and overseen by parish authorities who employed nurses to look after them. The treatment of unwed mothers differed depending on the era and the region. Some parishes allowed a mother to keep her infant and paid her a small pension, but in others they were not, and their infants forcibly taken and placed with parish
nurses. When the children were seven they would then be bound for long periods of
time as apprentices (Crawford: 2008, p. 5).

Parallel to the formal system of poor relief governed by legislation was a
system of voluntary charity which included bequests as well as public philanthropy.
Christ’s Foundling Hospital (1552-1598) practiced a system of boarding-out that pre-
empted 20th Century adoption by 300 years. Impoverished mothers who brought
their infants to the hospital ‘were expected to relinquish all rights over their children;
sons and daughters could not return home’. The Governors preferred the mother/
parents and children to be separated, as was the Vives’ plan, to stop contamination
by an unworthy parent and by so doing stop the increase of hereditary paupers
(Crawford: 2008, p. 5). The injury done to infants separated from their mothers was
acknowledged as early as 1759 by Jonas Hanway who argued that, “Because the
Foundling Hospital divided a mother from their infant, the foundling would not have
the same opinion of his fellow creatures as those treated with tenderness … nor
would the foundling thrive, if it lacked parent or kin to support its efforts” (Jonas

**The London Foundling Hospital (1739-1954):**19 **A Case Study in the Outcome of the Discourse of Contagion**

Illegitimate infants had to be admitted within 12 months of being born. The
mother had to fill out a ‘printed form of petition’ in which she assured she was either
a widow or a spinster, and that she was deserted by the father. She had to insert the
father’s name, when she knew him and when she last saw him. She also had to assure
the hospital governors she was of good character ‘previous to her misfortune’. The
criteria for accepting an infant were that a young woman had no means of
subsistence and had no relations in a position to financially assist. They considered a
woman of ‘good character’ if she had been seduced by a man with a promise of
marriage. They also expected that ‘her shame’ was not community knowledge,
except for a medical attendant and a single relation, and lastly that placing her child
in the hospital enabled her to earn her livelihood (Thirty Second Report Part VI,

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19 The Foundling Museum http://www.foundlingmuseum.org.uk/collections/
The mother had to present herself to a general committee of governors who then proceeded to examine her to determine if her case was worthy enough to allow for the admittance of her infant. A steward of the hospital was then sent out to determine if the details she provided were in fact true. The petitioner was instructed to come each Wednesday until her case was disposed of. After making enquiries the steward reported back to the committee which would then decide on whether or not to receive the child or reject the application. Once admitted the mother would bring her infant to the hospital on a Saturday, usually two or three weeks later. If the mother was destitute she would be allowed a ‘small weekly allowance’, as child support until her infant was admitted.

Once the child was admitted it was sent to the apothecary to be examined. Only those children that were completely healthy were accepted. If perfectly healthy the infant would be given a number, and the number was sewn on its clothes. The following day the children were baptised in the hospital chapel and all given a new name taken from a list previously approved by the Hospital committee. The infant was then taken by the matron who would deliver it to a wet-nurse who would come to the hospital to collect her charge. On that night or the following day, the children were sent with their nurses out to the country where they were reared, under the supervision of inspectors, until five years old. The number assigned to the infant was to remain permanently attached to the child’s clothes during its stay in the country.

When the child was five it had to be returned to the hospital where it was educated in reading, writing and arithmetic and instructed in the ‘Catechism of the Church of England’. The girls were trained to be domestics and the boys in tailoring. When the girls were fifteen and the boys fourteen years they were apprenticed until twenty-one. After reaching that age ‘the governors, consider their duties toward them as fully performed, and their connection with the hospital as finally dissolved’ (Thirty Second Report: 1840). Without family ties and no-one except the parish to fall back on they were on their own.
The Commissioners, on determining whether or not the Foundling Hospital was serving the purpose for which it was intended, examined twenty cases. It was found that in all cases the parents were aware of their daughter’s situation and/or the employers of the house where the young woman was working as a domestic servant. Most of the women gave birth in a public hospital and in two of the cases neighbours and family also knew of the pregnancy. It seems that the Governor’s expectation that women should have been appropriately shamed to keep their pregnancy hidden was more an outcome of their own class’s morals and values (Hewitt: 1958).

Considering that the petitioners were nearly all coming from the class of domestic servants (Stensfield cited in Royal Commission into the Poor Laws: 1909, p. 564) ‘Usually being in service far from their own parish, and a profession well known for women being preyed upon by their wealthy employers, and from ‘daughters of trades’ people in humble circumstances’. So it was only women who were totally unsupported and/or destitute that were forced to take their infant to the Foundling Hospitals. The Commissioners explain: “Applications are always refused where the parents of the mother or her family are in a position to maintain the child” (Thirty Second Report: 1840, p. 789).

The Hospital Governors acknowledged that it was a particularly painful process for the mother to lose all rights to her infant and described that ‘very distressing scenes’ were played out when it was time for the mother to leave. Mothers were not told where the infants would be taken. Reminiscent of adoption practice 150 years later the hospital went to elaborate means to hide the infant’s new identity and whereabouts. The mother would receive a certificate the day her child was received and on it would be a letter whereby the hospital knew to which child it attached. The number placed on the infant’s clothes would likewise be a means of the hospital identifying the infant, but this was never disclosed to the mother. The mothers were allowed to come to the Hospital to inquire after their babies, whether they were well or not, each Monday between the hours of ten and four, but were not allowed any additional information. The Commissioners noted: “When the infant is given up therefore, it is usually a final separation between parent and child”. There were a few exceptions. Again predictive of practices inherent in ‘closed secret’
adoption a century and half ahead children and their parents could only know about each other if when apprenticed:

The master or mistress and both parent and the child consent to it; not even when it has obtained maturity, unless both mother and child agree to it; however much the one party may desire it, the other has, by the Hospital regulations, the absolute power of withholding consent (Thirty Second Report: 1840, p. 789).

The infants’ distress was also recounted in detail. Not only were they cut off completely from their family, but after being sent to the country to be fostered by a wet-nurse they had to be returned to the Hospital when they turned five years old. The Governors related how the children grieved for ‘the loss of their supposed mother’ so much so that they were allowed a holiday for three or four days.

The effect therefore of the system appears to be to deprive children of the care and affection of a mother, and to create in lieu of it another and an artificial tie, which broken as soon as it becomes a tolerable substitute … the children are maintained and educated, it is true, and receive advantages in this respect, which they might never have obtained had they remained with their mothers; but they are deprived of those countless benefits, arising from an ever anxious solicitude for their well-being, exhibiting itself in trifles incapable of enumeration, and which, but a mother’s watchfulness can wholly supply (Thirty-Second Report: 1840, p. 786).

The commissioners gave examples of the many foster children and parents who requested information and were denied it. Secrecy then was never at the request of either the foster child or its mother, but a pre-requisite of a system that was forced on the mother by poverty, and one that could be accused of being used to shield the sins of the fathers. In fact the Commissioners accused mothers of evading the regulations and fighting to know the whereabouts of their infants:

Extraordinary instances of ingenuity exercised by them with that view are recorded: sometimes notes are found attached to the infant’s clothing, beseeching the nurse to convey information to the mother of her name and residence; sometimes the mother has been known to watch for and follow the van on foot, which convey their children to the country stations, sometimes to attend the baptisms, in the hope of hearing its name. If they succeed in identifying the child during its stay at nurse …[when] the children appear at chapel twice on Sunday … [it] gives them opportunities
of seeing them from time to time and preserving the recollection of their features.

Levene (2005, p. 48) states “The Hospital intended that parents should not be able to trace foundlings to their nurses, although cases of mothers snatching their children from country wet nurses suggests that this was not as rigorous a system as officials might have liked”. The Commissioners accused ‘vicious’ mothers of spoiling their children and believed they should be separated from them, and that if they did find them they claimed they “seldom prosper” (cited in Thirty Second Report: 1840, p. 787).

An account of one incident was relayed wherein permission was given to the mother to see her infant: ‘it’s a case in which a medical attendant certified that the sanity of an unhappy woman might be affected unless she was allowed to have contact with her child’. This might be the first recorded evidence of the trauma mothers faced when separated from their infants and pre-emptive of the many studies that would be done over a century later substantiating this sad fact (Thirty Second Report: 1840, p. 787).

**Conclusion**

The Poor Laws set the precedent for child removal and in the eyes of the elite it was the solution to vagrancy, pauperism and training poor children to be domesticos or farmers. In short to be industrious citizens fitted to their lowly station in life. The Laws also identified the unwed mother and her illegitimate child as a subset of population in need of control and regulation. Though often clothed in moral platitudes their treatment was more to do with saving the wealthy from paying rates to assist them rear their infants. The rise of the Welfare State shifted the locus of power from the individual to the public patriarch. This shift allowed for interference in formerly what was the private sphere, particularly in the case where the woman was without a male provider. The unsupported, unwed mother and her infant were seen as a burden, but at the same time as a cheap source of labour.
CHAPTER 5

The New Poor Law

Bastardy is no longer the high way to marriage; on the contrary, it has become a serious obstacle to it (Stevens cited in Second Annual Report: 1836, p. 261).

Introduction

This chapter will discuss the influence on British culture of the Malthusian Doctrine through early to late 19th Century. An understanding of the Doctrine is important as it not only influenced the British elite’s attitudes towards single motherhood and the development of punitive legislation and social policy, but similarly influenced the development of discriminatory legislation, policy and attitudes in Britain’s colonies. The New Poor Law and its effect on the lived experience of single mothers will be determined by examining the testimony of Civic Fathers and female social reformers and that of the mothers, given at various governmental inquiries. By the time the Inquiries took place the poor were seen by the upper classes as a ‘depraved race’ separate from the rest of English society (The Royal Commission into the British Poor Laws (The Inquiry): 1834; Murdoch: 2006, p. 26; Royal Commission into the Poor Laws in Scotland (Royal Commission): 1844, p. 42).

The Doctrine influenced the Commissioners that produced the Report into the Poor Law (1834) and the drafting of the New Poor Law (1834) (Thompson: 1980, p. 379). It provided economic justification for treating unwed mothers punitively. For instance it was considered no longer necessary to provide her with financial support, in fact the father was discouraged from taking any responsibility and the mother and/or her family had to bare the entire financial burden of rearing the child. The separation of single mothers from their infants was encouraged in order to keep mothers working and reduce the number of marriages between paupers. The overall intention being to reduce the population of the poor and be a saving to rate payers. Prior to the influence of the Doctrine the father was encouraged to marry his pregnant partner or at least assist
financially with the rearing of his child. The purposeful stigmatisation of unwed motherhood, not so much for moral, but economic reasons strengthened the discourse that unwed mothers were ‘contaminating’ and ‘unfit’ to rear their infants and ultimately paved the way for normalising the forcible removal of infants from their unwed mothers, both in Britain and Australia.

A Discursive Shift

In the Archaeology of Knowledge (1972) Michel Foucault developed the term ‘episteme’, that is the body of knowledge and ways of knowing which are in circulation at a particular moment (cited in Mills: 2003, p. 28). Foucault’s interpretation of an ‘episteme’ is not of a unified body of knowledge, but of a confictive discursive frame ‘which operate across a social body and which interact with each other’ (Mills: 2003, p. 63). The move from one ‘episteme’ to another is not progressive, but sudden and creates discontinuity with the previous ‘episteme’. The Malthusian Doctrine that influenced the Commissioners Inquiring into the Poor Laws provided one such discursive shift. Traditional marriage was based on a promise of marriage after a sexual relationship and was not dependent on being church sanctioned. Initially reforming the marriage customs of the working class was a by-product of the implementation of Lord Hardwicke’s Clandestine Marriage Act of 1753. This had more to do though with protecting the wealth of the gentry as daughters of wealthy families were forced into marriages because of a supposed promise, and the Act was implemented to protect them or rather their family’s fortunes. However the poor were also affected and were now forced to participate in church weddings where prior to they were often considered married and their subsequent children legitimate through a simple ceremony declaring their commitment to each other in front of relatives and friends (Meteyard: 1980).

The New Poor Law implemented in 1834 was directly targeted at changing and regulating the marriage and sexual customs of the poor, with devastating outcomes for mothers. It was not only mothers the Commissioners regulated, but the magistrates and the Civic Fathers who were in the habit of enforcing young men to honour their commitment to marry:
The pursuit of the father is still considered a matter of duty by the parish officers, and there are so many interests in support of the continued practice that we must expect that [for a time] it will be continued (First Annual Report of the Poor Law Commissioners (First Annual Report): 1835, p. 34).

The Malthusian doctrine provided a social space for a discursive shift to occur that was constituted of several key themes: the poor will devour all the resources and the rich will starve; mothers who suffer will be deterred from reproduction; pauperism is not only contagious, but inherited via environment and finally interference in the private lives of the poor is justified to stop the proliferation of pauperism and all its accompaniments: crime, delinquency and ‘improvident’ marriages. Prior to 1834 it was not unusual for single mothers to be assisted by a wide assortment of people. Crawford (2008, p. 6) citing records from the London Foundling Hospital states: “landladies, friends, neighbours, and charitable individuals might all assist the single mother and her infant [but], if a mother was completely destitute, or her family was, and/or she was without a social network, she would lose her infant”.

However, as Foucault explained, there is not a ‘unified body of knowledge’ across a discursive frame, but conflicting discourses that interact and this is apparent in the testimony of the evidence given to the Poor Law Commissioners and reported in their Annual Reports. The lay discourse is apparent in the narratives of the mothers and their actions and in articles and cartoons in newspapers. For instance in the magazine Punch (Punch Pencillings: 1843, Jan-June, p. 47, No LXII) a cartoon titled ‘The ‘Milk’ of Poor Law ‘Kindness’’, depicts a merciless old workhouse matron violently ripping an infant from its grief stricken mother’s arms.

Artists: Kenny Meadows
EbeneezerLandells

Marriages between ‘paupers’ burdening rate-payers.
According to Murdoch, (2006, pp. 4-5) ‘a common theme in popular representations of the New Poor Law was the suffering of poor parents forced to part with their children’. The negative publicity was countered by the ‘elite’ who articulated the developing institutional discourse. Lord John Russell, Principal Secretary of State for the Home Department, pronounced: “Counter to the negative publicity in the newspapers regarding the New Poor Law, it is needed to rescue the character of the humbler classes of this country from degradation, and the property of the more wealthy from destruction” (cited in Third Annual Report of the Poor Law Commissioners (Third Annual Report): 1837). The clergy and the Civic Fathers that testified at the Inquiry into the Poor Laws provided further evidence of the institutional discourse. They described the sexual habits of the poor as “vicious” and “immoral” and in need of “rehabilitation”. The custom of sex before marriage was described as an impending burden on the ratepayers and the reproduction of more paupers.

The New Poor Law was both feared and hated by the working class; particularly, the bastardy clauses (First Annual Report: 1835, p. 32). In its attempt to curtail surplus population, the government succeeded in causing untold misery and destitution to the most vulnerable in the community: mothers and infants. Another effect of the Law was that by classifying single mothers as able-bodied they were expected to support both themselves and their infants, even while nursing, without help from the father. This forced many poor women into the workhouse where they were separated from their children, only accessing them to feed. If they left their child to find work their infant could be hired out to a wet-nurse and later apprenticed. The underlying theme was that the mother, and poor parents generally, were a source of contamination and to save the child from pauperism familial ties had to be broken.

The principal founders of the New Poor Law, Nassau Senior (1790-1864) an Oxford economist and Edwin Chadwick (1800-1890), Jeremy Bentham’s former secretary, drew on Bentham’s model for panopticon penitentiaries as they conceptualised the new workhouses as places of strict surveillance, discipline and classification. It was not only mothers and infants separated in the workhouse but, entire families.
The Malthusian Doctrine

Dr. Thomas Malthus (1766-1834) a political economist believed that unless family size was regulated global famine would ensue (1798, p. 60). His theory influenced such notables as Sir Charles Darwin who stated in his autobiography: “In October 1838 … I read Malthus on Population, and being well prepared to appreciate the struggle for existence … I had at last got a theory by which to work” (Darwin: 1887). Darwin influenced his cousin Sir Francis Galton (1822-1911) and both influenced Herbert Spencer (1820-1903) who coined the term ‘Survival of the fittest’ (1864) and was labelled the father of Social Darwinism (Spencer: 1864, pp. 444-445). All of whom set the ideological foundation for the ‘pseudo science’ of Eugenics, so named by Galton in 1883.

Malthus advocated welfare reform (late 18th early 19th century) as recent Poor Law amendments provided an increased amount of money, depending on the number of children, to poor families (Malthus: 1798, pp. 26-29). This he feared would lead to an underclass that would devour all the resources. Malthus studied the population explosion in the US and concluded that the abundance of land and resources, and the early marriage of its citizens, had caused the population to double every twenty five years (Malthus: 1798, p. 7). His essay warns the wealthy that unless the reproduction of the poor is controlled by the use of ‘misery and vice’ (vice equated with punitive measures), the rich in England would become poor and the country so overpopulated that millions would starve (Malthus: 1798, pp. 33, 60; Roberts: 2002, p. 80). He believed that the population of Native American Indians was kept in check because of the ‘hardships and suffering’ experienced by their women ‘who lived slave-like’ in relation to men (1798, p. 14). His theory, therefore, advised introducing measures to stop or delay marriages between the poor and to create ‘hardships’ for poor women. He believed punitive measures to be the key to regulating population (Malthus: 1798, pp. 13, 31).

Malthus’s recommendation for causing misery to women to control their reproductive behaviour is apparent in the 1834 Report of the Inquiry. The Report
claimed single mothers were abusing the system of poor relief, and that providing financial assistance only encouraged ‘improvident marriages’, or marriage between the very poor. Hence the production of more paupers that burdened taxpayers (The Inquiry: 1834, Part I Sec 4, 8, Part II, Sec 1, 3, 4; Meyer: 2005, p. 243). Malthus’s law of population called for what he labelled, ‘prudent marriages’, or marriages between people of means who would limit their number of children (Malthus: 1798, Ch. 4 & 9). This meant that the poor should not indulge in ‘early marriages, not marry at all or marry later in life and have no, or very few children’. The measure implemented by the Commissioners to achieve this was to put the entire burden of rearing a child on the unmarried mother and her family. Prior to the implementation of the New Poor Law, there was a societal expectation that the father would either cohabit with, or marry his pregnant partner. After, there was no such responsibility which left many women abandoned and vulnerable. As Vives had influenced the formulation of the Old Poor Laws Malthus’s Doctrine influenced the formation of the New Poor Law.

The plea to be industrious and provident was a moral argument centuries old, but according to Roberts (2002, p. 80) Malthus’s Doctrine was one of the economic theories ‘that placed the old arguments of moralists on the sturdy foundation of economic theory’.

The Poor Law Commissioners had particular goals: the employment of males and females deemed ‘able-bodied’, the establishment of ‘pauperism as a disease of society’ and ‘reduction of paupers’ to protect resources such as food and water (The Inquiry: 1834, Part I Sec 4, 8, Part II, Sec 1, 3, 4; Webb: 1928). In summary, Malthus’s ideas were reflected in the New Poor Law by imposing cruel measures on poor women. The objective being a decrease in the population of those who may have become dependent on the assistance of the rate payer (Malthus: 1798, pp. 13-14; Crawford: 2008; The Inquiry: 1834).

The Report devoted a section to Bastardy. Bastardy was explained as ‘the support of illegitimate children, the relief afforded to their mothers, and the attempts to obtain the repayment of the expenses from their supposed [putative] fathers’ (The Inquiry: 1834, p. 27). This was the section that had the most direct
impact on the lives of the poor. It sought to impose upper class values on working class gender relations.

The New Poor Law and the Civil Response

After the New Poor Law was implemented in 1834 every six Parishes were joined together to form a Union which was administered by a national leadership: The Poor Law Commissioners. Several wealthy citizens in the Parish known as Guardians were appointed to run them. The Guardians served the interests of ratepayers, not the poor, regarded poverty as a moral failing and supported and carried out harsh treatment on them. Every Union was expected to have a workhouse. A system of out-relief (financial benefits) was abolished, hence families were broken up and the destitute without family support were forced to go to the workhouse.

[We] observe that the practice which was at one time almost universal, of dealing with the mothers of bastard children differently from other paupers, is rapidly giving way … We entertain a confident expectation that Guardians will soon see that the workhouse is the proper place for the mothers of bastard children, who fail to support [them] (Second Annual Report: 1836, p. 15).

Mothers who had a solid family network to fall back and/or could support their child were not relegated to the workhouse. Hence it was economics not morality that was at the heart of the new Poor Laws.

The Infant Poor
After the implementation of the new Poor Law annual reports were issued by the Poor Law Commissioners. The Reports most often referred to the new Law’s impact, in particular the decrease in ‘improvident marriages’, the resultant savings to the rate payer and the improvement of the morals of the ‘lower classes’ (First Annual Report: 1835; Second Annual Report, 1836; Third Annual Report: 1837; Fourth Annual Report: 1838).

Working class women did not accept the changes to their marriage customs without fighting back. They complained about the harshness of the Law’s regulations and the negative impact it had on their lives. It was reported that out

Of the 50 or 60 mothers of illegitimate children ordered into the House only two or three have presented themselves for admission (Second Annual Report: 1836, p. 281).

Many were taken unaware by the new Law. One unwed mother went into the workhouse with her illegitimate child aged five months. After only staying three days, she left stating she would not have come in if she had known she would not have been allowed to swear [affiliate] the child (Second Annual Report: 1836, p. 265). Another stated:

Isn’t it necessary to swear to the father [affiliate] nor nothing … I know we must all go into the workhouse now if we have relief, but won’t there be any taken of the father. The overseer replied, ‘No’. [She responded]: Dear me, then it will be a great caution to young girls now how they behave (Second Annual Report: 1836, p. 268).

The social unrest stirred up by the New Poor Law resulted in changes to the legislation. According to Higginbotham (1985, p. 19) the clauses in the section of the Act on bastardy ‘were unpopular and contentious’ and were diluted in 1839 by an Act (2 & 3 Vic. c. 85) which allowed affiliation claims to again be heard by local magistrates at Petty Sessions. The clause was replaced by a further Act in 1844 (7 & 8 Vic. c. 101) which enabled an unmarried mother to apply for an affiliation order against the father for maintenance for herself and her child, regardless of whether she was in receipt of poor relief.
‘Bastardy leads to marriage’

Several clergyman noted that before the new law was introduced it was not unusual for a bride to be pregnant and without shame (First Annual Report: 1835, p. 33). In fact it was reported that ‘9 out of 10 young paupers were pregnant’ when walking down the aisle (The Inquiry: 1834). The Clergyman at Bulkington, in Warwickshire, stated: “Not less than 19 out of every 20 [young women getting married are pregnant]”. The Clergyman at Beckenhill, in the same county, said that “it precisely corresponded with my experience in my own parish”. At Nuneaton, the solicitor to the parish reported that “17 out of every 20 of the female poor getting married were far advanced in pregnancy” (The Inquiry: 1834, p. 96).

The altar is to us heretofore disgraced by the appearance of a woman to take upon her the solemn obligation of matrimony in the last stage of pregnancy (Rev Thomas Pitman, cited in Second Annual Report: 1836, p. 15).

Research has confirmed that at least one-third to one half of young women were pregnant when marrying (Meteyard: 1980). The evidence published in the various reports reveals that traditional marriage, which included bridal pregnancy, was accepted by the working class as a whole. For instance it was discussed that parents encouraged intercourse between their daughters and their partners with the expectation that marriage would follow (The Inquiry: 1834).

The Reports noted that unwed mothers had no shame in filling out the affiliation papers (The Inquiry: 1834, p. 93) and that they were not subject to stigma from either their family or others in their neighbourhood. Nor was having an illegitimate child a ‘deterrent to potential husbands’ (1834, pp. 74, 94). The lack of stigma was attributed by the Commissioners to result from parish aid:

Thus in Cumberland, the daughters of farmers sometimes claim such allowance, or it is claimed by their fathers, and deducted out of their payment of poor rates (The Inquiry: 1834, p. 74).
Much of the testimony cited by the Commissioners was that the parishes no longer paid the mother any relief nor did they compel the father to marry the mother (First Annual Report: 1835).

The woman will not be deceived by promises of marriage which she has not the power of enforcing through the agency of the parish officers (Second Annual Report: 1836, p. 261).

Many of the testifiers boasted that after the implementation of the New Poor Law, pregnancy was no longer ‘a passport to marriage’ (First Annual Report: 1835, p. 33; Chairmen of East Ashford Union and Faversham cited in the Second Annual Report: 1836, p. 200). They opined that pauper marriages conducted because of bridal pregnancy would undoubtedly lead to the newly weds applying for financial assistance, but with the implementation of the new Act the onus was on parents of the mother, not the father, to support the child (First Annual Report: 1835, p. 161).

The Civic Fathers knew that changing customs was not going to happen overnight and the stigmatisation of out-of-wedlock pregnancy would take considerable effort on their part:

Now the [grand]parents find they must take care of the bastard or let their child go to the workhouse, they take more care of their daughters … This is a part of the Act which must require time to develop its effects, and it will take effect principally on the generation now growing up. The females will find that being pregnant is not the way to get married (Second Annual Report: 1836, p. 199).

Testifiers reported that:

The recommendation of the Commissioners of Inquiry that the remedy against the supposed father should be abolished altogether has been partially achieved by making proceedings against the father expensive and difficult [and was] deliberately established by the Legislature.

The express intention being that the difficulties would substantially decrease marriages between the poor (First Annual Report: 1835, p. 222).
It was expected that eventually the bastardy clauses would fall into ‘desuetude’ once more workhouses were built (Communication from Lord John Russell cited in the First Annual Report: 1835, p. 223). When parishes cut off outdoor relief [Benefits] to single mothers and forced them to seek sanction in the workhouse they did so reluctantly, staying only short time. They were only able to leave if they had the financial support either of the father or her family (Mr. Day, Assistant Commissioner, letter to the Commissioners: Thomas Lewis, John Lefevre and George Nicholls cited in Fourth Annual Report: 1838, p. 15). Unfortunately, for unwed mothers, out-relief previously given to grandmothers, prior to the introduction of the new Poor Law was cut as well; therefore their capacity to assist their daughters was curtailed (Fourth Annual Report: 1838, pp. 15-16).

Since a single mother was classified as able-bodied she was expected to work and as such did not have ready access to her infant even if she stayed in the workhouse. Even nursing mothers were separated from their baby. The level of interaction a mother had with her child depended on the workhouse manager. The First Annual Report stated that nursing mothers should have reasonable access to their babies (First Annual Report: 1835, p. 61), but that was discretionary and not always adhered to. The infants had their own ward and mothers had access only to feed them (Third Annual Report: 1837, p. 23). Workhouse life was regulated by the ringing of a bell and it was often only at meal times that family members came into contact and then they were forced to sit in silence (First Annual Report: 1835, p. 61). If the mother left the House without her child it would be classified as being ‘deserted’. The Guardians then had the power to either adopt or board-out the infant, to a location unknown to the mother. This was deemed to be in the child’s best interest as contact with the mother was considered disruptive (First Annual Report of the Poor Law: 1835, p. 61).

The elite construed pauperism as a disease in need of eradication (Fourth Annual Report: 1838, p. 140). Therefore forcibly taking a child from its poor, unwed mother was justified on the grounds that it would no longer be an outcast, ‘despised, contaminated and contaminating’ (Fourth Annual Report: 1838, p. 146).
A child should not be degraded in his own estimation by being a member of a despised class (Fourth Annual Report: 1838, p. 145).

Removing a child from its mother was no longer just about training it to become an industrious citizen, but it was now about ridding society of a particular class of persons by assimilating them into another (Fourth Annual Report: 1838, p. 146).

If the children are not separated and the use of correct discipline a great number of the children would acquire the habits of hereditary paupers … a mass of hereditary paupers could not fail to prove a demoralising leaven which would corrupt society and by its vicious influence vastly increase the charge which the public would sustain in relieving the indigence of an enervate, vicious or turbulent race, and in protecting society from their assaults (Fourth Annual Report: 1838, p. 144).

The Commissioners’ intention though, was not only to use the bastardy clauses and child removal as a punishment for mothers and their families, but to intimidate other young woman in the district to conform, their comments on a mother who was sent to the workhouse elucidate this:

There are several others, living in the same row of cottages with this woman, whose conduct is more orderly and decent than it has ever been before (First Annual Report: 1835, p. 161).

Mothers may have escaped the workhouse and kept their infant but, that was no guarantee that in the future their children would not be rounded up and placed in a school for ‘training’. Single mothers were consistently targeted by the Civic Fathers and later upper-class Female Reformers. Children as young as two could be taken:

In the infant school (ages 2-6) the child is separated from the contaminating influence of the street or lane in which his parent resides. He no longer wanders about, to contract filth and vice, his passion, under no wholesome restraint or guidance (Fourth Annual Report: 1838, p. 151).

The impetus for forcibly removing children was inherent in the class system in Britain. The vagrant and the destitute had already been subjected to legislation that authorised the removal of their children. The Malthusian doctrine gave the Poor Law Commissioners the ideological foundation to justify the removal of an even
larger pool of poor children. In this period of time the push was to place the majority of ‘pauper’ children in schools. The fostering of infants was considered too expensive and hard to administrate and was mainly utilised for ‘illegitimate’ infants, but the ideological foundation for the expansion of child-removal was established. The old system of apprenticeship was considered costly and unsuccessful: ‘The pauper apprentice and the juvenile vagrant were, under the old system, brethren of the same class; outcasts: neither trained by frugal and industrious parents, or by a well devised system of public industrial instruction’ (Fourth Annual Report: 1838, p. 145). Even the workhouse school came under attack:

A child brought up in a workhouse under the former system has been brought up in listless idleness, or useless and inappropriate work, to which males and females congregated within the House … without any means being used to teach it how to earn its livelihood, or to rear it in the habits of performing its duties

and the cost of then having to apprentice this ‘dull, listless child’ was considered prohibitive (Fourth Annual Report: 1838, p. 145).

All that needed to happen to popularise boarding-out was for the Industrial school system to be considered too expensive and a cheaper system of providing education to poor children. It is probably no accident then that in the same year the Education Act was introduced in 1870, and pauper children could be educated in the community that the first formal regulations were implemented for the boarding-out of pauper children.

The New Poor Law Paves the Way for the Boarding-out System

By 1840 the number of children living in workhouses was considered excessive, estimated at being 64,570, this prompted the administrators of the New Poor Law to examine the consequences of offering relief to children and to propose modifications (Pinchbeck & Hewett: 1973, p. 500). It did not cause them to rethink their attitudes to poor parents and try and assist them to retain their children. Instead education was promoted as the strategy that would assist both legitimate and illegitimate children and significantly that they had to be removed from all parental...
contact and as young as possible to ensure they ‘may have not yet contracted any of the taint of pauperism’ (Fourth Annual Report: 1838, pp. 145-146).

In the Fourth Annual Report the guardians were reminded that they stood in loco parentis of workhouse children whose relationship with their own parents was terminated. It was also stated that educating children, both legitimate and illegitimate was, ‘One of the most important means of eradicating the genus of pauperism from the rising generation’. It was believed to be the only way that the State could be protected from this class of children. There was always the apprehension, even though the workhouse inmates were to be segregated, that children may come in contact with adult paupers and be contaminated, especially their own parents. In fact in 1857, the guardians of Leominster adopted the boarding-out system for its orphans ‘as a means of rescuing them from the mixed workhouse’ (Pinchbeck & Hewett: 1973, p. 520). There was repeated concern in evidence given to the various Royal Commissions that the workhouse did not act as a deterrent to children brought up in it and that many who had been disconnected from their families saw it as the only home they knew. So when unemployed they would immediately return to the House as was their custom in old age, because it was the only place they had to find shelter.

Another concern was that the workhouse did not provide adequate training, particularly for girls. Girls needed a home to learn to be wives, mothers and housekeepers, it was they ‘who least benefited from being institutionalised and never experiencing social bonds with kin’ (Fourth Annual Report of the Poor Law: 1838, p. 60; Third Annual Report of the Local Government: 1874, pp. 343-344). Boarding out was implemented in Cheshire in 1853, Warminster Union about 1849; in Sandbach about 1852; and in Ringwood in 1857 as an alternative for pauper girls (Fundacion Emmanuel: 2003). Pinchbeck & Hewitt (1973, p. 520) note the ‘revival of the boarding-out system was prompted by a concern to protect young girls’.

The implementation of the Education Act of 1870 meant that the Guardians could now send out pauper children to schools in the general community and there was a shift in thinking that education alone was not enough to stem the flow of pauperism. There was a move from the 1870s on towards training children in domestic settings (Murdoch: 2006, p. 66), such as family cottages, and in individual
homes provided by the boarding-out, and adoption schemes. This led to further legislation being implemented that further reduced the rights of poor parents over their children.

**Royal Commission into the Administration of the Poor laws in Scotland 1844 (Royal Commission)**

The elite in Scotland followed their English colleagues with respect to the treatment of single mothers and their infants. If any of the testifiers giving evidence at the Royal Commission (1844) stated they were assisting single mothers they were derided by the English who oversaw the Inquiry. At the time of the Commission it was usual for illegitimate children to be taken from their mothers and boarded-out (Royal Commission: 1844, pp. 42-43, 341). For instance when asked if the “mothers of illegitimate children are receiving out-relief”? The response was either “not a great many” (Royal Commission: 1844, p. 15) or the more usual:

None, it has been wholly rejected hitherto (p. 341) … It is the greatest difficulty … that comes before us …. [we] resist their cases in toto; and we do so, till perfect destitution forces them upon us … if we think they can go on, we refuse them altogether; but if they have neither house, nor home, nor means, are perfectly helpless and destitute, exposed to be taken up by the police, and forced to fall on the house of refuge. If we find such cases, we take them up because they are then in the most abject condition (Royal Commission: 1844, p. 41).

These mothers were described as ‘the most miserable that apply’ for relief. They ‘are generally … without any to countenance them’. When asked why they treated the mothers in this manner the reply was: “We think if we did not show a dislike to their mode of life, we might be the means of increasing the evil” (Royal Commission: 1844: p. 42).


Discussing the removal of illegitimate children, Sir John McNeill, Chairman of the Board of Supervision of the Poor Law Board of Scotland, before the House of
Commons Committee stated: “Ultimately they melt into the population, so that you cannot find a trace of them” (cited in Henley Report: 1870, p. 10).

We wish to assimilate the children to the condition of the people of the country with whom they board (McNeil cited in the Henley Report: 1870, p. 44).

The Committee of the Parochial Board of St. Cuthbert’s Edinburgh (1852), (cited in the Henley Report: 1870, p. 9) criticised the Industrial school because it “cannot altogether eradicate the stigma of pauperism”. Similarly to their English counterparts they stated that children brought up in the workhouse were said to look upon it “without shame or dislike as it was the only home they had known” (Henley Report: 1870, p. 27).

It was unanimous that for the success of the boarding-out system children would be sent out an early age: ‘They are even sent out to the breast’ (Henley Report: 1870, p. 14). The removal of the children was supposed to be with consent of the mother, but this is contradicted by evidence: “From the annoyance which these mothers gave to the persons with whom children were boarded, as soon as they discovered their whereabouts, a difficulty was found in getting respectable people to undertake them” (Inspector Govan cited in the Henley Report: 1870, p. 33).

There were concerns that the boarding-out system was not being properly supervised because of reports that children were being abused in their foster homes (Henley Report: 1870, p. 14, p. 17). For instance children were fed poorly (pp. 16, 18, 25, 32) received harsh treatment (pp. 18, 19, 32); too many children boarded in one home (children taken in as a business enterprise) (pp. 26, 31, 50); boarded with unfit persons (p. 50) and kept in a filthy state (p. 50). The abuses inherent in boarding-out were already being flagged, but the ideology of ‘stemming pauperism’ was so well entrenched, that nothing was done to change the system.

The importance of careful selection of foster parents and of adequate supervision was considered the ‘keystone of the whole edifice’ (Henley Report: 1870, pp. 16-17). Evidence was given by some witnesses that they preferred non-relatives as the children could be “divested … from local association and their own
acquaintances, so as to begin a new life” (Henley: 1870, p. 17). The country was preferred to the city as it lessened the opportunity of ‘contamination of low associates’ (Henley Report: 1870, p. 15). Commissioner Henley took testimony from two former foster boys who stated they had been starved, but were too afraid to speak up (1870, p. 16). In a later Report the inability of abused children to speak out was acknowledged as a frequent occurrence (Mundella Report: 1896, pp. 161, 565).

The hiding of children as a form of social control of the poor is a recurrent theme:

> We find in the case of deserted children that boarding-out has the effect of often making the parents return and claim their children; they are satisfied as long as they know where they are, that is in the poorhouse, but if we remove and board them out, and they do not know the locality, they often return and claim their children (Henley Report: 1870, pp. 34, 47).

Overall the majority of children were not boarded-out with strangers. The Scottish system was more a cottage system usually managed within a female headed family, such as a widow or a relative of the child (Henley: 1870, pp. 131-141). Generally between four to six children were boarded in the same home. The worst failures of the boarding-out system in Scotland were in Kirkintilloch, and Arran where the children were taken in by strangers (Henley: 1870, p. 52). The inhabitants took the children for profit and put them to work. The children were dumped into a country setting where they were ‘compelled to take any house offered’ (p. 22). They were placed with non-related married couples and many children were sexually and physically abused. Unfortunately boarding children with complete strangers was the model later adopted by the English.

**Boarding Out in England**

The Poor Law Board commissioned Mrs. (Jane) Nassau Senior (1828-1877) to report on the education and training of pauper girls. She claimed that girls, “brought up in the workhouse were extraordinary difficult to place into service and the boys were rejected because they were stunted in size” (Pinchbeck & Hewett: 1973, p. 518). She made a recommendation therefore to expand the boarding-out system with foster-care used for infants and the cottage system for children (Pinchbeck & Hewitt: 1973, pp. 518-519). Senior’s Report according to Murdoch (2006, p. 54) was significant because it ‘offered official condemnation of the large
barrack district and separate schools … and it gave authority’ to such models as cottage style and boarding-out in private homes.

The workhouse system and industrial schools proved unsatisfactory with many former inmates returning as adult paupers to the house. An official government inquiry found that 50% of the girls brought up in the workhouse failed in later life, either they could not get a job or they got pregnant (Fundacion Emmanuel: 2003). The ground swell was growing to expand the foster care system. In 1861, Hannah Archer, wife of a Guardian and Chairman for many years of Highworth and Swindon Board, published a pamphlet claiming young girls should be withdrawn from the workhouses because they were not trained nor were they fit for service. It was now accepted that girls needed to be in a family situation, ‘to fit them for a life of subservience’ (Pinchbeck & Hewitt: 1973, p. 520).

Mrs. Archer, an elite reformer, asserted her place in the public sphere stating: “Let us, then, no longer sit idly by, and allow men to take the sole or chief management in the education of destitute children, of whose needs they are not the most competent judges. Let us come to the rescue of the little ones” (Fifth Report of the Windermere Boarding Committee for Boarding-out Pauper Children: 1879). The Reformer’s activism resulted in an Association for the Advancement of Boarding-out being started in 1885 (Pinchbeck & Hewitt: 1973, p. 532). This in turn led to acceptance of the boarding-out system and a drive to expand it in the late 1800s. ‘Elite’ women saw the system as an area in which they had far more expertise than men and where they could achieve equality in the public sphere (Fundacion Emmanuel: 2003). In short these women sought to find a place in the public sphere by a ‘reorientation of expertise gained in charitable work applied to state programs’ (Murdoch: 2006, p. 65).
Dep artment Committee to Inquire into Systems for Maintenance and Education of Children under Charge of Managers of District Schools and Boards of Guardians in the Metropolis (The Mundella Report): 1896, The ‘Ins and Outs’

The majority in society believed that institutions housed only orphans or deserted children. This was not the case as many children had parents who left them only for brief periods in times of hardship (Murdoch: 2006, p. 49; Mundella Report: 1896, p. 87). These were referred to as the ‘Ins and Outs’ and were most often the children of single mothers. Middle class reformers had great distain for this class of paupers (Mundella Report: 1896, p. 570).

It is apparent … a majority … are taken from the workhouse … oftener by the mother than by the father. As a great many of these children are illegitimate, association with the mother in such cases can seldom be otherwise than injurious to them (Twenty-first Annual Report: 1868-1869, p. 99).

There was a push by Reformers to extinguish all ties with their mothers ‘rendering them de facto orphans’ (Murdoch: 2006, p. 52). The Reformers noted that already under the Industrial Schools Act (1866) school managers had the power to license out and apprentice children from their schools without the consent of the parents. Even emigration or enlistment was permissible unless the parent could show their fitness. Workhouse guardians wanted to have their powers extended to the same degree as the school managers (Mundella Report: 1896, pp. 84- 85).

Murdoch (2006, pp. 52-53) states that attacks on the rights of parents [mothers] by child welfare workers became more strident in the 1870’s. One such welfare worker was Elizabeth Mason who had originally worked with ‘Waifs and Strays’, an organisation run by Dr. Bernardo, whose testimony at two Inquiries provides unique insights into the morals and values of her class.

In November 1885 Mason was appointed by the Local Government Board to be their inspector of children boarded-out beyond the Union. She was the sole inspector for this branch of Poor Law administration for England and Wales (Mundella Report: 1896, p. 97). Mason speaks of the need to employ only women as
inspectors of boarded-out children: “I should say that women could better inspect than men” (Mundella Report: 1896, p. 97). Upper and middle class women were to form Boards, their duty being to visit fostered children to ensure that they were not being ill treated. However in her evidence Mason recounts many instances of children being beaten, starved, maltreated and taken for making profit, yet she maintains that it is the “best system available for children”. Her focus was on curbing pauperism, particularly among children of single mothers or those described as the ‘Ins and Outs’ (Mundella Report: 1896, p. 570). She believed they should be permanently removed, fostered and placed in a location unknown to their mothers (Mundella Report: 1896, p. 570). Members of the Mundella Committee asked Mason to testify if she found any cases of cruelty, she replied:

Yes, a good many … I found a boy with his shoulders completely covered with bruises; and the year before I found this same boy and another in a different and a very dirty home … they were then covered with bruises, they were in rags …The [boarding-out] Committee moved them on my representations and put them in another home where I again this year found the boy covered with bruises … If you ask me whether they beat them I can tell that I found a good many children severely beaten and bruised … I found a little boy … whose toes looked as if they would come off, from raw chilblains. It is very seldom I go a month without finding an ill-treated child, a really ill-treated child (Mundella Report: 1896, p. 565).

Mason was asked why the children would not report ill-treatment. She replied “No the child will never say. The more a child is ill-treated, the less it will tell you” (Mundella Report: 1896, p. 565).

Mason was critical of some of the non-governmental institutions that were engaged in boarding-out, both for lax inspection and failure to appropriately regulate their boarding-out system. For instance she accused Dr Bernardo’s of overloading one supervisor with the task of inspecting more than 2,000 children. This she claimed was: “Impossible – to be efficient, to really supervise them” (Mundella Report: 1896, p. 564). She criticised Waifs and Strays, the organisation she had previously been associated with for not ensuring regular inspections or being subject to the same stringent regulations imposed on the Guardians by the Local Government Board. The Commissioner noted that representatives of the Waifs and Strays organisation in
their evidence stated that they always had plenty of applicants for foster children. Mason responded that this was the result of having so few regulations imposed on foster parents. Who, she asserted, “Benefited more from having the children, than the children had by being fostered” (Mundella Report: 1896, p. 566).

Working class mothers did not like the boarding-out scheme: “They do not trust [it]. …They regard it, on the whole as a means of gain to a foster parent. The children are a species of lodgers” (Mason cited in Local Government Board Eighteenth Report Appendix B: 1889, p. 158) (hereafter: Local Govt. Board: 1889). Even though Mason acknowledges all the problems in the boarding-out system she continues to perceive it as a place for women of her class to be on the same professional footing as men. For instance she acknowledges that “Boarding-out [has become] so popular a hobby … there is much disposition to over look unsatisfactory facts” (Mundella Report: 1896, p. 564).

The push to expand boarding-out also came from Boards of Guardians. For instance the Guardians of the Eton Union attacked both the workhouse and district school system. They had established that 40% of the children placed out as servants or apprentices from the workhouse, during the years 1858-1861, were incapable of doing what was required of them and had consequently been sacked. They adopted the boarding-out system, trialled it for three years and then concluded that what children lacked was the natural experiences of family life. Providing for children with strangers was considered a form of out-door relief by the Poor Law Board, but the Board refused to give out-door relief to destitute single mothers to nurture their own children (Victor: 1970, pp. 8-10).

The main thrust of the evidence and the recommendations of the Mundella Inquiry was to pressure the government to give more power to the Guardians to remove children from ‘vicious parents and habitual paupers’ and to board them out (Mundella Report: 1896, p. 83). Even though Mason stated that many of the children she visited would have been better off, both morally and physically, in a workhouse school rather than placed in private dwellings. She was also insistent that it could not be taken for granted because they expected foster-carers to make the children part of their family that they in fact would. She urged the need for constant supervision as
“the care of the child depends on the whole on the kindness of the carer” (Local Govt. Board: 1889, p. 157).

Last year I pointed out the worse than uselessness of asking children questions as to their treatment as to whether they wish to be removed or not. Nothing is easier than for foster parents to terrify and make them cry by drawing pictures of the places to which they will be sent if removed (Local Govt. Board: 1889, p. 161).

Mason went on to discuss what foster mothers themselves thought of leaving the care of their children to strangers:

I have asked many mothers whether, if they had to leave their own children orphans, would they like them to be boarded-out, and I have never yet heard any one answer in the affirmative … I have much difficulty in avoiding the hearing of tales from foster parents about each other, and to how the committees are deceived by them … One of the best foster mothers said to me, ‘I would rather see my own child in her grave than boarded-out’ (Local Govt. Board: 1889, p. 158).

There were accounts of money being spent by foster carers on themselves and not on the children, both from neighbours of the foster-carers and from former foster children. Mason described instances where foster-parents showed a strong dislike for the children, yet the lady visitors had not noted it and she concluded either they had not given adequate supervision, or had been tricked by the foster-carer (Local Govt. Board: 1889, p. 158). Mason described most of the foster parents as being kept off the poor rolls themselves by taking in the children and often had other lodgers staying there, and many of the children sharing sleeping arrangements with their carers. It was obvious that boarding-out children in the main was done for financial gain, not only of the foster-carers, but for rate-payers of particular Unions, as Mason explains:

Those numerous cases where the foster parents have not even out-relief to depend upon, have no means of subsistence, but the children’s payments, and are apparently kept off the rates of one Union by the payments intended for the children of another (Local Govt. Board: 1889, p. 160).

Often individuals of influence would get children placed with their relatives to afford them a financial gain, hence Mason comments: “The benefit of the children
themselves is not always the primary object of boarding them out, and that a great majority of the foster parents take them for the sake of profit” (Local Govt. Board: 1889, p. 160).

Even with the testimony highlighting grave abuses in the boarding-out system the consensus of testifiers at the Mundella Inquiry was: “Most of the parishes would welcome additional powers in separating the children from thoroughly dissolute parents”. Interference of parents when children were taken and placed out to service was considered a grave problem. “The absence of any power of control is often keenly felt by Guardians when they have placed out children in good situations. Vicious parents too frequently step in and do serious injury to the child” (by wanting to reclaim them). Miss Twining, heiress to the tea empire, quoted the matron of a home she ran: “I only wish all the girls were foundlings, that way they do not have mothers interfering when the children are placed in good situations” (Mundella Report: 1896, p. 84).

Criticisms by persons such as Professor Fuller that boarding-out would encourage ‘vicious parents’ to rid themselves of their children was countered by evidence given from experiments overseas where is was claimed that: “On the contrary the threat of depriving parents of their children would inspire them to be better parents” (M. Loys Brueyre, ‘Chef de la Division des Enfants’, Department of the Seine cited in Mundella Report: 1896, p. 85). A report from the Victorian Department of Industrial and Reformatory Schools, Australia, was offered as evidence of the success of hiding children as a deterrent to other pauper parents not seen to be doing their duty.

In the Colony of Victoria, where all children are boarded-out [as opposed to being institutionalised] they are placed at a distance from their parents, who are kept in ignorance of their location. This stimulates the endeavour on the part of respectable parents to provide a fit home for them … if on the other hand, the parent’s character is bad, if no reform takes place they are never made acquainted with the child’s address … If at the age of 18, when supervision ceases and his earnings are handed over, he desires to contact his parents then the address, is given him, if available, but with proper advice and caution (Mundella Report: 1896, p. 86).
The Report acknowledged that this practice had been followed in South Australia, New South Wales and Queensland (Mundella Report: 1896, pp. 86-87). It was considered that taking infants from their unwed mothers and hiding them was a very effective way to regulate and control their ‘unworthy’ mothers.

This practice was obviously already in use in England as it was stated:

The powers possessed by Guardians of assuming the control of neglected children have sometimes proved to be the means of reforming the habits of parents who, though vicious and degraded, are nevertheless not without strong natural interest in their children … for example … the principle of putting parents on their good behaviour works well.

Briefly, hiding children was considered the ‘real remedy in the revival of parental instincts’ (Mundella Report: 1896, p. 86).

Reformers were aware that boarding-out children to places unknown, particularly emigration, was a cause ‘of great horror’ to parents. Nevertheless it did not stop them because it served the function of saving the tax payer, because a parent would be reluctant to place children, even temporarily, into institutions and was the ‘surest means of social control’ (Mundella Report: 1896, p. 87). For instance the example was given of the Guardians of St. Pancras who found that after advertising the names of the children they proposed to board-out on the door of the church their relatives reclaimed most of them stating: “We do not mind how long you keep them in the school, but we will not let them be boarded-out”. It was assumed that fear of boarding-out stopped parents from ‘cheating us’ (Lidgett cited in Mundella: 1896, p. 94). The State’s preferred child care measure though was adoption because it provided more secrecy and was considered to be the cause of even greater savings because adopters took charge of an infant without payment (Mundella Report: 1896, p. 88).

Miss Florence Davenport-Hill described the system of boarding-out in Massachusetts USA. “If the parent does not keep its child under due restraint and education, and prevent it falling into crime, or becoming a public nuisance in any way or a source of danger or disgrace to the state, it will probably be taken from
him” (Mundella: 1896, p. 86). The Massachusetts System, similarly to the Australian model, was devised to hide children from their parents as a punitive measure designed to control and regulate them. The system, according to Davenport-Hill was:

Adopted in South Australia, and has been partially adopted in Victoria, New South Wales, Queensland and New Zealand. The experience of the Australian Colonies appears to be strongly in favour of giving power to Guardians to board-out all children over whom they are legally entitled to assume control (Mundella: 1896, p. 87).

The recommendations of the Mundella Report was for greater power of control by the Guardians over children maintained at the cost of the rates and any parent ‘whose character or mental deficiency may render them unfit to have control of their offspring’. Any interference by a family member should be a penal offence and that it was to be presumed that ‘Boarding-out gave the best chance of escaping pauper associations and becoming assimilated into the respectable working population’ (Mundella: 1896, pp. 88-89). Certainly in the ensuing decades ahead it was made a criminal offence for parents to try and locate their taken children (see Adoption of Children Acts 1939 & 1965 (NSW).

Boarding-out was seen as the system that ‘breaks their connection with the poorhouse’. Mason acknowledged that whether the foster parents treated their charges well or not they often fell back on the foster home in times of necessity, because ‘they had nowhere else to turn’ (Mundella: 1896, p. 92). All in all boarding-out was considered the cheapest method for bringing up the children of the State. There would be ‘considerable saving of expense which would result from its more general adoption’. It was deduced that the average cost of boarding-out was 13l- whilst the annual cost of a child in a district school approximated 24l-. Further, there was no need to erect a Poor Law School, and whereas a school would have to be maintained and staffed, once the boarded-out child was no longer chargeable the ratepayer’s expense was at an end. It was also presumed that as pauper children were assimilated into the general population, paupers as a class would disappear (Mundella: 1896, p. 93-94).
The assimilation of pauper children into the general community was considered, right from the beginning of the boarding-out experiment, to be ‘one of its most attractive elements’ (Mundella: 1896, p. 99). It is interesting that the proponents of the system did not remark on the need to hide or remove the stigma of illegitimacy, but of removing the stigma of pauperism. Speaking of the benefit of ‘cutting off the entail of pauperism,’ John. McNeill stated:

The children become merged in the labouring classes and that it is only rarely that they re-appear as paupers when grown up. The ‘pauper taint’ disappears for there is nothing in the children’s surrounding to remind either them or their neighbours that they belong to the pauper class (p. 91) ... Although, dependent on the rates, no stigma of pauperism attaches to the child (Mundella: 1896, p. 99).

The witnesses before the Mundella Committee wanted broader powers to remove even very young infants. They complained that children under two could be boarded outside the Unions, but within the Unions not until they reached the age of two. It was explained that infertile mothers often preferred an infant under two and that the regulations as they stood ‘prevents advantage being taken of good homes’ (Mundella: 1896, p. 98).

Finally the ‘child savers’ or more aptly described: the child removers, got what they had been agitating for, the implementation of The Poor Law Act of 1899 (62 & 63 Victoria, c. 37), which allowed the transference of parental rights to the Guardians. Hence under this legislation, if it was determined by the authorities, that the ‘vicious habits or mode of life’ of parents were likely to reflect adversely on the welfare of the child, or if an impoverished parent became homeless, children could be forcibly removed. The Act also provided penalties ‘for assisting or inducing the child to escape from the control of the Guardians’ (Pinchbeck & Hewett: 1973, p.100).

**Conclusion**

The New Poor Law had a profound impact on the lives of single mothers and their children. It changed centuries of customary marriage, and left poor mothers and their children destitute, struggling to survive. It expanded and reinforced a discourse of contagion, constituted of themes such as: unwed mothers were ‘immoral’,
‘vicious’, ‘contaminating’ and that they and their children were a drain on the societal purse. They were seen as spreading moral disease, spawning crime, delinquency and increasing the numbers of a ‘depraved race’. Hence, for the sake of the State they needed to be eliminated as a class, and to do that their children should be taken and assimilated into the ‘industrious class’, where they could be trained for domestic and agriculture work. The Malthusian doctrine gave economic justification for language, practices, processes and ideologies to enter the institutions and justify the forced removal and hiding of infants and children from their mothers. Surveillance and monitoring of unwed mothers was becoming entrenched in welfare systems. The Doctrine influenced the Commissioners who authored the 1834 Report on the Poor Laws and the subsequent legislation so imposing Malthusian principles of ‘misery and vice’ on the working poor. Malthus provided the social space for the eugenic movement to emerge.

As the 19th Century progressed the influence of Female Reformers and their need to find a niche in the public sphere did not enhance the lot of the unmarried mother; it made her seem more of a person in need of control and regulation. The criteria, for who was ‘fit’ to rear their infant, became confounded with ‘middle-class values’ and ‘bourgeois ideals’ of domesticity (Matthews: 1984). The need to ‘train up’ children to be industrious citizens by their assimilation into the homes of people above the status of their own families was given further impetus as the industrial revolution shifted into high gear. The need for cheap domestic help in the service of large households provided further motivation to take children and infants away from their families to be trained to fulfil this function.

The Reformers did not work to assist poor working mothers, but worked against them by agitating to reduce their rights of citizenship as they applied to parent their own children. Their influence expanded the boarding-out programme and set the stage for acceptance of the permanent removal of all ties between mothers and their infants as experienced by thousands of mothers in Australia during the 20th Century, in the social engineering experiment: ‘closed secret adoption’.
CHAPTER 6

Influence of Eugenics on Adoption

Introduction

In the previous two chapters I have argued that the Poor Laws were based upon an assumption that the poor were vicious, a separate race, and ‘unfit’ to raise their children. By the end of the 19th Century, similar sentiments were heard, but in a new language, that of eugenics. This chapter will include a discussion of the development of eugenics in the US. The relevance to this study is that pioneers of Australian social work travelled there to study social casework theory in the early 20th Century. They not only brought back the American based theory, but used it as the epidemiological foundation on which to professionalise social work in Australia. The association with the US was ongoing, and American social workers were brought to Australia to lecture and conduct courses at universities. Social casework was heavily influenced by eugenic based psychiatry and psychology with some of the leading proponents of eugenics giving lectures to social work students. It is therefore unsurprising that the profession was eugenically orientated and created sharp divisions between ‘who was deemed fit and unfit to parent’ which had dire consequences for unwed, unsupported mothers.

The aim of this chapter is therefore to conduct a genealogy of eugenics. Eugenics consolidated notions of racial inferiority inherent in the class system of Britain. Where previously children were removed from their ‘inferior’ mothers and assimilated into a class above their own they were now removed because of feeblemindedness. Hence the notion of racial inferiority was repackaged as mental deficiency. The evolving contagion discourse was broadened so single mothers no longer just bred ‘contaminated’, children, but now they were accused of causing racial decay, even the destruction of the race.

Eugenicists of the late 19th and early 20th Century constructed a link between single motherhood and feeblemindedness, supposedly an inherited ‘inferiority of
mind’ they believed caused pauperism and crime. Once they established the link they
could then offer society ‘scientific’ solutions to prevent what they termed ‘race
p. 76; Kline: 2001, p. 39; Fernald cited in Moore: 1911). Those who adhered to
social Darwinism thought defects were not only passed on to children, but that the
environment interacted with the genes to either enhance or cause their further decay
(Carlson: 2001, pp. 126-127). The solutions proposed in the US were sterilisation,
segregation and ‘scientific’ adoption (Herman: 2000). In Australia the principle of
assimilation, via the removal of the infant to a healthier, more moral environment
utilising the systems of fostering and adoption, was the preferred option (Mackellar:
promoted their social control measures as providing enormous savings to the State as
it eliminated ‘a parasitic underclass’ that was a financial burden on the tax payer
(Ladd-Taylor: 1997; Kline: 2001; Goddard: 1913; Gesell: 1913; Moore: 1911;
Foundation: 1938). The title ‘parent’ was no longer conferred simply by virtue of
bearing children: it was something one had to earn by being ‘fit’ genetically and
socially which was determined by one’s financial independence (Kline: 2001, pp. 2,
30).

Cacogenic studies (deterioration of a genetic stock over time), or studies on
dysgenic families (Goddard: 1913; Dugdale: 1877; Estabrook: 1916; Estabrook &
McDougal: 1926; Davies: 1976, p. 61) were conducted by eugenicists in the US in
the late 19th and early 20th Centuries. The studies produced genealogies of families,
going back a couple of hundred years to their beginnings which supposedly began
with an illicit affair with a ‘feebleminded’21 woman. The resultant birth of an
illegitimate child was then blamed for beginning a hereditary line of ‘prostitutes,
feebleminded children, criminals and degenerates that exerted a great cost on the
State’; not only because of welfare handouts, but because of the economic cost to the
justice system. For instance, one study conducted on the Kallikak family, conducted
by one of the most well known eugenicists in the 1910s, Henry H. Goddard,
described two ancestral trees. One where Martin Kallikak had an affair before

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21 So designated because of having a child outside of wedlock.
marrying and produced feebleminded degenerates that cost the State hundreds of thousands of dollars the other where he married a ‘moral’ woman and produced a line that consisted of doctors, lawyers, judges and those deemed to be of great usefulness to society (Goddard: 1913).

Hence these studies justified the need to remove children subjectively categorised as degenerate for the financial benefit of the State. Dysgenic family histories were widely taught to US social workers in the early 20th Century (University of Albany: 2011) and to pioneers of Australian social work who studied there and who subsequently brought back their eugenic orientated ideology and incorporated it into social work practice here.

**Environmental Eugenics**

According to Rodwell (1998), there are two types of eugenics, hereditary and environmental (euthenics). He claims that hereditary eugenicists endorsed sterilisation and other biological answers to social problems, whilst environmentalists prescribed euthenics which included such things as education and change in the environment to ‘make the best out of bad genes’ and minimise or eliminate social ills. Forced Adoption falls under the euthenics branch of eugenics.

The contention has been that hardline hereditarian eugenicists were anti-adoption, but I would argue that is not necessarily correct. For instance Alexander Graham Bell, eugenicist and founder and director of the Genealogical Record Office (Popenoe & Johnson: 1920, p. 402), requested Paul Popenoe, another hard-line eugenicist to make an examination and report of the records to determine the effect of the environment on heredity in 1916. Of the 669 individuals studied: 100 - namely, one child in each family - lived beyond 90 years, but some 550 of the group, though they had inherited the potentiality of reaching the average age of 90, actually died somewhere around 60. The report, inserted into the last chapter of Applied Eugenics (1920), concluded that five-sixths of the population does not make the most of its physical inheritance. This study caused a shift in the thinking of the two most prominent proponents of eugenics in the US, at the time, who now no longer rigidly adhered to the notion that biological determinism rather than its interaction with the
environment was the only determinant of one’s outcome of potential. The environment was now perceived as being crucial for getting the most out of one’s genetic potential (Popenoe & Johnson: 1920, pp. 403-408).

Additionally eugenicists were influenced by research conducted from the 1920s on twins who were reared apart. Several comprehensive studies indicated that identical twins reared in different socio-economic environments might have a difference of up to 20 IQ points. Hereditarian eugenicists such as S. J. Holmes (1930) claimed that “children who were adopted into better homes gave somewhat higher intelligence scores … this improvement may fairly be attributed to environment” (Holmes: 1930, p. 252).

Paul Popenoe stated that the object of eugenics is to ensure the best is made of ‘genetic potential’ and an important element is proper training in a good environment:

The consistent eugenicist is therefore an ardent euthenist. He not only works for a better human stock but, because he does not want to see his efforts wasted, he always works to provide the best possible environment for this better stock. Eugenic fatalism, a blind faith in the omnipotence of heredity regardless of the surroundings in which it is placed, has been shown by the study of long-lived families to be unjustified (Popenoe & Johnson: 1920, p. 406).

The above study provided support for those eugenicists who favoured environmental change to improve racial qualities.

Dr. Henry Herbert Goddard (1866-1957) was one of the most well known and influential hard-line eugenicists, in the US. He adapted the Binet-Simon Method of IQ testing, originally developed to assist French school children, to measure the level of intelligence of an individual and ‘scientifically’ classify them as normal or feebleminded; hence provide ‘scientific’ proof of their defectiveness (Goddard: 1914). Interestingly, in his study of the Kallikak family, mentioned previously, he noted that some of the children when removed from their biologically inferior genetic line and placed with ‘normal families turned out ‘normal’’. Going on to marry and have healthy children, particularly if they were taken and adopted out
when very young (Goddard: 1914, pp. 23, 25-26). In 1928 Goddard stated that he had ‘changed his mind’ about the intractability of the ‘moron’, \(^{22}\) claiming that with the right training and removal to a ‘healthy’ environment they could be ‘cured’. Therefore he no longer believed they all had to be segregated, but if given the right environmental conditions could live out in society and go on to have normal children (Goddard: 1928, p. 222).

These studies influenced Australian Child Welfare Departments, for instance another study of a North American cacogenic family - the Dukes (1877) - conducted by Richard Dugdale (1841-1883), a sociologist and an environmental eugenicist, was referred to in the NSW Annual Report of the State Children Relief Department (SCRD) (1884, p. 8). Sir Arthur Renwick, President of the SCRD, cited the study and a quote from the US Children’s Aid Society indicating that if a child was not removed from its ‘unhealthy’ surroundings that it would become a criminal and be a great financial burden on the community. ‘The problem of the moron is largely economic’ stated one hard line eugenicist (Fernald: 1924, p. 215). The cost to the taxpayer caused by degeneracy was a constant concern of eugenically orientated individuals (Goddard: 1913; NSW SCRD: 1884). ‘Practical people point out that every good adoption of a young dependent child saves the state many thousands of dollars in sheer maintenance expenses’ (Gesell: 1939, pp. 7-8). Dugdale’s study was important as he was seen as pioneering the use of science and scientific methods for the improvement of society. His work marked a move away from religious-based explanations of social problems (Cravens: 1978, pp. 3-6)

Eugenicists were emphatic that only infants free of defects should be adopted and if they were not, the preference was to institutionalise them. Hence adoption was used as a ‘back door’ to segregate those they deemed unfit to populate and as such was a eugenic control on population. In this it could be regarded as offering a sanitised version of the push generally by eugenicists to separate the so called ‘feebleminded’, from the rest of society, because it was clothed in the lexicon of adoption. Rather than come out and bluntly say infants are institutionalised because they are physically defective or feebleminded and their proclivity to produce must be

\(^{22}\) ‘Moron’ was a classification coined by Goddard (1910) to describe the ‘higher grade imbecile’. It equated with the English and Australian classification of ‘feebleminded’.
prohibited, rather it used propaganda. For instance, Popenoe (1929) advised American adoption agencies, that adoptive parents had to be protected from adopting ‘defective children’ because to do so might destabilise their family. His ‘advice’ was followed in Australia. Infants designated ‘imperfect’ were labelled ‘Deferred Adoptions’ and adoption would only proceed if a paediatrician cleared the infant as ‘fit’ to be adopted (Crown St. Archives: 1953). This is discussed in detail in Chapter Ten.

Popenoe was a colleague of eugenicist, Dr. Arnold Gesell, a nationally known physician and psychologist who used adoption as a method of social engineering. He used what he referred to as ‘scientific’ adoption to ensure that children of ‘feebleminded’ unwed mothers were brought up in an environment that would ensure that if they were normal their best qualities would be developed. If they were not quite normal then at least they would not develop ‘vicious’ social qualities because of remaining with their mothers. Gesell found a way to respond to the concerns of Goddard (1911) a mentor, who had warned previously, “We must learn all the facts before we place these children in the care of other unsuspecting fathers or mothers” (italics in the original, Goddard: 1911, p. 1006). He designed a scale that gauged children’s proximity to, or distance from, developmental norms at a series of key ages (Herman: 2001, p. 696). The scales standardised developmental norms, beginning at birth (Herman: 2001, p. 698). He also pioneered the use of photography in developmental science, subjecting babies to an ‘all-encompassing photographic gaze’ to gauge their development (Herman: 2001, p. 699). He called his technology ‘developmental diagnosis’ (Herman: 2001, p. 696). Gesell wanted infants tested to ensure that many average and even superior children would not be ‘passed over’, but would be matched with the right parents physically and intellectually (Herman: 2001, pp. 701, 705). Herman states that it was a major concern for Gesell that superior children would be placed where they could achieve their best genetic potential, and that if adopters wanted to pursue the adoption of a feebleminded child they had to promise not to allow them to marry. Gesell, on the basis of his mental testing, assigned to institutions as unadoptable one in 100 of the babies he assessed (Herman: 2001).
So important was Gesell’s scale that Brooks and Brooks (1939, pp. 87-89) adoptive parents and authors, in one of the first text books on adoption, enthused that now a child’s mental capacity could be measured and adopters given a probationary period to ensure that it did not develop any problems, it could ‘safely be taken before his first birthday’. Science was seen by adoptive families as a remedy that ensured successful adoptions that ‘approximated the biological family’. It seems the protections for adopters that Paul Popenoe (1929), and other eugenicists had called for, were implemented. Herman posed the question: “What could be a clearer case of social engineering” (2001, p. 692)? Brooks and Brooks (1939) assert that one of the most important aspects in the acceptance of adoption during the 20th Century was the guarantee made by science that infants could be tested and the risk to potential adopters of acquiring a child with a defect was neutralised. Gesell’s developmental scale was seen as a real eugenic enterprise to ‘improve the future quality of the race’ (Brooks & Brooks: 1939, p. 81; Gesell: 1927, pp. 1-2) and as stated before, could be used as a measure to ensure that infants with defects were institutionalised and therefore could not breed (Herman: 2001).

Gesell, enthusiastic promoter of adoption and environmental eugenicist, studied under Stanley G. Hall (Herman: 2001, p. 693) and was a lifelong friend and occasional collaborator of Henry Herbert Goddard (Herman: 2001, p. 704). Gesell did not consider single mothers fit to rear their infants and concluded the tendency to keep mother and child together was ‘a sentimental idea’ and urged adoption be completed in order ‘to give a child a good home rather than a bad one’ (Herman: 2001, p. 706). He worked with the most important national and local child welfare organisations of his day including the United States Children's Bureau (a federal bureaucracy established by Congress in 1912) and the Child Welfare League of America (a federation of public and private service organisations still in existence today). These organisations were major players in campaigns to promote adoption as an alternate way of family formation (Brooks & Brooks: 1939, p. 198). Gesell often advised these and other groups on policies relating to placement age, pre-placement testing, and clinical supervision in adoption. The advantage of scientific adoption was one of many topics on which he spoke and wrote helping to establish its credibility with popular audiences. Gesell's public influence, according to Herman (2001, p. 689), as a psychologist whose expertise lie in adoption was the hallmark of
his career. After World War II many American eugenicists changed their focus from negative eugenics, stopping the unfit from breeding, to encouraging the fit to produce, largely through promoting marriage. Paul Popeneoe, for instance, began the first marriage counselling service: American Institute of Family Relations and was an ardent promoter of marriage between the fit, becoming popularly known as ‘Mr. Marriage’ (Lepore: 2010). The importance of adoption as a social engineering experiment is revealed in Gesell’s statement that: “Child adoption is scarcely less significant for society than marriage itself” (1927, p. 1); bringing him in line with heredity eugenicists such as Popeneoe.

The rise in eugenic adoptions heralded in a view that the maternal instinct: ‘Is nothing more or less than the acceptance of parental responsibility, something learned, and then fixed by habit’ (Brooks & Brooks: 1939, p. 7). Therefore the more popular adoption became, the less the single mother was viewed as indissolubly connected to her child.

Gesell promoted eugenic adoption via radio broadcasts and public lectures. He attended conferences and publicised its advantages, warning that expert guidance could protect against ‘bungled’ adoptions. Herman claims that scientific adoption of the kind advocated by Gesell shaped Americans’ expectations and experiences of the institution (Herman: 2001, pp. 686, 701).

**Eugenic Adoption**

Eugenic or scientific adoption (Hermann: 2001) was the testing and matching of infants with prospective adoptive parents (Gesell: 1927). Testing the infant for any defects was used as a promotional tool by those working in the field (Brooks & Brooks: 1939; Gesell: 1927). For instance, during the 1930s, the Children’s Bureau promoted adoption by reassuring potential adopters that children could be now thoroughly tested to ensure they were free of defect.

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2.3 Paul Popeneoe’s son David Popeneoe is a contributor to and has been published by the Centre for Independent Research in Sydney (Shaping the Social Values, 1994). He is a modern day eugenicist who continues his father’s work in upholding the patriarchal family and neo-conservative values (Kline: 2001, p. 164)
Gesell collaborated with both the Children’s Bureau (1926) and the Child Welfare League of American (1927) on pamphlets promoting eugenic adoption as a way to minimise its risks (Brooks & Brooks: 1939, p. 198). Herman states these entities were ‘major players in the campaign to encourage and enforce kinship by design’ (Herman: 2001, p. 689). Kunzel (1995) describes how the US Children’s Bureau was involved in a propaganda programme to promote adoption to single mothers by writing a fictitious tale of unwed motherhood titled the Terrifying Ordeal. Kunzel states that in this way The Children’s Bureau not only moulded popular understanding of unwed pregnancy, but used the magazine: “to legitimise and naturalise the notion of out-of-wedlock pregnancy as something so terrible as to be unspeakable” while at the same time promoted its services and that of the social workers it employed (1995, p. 1477).

Paul Popenoe and Roswell H Johnson, authors of the textbook on eugenics, and manual for eugenists (Pickens: 1968, 1967, p. 90): Applied Eugenics (1920), opined that the environment was pivotal to bringing out the best in genes and repressing the worst, the improvement of the environment they labelled: eugenics (good thriving):

All racial progress, or eugenics, therefore, depends on the creation of a good environment, and the fitting of the race to that environment. Every improvement in the environment should bring about a corresponding biological adaptation. The two factors in evolution must go side by side, if the race is to progress in what the human mind considers the direction of advancement. In this sense, eugenics and eugenics bear the same relation to human progress as a man's two legs do to his locomotion (Popenoe & Johnson: 1920, p. 416).

In a later article Popenoe (1929) described the potential of eugenic adoption. He cited three studies on adopted children and concluded that their removal into a more wholesome environment raised their IQ levels in one study by 20 points. Popenoe concluded that for such improvements to occur early placement was essential (1929, p. 246). He stated that in spite of the “bad ancestry of illegitimate children” that they were better than “legitimate children thrown on the market for adoption” (1929, p. 247). He made recommendations to guide adoption agencies:
(a) To pick out a child with as good ancestry as possible … and to
discern the ancestry (b) The child should be taken young … Here
again the illegitimate child has the advantage, for he can usually be
gotten much younger than the legitimate child – many maternity
hospitals make it a point not even to let the mothers see her
illegitimate child, if it is to be taken from her and brought up by others
(c) The child should only be taken on trial. Many agencies have a
fixed period of one year of probation before a child can be adopted,
and in some states a legal adoption may be voided at any time within
five years, if the child has found to have problems (Popenoe: 1929:
pp. 247-248).

**Influence of Eugenics on Social Work**

G. Stanley Hall (1844-1924) psychologist and a founder of the Child Study
President of Clark University, taught or communicated to and influenced many of the
leading eugenicists of the late 19th and early 20th Century. Such notables as: Dr.
Henry Herbert Goddard, Professor Lewis Ternman (1877-1956) and Dr. Arnold
Gesell (1880-1961). Hall was a founding figure of American psychology and an
authority on childhood development (Herman: 2001, p. 693). Hall’s theories
influenced social work theory and were well received in Australia (Watts: 1994, p.
326).

Hall developed a theory that savages functioned normally on the level of
moral insanity, and that “when a civilised person was supposedly morally insane he
suffered not from an acquired disease, but from incomplete maturity” (Carlson &
Dain: 1962, p. 139). Hall’s theory and its notion of immaturity being linked with
moral deficiency permeated early 20th Century social work literature. Unwed
mothers were frequently referred to as ‘immature’ by reason of their unwed status
and their immaturity precluded them from being able to make any decisions
regarding their infant. Gesell like his mentors Goddard and Stanley Hall (Herman:
2001, p. 693) believed that an unwed mother had a primitive, undeveloped mindset.
They argued they were not dissimilar to, “‘primitive’ peoples who were less evolved
and had not yet developed to a stage of evolution where the mind was strong enough
to resist antisocial impulses” (Gelb: 1989, p 376; Herman: 2001, p. 704; Cravens:
The eugenic concept of the unwed mother being immature and mentally and socially under-developed became part of social work epistemology. Hence in later research done on unwed mothers they were most usually described as being immature ‘girls’ with poor impulse control and without the judgment to make decisions for themselves (Bernard: 1944; Clothier: 1948, 1955, p. 631; Young: 1945; 1947; 1954; Boehm: 1948). This notion of immaturity was still being claimed in Australia as late as 1967. Mary McLelland, explains: “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” (McLelland: 1967, p. 42); ‘only a really immature single mother wanted to keep her child’ (Littner: 1955, pp. 32-33; Benet: 1976, p. 177; Boehm: 1948; 1963, p. 63).

Hall’s influence led to ‘social deviance, in and of itself, [being] increasingly cited as evidence of a mild form (high grade) of mental deficiency’ (Gelb: 1989, p. 371). Therefore after 1880, whether a person showed signs of mental deficiency or not, if they were seen to violate the moral codes of the upper-middle class they were classed as ‘moral imbeciles’, ‘feebleminded or morons’ (Gelb: 1987, pp. 257-258).

Early 20th Century social workers were akin to the Female Reformers of the late 19th Century. They were generally well educated, from the upper-middle classes, and determined to find their niche in the public sphere. An exemplar of the early social worker was Elizabeth Kite, who collected data for the cacogenic study conducted by Dr. Henry Goddard. The purpose of the study was to prove that immorality/feeblemindedness was inherited and to therefore justify segregation and/or sterilization. Kite stated:

We get whatever medical history we can … but that has never been emphasised … It has not been required of me so much as the social aspects of the cases. It is the question of citizenship that is constantly on my mind … That is really the final test in a democracy that ought to be put to every individual because if he is to have the right of citizenship he should have the ability [of good judgment] (Kite: 1913, p. 150).

Citizenship then relied on being mature enough to exercise prudent judgment in one’s affairs and to have the ability to adapt within socially defined moral and economic confines (Kite: 1913, p. 150). In other words if an individual did not conform to upper middle class values or was poor they did not deserve the rights of
citizenship. This is an eerily prophetic statement when one reflects on the treatment of unwed mothers in Australia during the 20th Century.

Kite viewed the working class poor through the lens of her class and her profession. Murdoch states that: “The idealised bourgeois home and family were perceived as fundamental units of the nation” (2006, p. 65) and “the poor who lacked such a domestic sphere, lacked the rights of other citizens particularly as it related to being considered fit to parent their children” (2006, p. 66). She explains that to social workers such as Elizabeth Kite, a citizen

Was an individual who accepted his or her role as a productive member of the social order, a person who was a threat neither to the state nor to established social relations … Middle class notions of domesticity served as an important factor in defining legitimate family relations and even citizenship … without proper, bourgeois domestic spaces, the poor lacked the physical boundaries linked to middle-class notions of individuality and citizenship (Murdoch: 2006, pp. 45-46).

An early reference to the link between mental and moral weakness and single motherhood was noted in 1914, at a Conference on Illegitimacy in Cleveland. A social worker recommended that those of her colleagues working within unwed mother’s homes begin administering IQ tests, as a significant cause of unwed motherhood was ‘mental as well as moral weakness’ (cited in Morton: 1988, p. 67). This belief was not confined to the US, but existed in Great Britain (Trent: 1994), Europe (Gerodetti: 2006) and Australia (Mackellar: 1913; Mackellar & Welsh: 1917) and has continued to exist amongst some groups until today (Murray & Hernstein: 1995; Ladd-Taylor & Umanski: 1998). According to Morton (1988), as social workers professionalised around 1915 they continued to hold onto the notion of moral culpability and its relationship to low mental capacity, but incorporated it into a more scientific/psychoanalytical casework model – therefore the unwed mother was ‘feeble minded’ and ‘neurotic’ because she was immoral (Morton: 1988; Vincent: 1961; Young: 1954; Clothier: 1943a & b; Littner: 1956). The idea that unwed pregnancy was the product of feeble-mindedness continued in Australia until the 1950s and beyond. For instance, it was stated, by the NSW Child Welfare Department that, ‘those considered having dubious morals were regarded as having a

During the 1930s with the broader acceptance of social case work theory, with its epidemiological base in Freudian psychiatric and psychological psychoanalysis, ‘mental deficiency’ became ‘neuroticism’. Single mothers were now in need of social work intervention in order to become better adjusted and functional citizens. Their cure lay in their sacrifice (Gair & Croker: 2006/2007). They must relinquish their infant to those more ‘mature’ and at the same time provide a family for an infertile couple who would then be cured of their infertility. British and American eugenics provided a modern ‘scientific’ basis for child removal that reinforced practice and policy already established in Australia. Eugenics articulated through social casework theory, provided a contemporary discourse that justified Forced Adoption through most of the 20th Century: ‘Genealogy pays attention to the processual aspects of the web of discourse – its ongoing character’ (Kendall & Wickham: 1999, p. 31).

According to Kline (2001, p. 155) the tactical shift of eugenicists in the 1930s that privileged an environmental approach permitted positive eugenics to take hold as a tenacious and popular ideology in post-war America. Kline argues that the ‘golden age’ of eugenics occurred long after most historians claim the movement had vanished. The baby boom of the 1950s represented the triumph eugenicists had been looking for (Kline: 2001, p. 105), as was the case in Australia.

Freudian concepts justified models of intervention used by social workers who had make illegitimacy their area of expertise (Herman: 2006). The social work profession reflected values of the upper middle class, from which its members emerged and which did not necessarily conform to those of the working class. The ideology that permeated the profession was judgmental and punitive; good/moral women had sex only in the confines of marriage (Odem: 1995, p. 4; Lunbeck: 1987, p. 530; Degler: 1974, p. 1477; Cravens: 1978, pp. 10-11; Kline: 2001). In many psychological and social work journals the concepts of feeblemindedness and neuroticism as the cause of single motherhood were conflated, reflecting a new emerging discourse (Cattel: 1954; Schumacher: 1927). By the 1940s the ‘weak
impulse’ and ‘poor judgment’ of the ‘immoral imbecile’ of the 19th Century was now the ‘weak impulse’ and ‘poor judgment’ of the ‘neurotic single mother’ (Bernard: 1944; Clothier: 1948, 1955, p. 631; Young: 1945; 1947; 1954; Boehm: 1948). Unmarried mothers were considered uncontrollable and therefore in need of strong social controls (Odem: 1995: p. 4; Blatt: 1963, p. 11).

After World War II the eugenicists’ campaign had been so effective it broadened the influence of the institutional discourse, which until then had mainly been held by the ‘elite’, particularly those concerned with limiting public spending on dependents. Single motherhood had become deeply stigmatised among medical and social workers and the stigma had spread to certain sections of the community that would have in the earlier part of the century supported their unwed daughters. The consensus within social work was that the baby was not safe with its single, neurotic, feebleminded mother (Donnell & Glick: 1952; Clothier: 1943a; Young: 1954; Vincent: 1961; Bowlby: 1952; Reid: 1957; Lawson: 1960, p.162; Cattell: 1954). In fact a single mother and her child were not even considered a family (McLelland: 1967, p. 40; Roberts: 1968, p. 13; Reid: 1957, p. 10). Social casework theory constructed the unwed mother as a non-mother, later labelled a ‘birthmother’; she had become a ‘surrogate’ or bearer of a child for a married woman. She was too neurotic/feebleminded to make an informed decision and had to be helped by social workers to make the appropriate plan for her child (Littner: 1955, p. 31; Schapiro: 1956, p. 47; Boehm: 1948; 1963, pp. 64-65; Scherz: 1947; 1963, p. 100). This ‘non-mother’ had emerged from the 19th Century, a feebleminded, licentious or fallen woman (Reekie: 1997, p. 82), who had to be regulated (Kline: 2001; Ladd-Taylor: 1997). Both in the 19th and 20th Century sexually active unwed women were constructed by the middle and upper classes as dangerous to the community, the family and social order (Odem: 1995, pp. 3, 97; Kammerer: 1920, p. 163).


Australian social work practice (Lawrence: 2004) followed that of the US, utilising ‘social casework’ as its model of intervention (Robinson: 1962, p. 76). Casework is defined as:
Social treatment of a maladjusted individual, involving an attempt to understand his personality and behaviour and social relationships, and to assist him in working out a better social and personal adjustment. Treatment may depend largely upon the obtaining of better environmental conditions, it may centre upon bringing about changes in point of view and behaviour … the main problem is psychological … and the probable effect upon it of the changing of the social situation (Robinson: 1962, p. 76).

Psychiatric social workers and early social work generally was very much involved with child-placing. Many leaders in the social work profession were themselves adoptive parents (Robinson: 1962, pp. 72-73; Herman: 2001).

The eugenic discourse had a profound effect on social science and medical practice in Australia as it pertained to unwed mothers. The influence of US social casework theory was transported to Australia via social workers, such as Norma Parker (1906-2004), who studied there in the 1920s. Parker along with Constance Pauline Moffit undertook postgraduate degrees at the American Catholic University 1928-1931 (Australian Association Social Work- Profile: 2007).

Parker had previously studied psychology, under Dr. Ethel Stoneman, at the University of West Australia and it was she who convinced her to study social work in the United States (Aust. Women Biographical: 2009; McMahon: 2002, p. 11; Lawrence: 2004, p. 299). Parker intended to work in child guidance (Ogilvie: 1969, p. 5), presumably with Stoneman, who was running a child guidance clinic in Perth (Aust. Women Biographical: 2008) and was looking for psychiatrically trained social workers to employ (Ogilvie: 1969, p.5). Stoneman held a doctorate from Stanford University (Lawrence: 2004, p. 299), and was a hereditarian eugenicist who linked mental deficiency with immorality (Kerr: 2007, p. 106). She was ‘vocal in offering scientific solutions to social problems’ and perceived moral degeneracy as ‘largely concomitant to mental deficiency’ (Kerr: 2007, p. 104). Stoneman claimed that ‘the ‘backward’ were more dangerous than ‘imbeciles’ and ‘morons’ because they often appeared normal and were free to produce large families of ‘social “inefficients’. She advocated segregation and sterilisation as ‘the only scientific and logical method’ to control mental ‘deficients’ (Kerr: 2007, p. 105). Her views are unsurprising as she studied at Stanford University under David Starr Jordan (1851-
1931), University President: 1891-1913. He was a leading advocate of eugenic sterilisation and was pivotal in establishing the eugenics committee of the American Breeder's Association. Jordan's student, Paul Popenoe, actively promoted compulsory sterilisation in California (University of Albany: 2011). Jordan wrote books such as: ‘The Blood of the Nation: A Study of the Decay of Races through the Survival of the Unfit’ (1910), and ‘The Human Harvest: A Study of the Decay of Races through the Survival of the Unfit’ (1907).

At the time Parker studied in the US, social work education was based on social casework theory which was being ‘developed and taught as the core of the profession’. Social work in the early part of the 20th Century was still in the process of finding its professional identity (Lawrence: 2004, p. 299; Robinson: 1962, p. 61). Parker did a placement at the Cleveland Children’s Bureau (Lawrence: 2004, p. 300). Its Director was psychiatrist, Dr. Henry C. Schumacher (1927: pp. 775-778), a eugenicist who held strong ideas about the inferiority of unwed mothers. He believed they were by definition ‘morons’ with weak wills, inhibitions and little intelligence. He believed they were the result of a poor upbringing tainted by alcoholism and/or poverty and were usually employed in lowly positions such as domestics. He wrote that their sex impulse was not constrained by intellect and hence ‘they were promiscuous by nature without a thought to the consequences of their behaviour’ hence gave birth to illegitimate children.

According to her biographers, the most prominent influence throughout Parker’s professional life was US social casework theory and practice (Lawrence: 2004; Gleeson: 2006, p. 17, 79). She brought out many ‘distinguished American social workers to join the staff of the [social work] department for periods, to teach students and to conduct postgraduate courses for social workers … she encouraged Australian social workers ... to study or work overseas’ (Ogilvie: 1969, p. 7; Lawrence: 2004, p. 300). She regularly returned to the US to update her knowledge base and skills (Ogilvie: 1969; Lawrence: 2004). Parker studied at the University of Chicago (1944-1945) and was professionally supervised by psychiatrists at clinics and hospitals in Chicago, Boston and New York (Ogilvie: 1969. p. 6; Lawrence: 2004, p. 300). According to Robinson (1962, p. 59) social workers like Parker were responsible for the birth of specialised social casework and psychiatric social work.
Psychiatric social work was heavily influenced by eugenicists such as Drs. Adolph Meyer, Henry Goddard and Charles Davenport, all of whom presented papers at various National Conferences on Social Work (Robinson: 1962, p. 61).

Parker was intimately involved in the development of the fledgling social work profession in Australia. She founded Almoner Departments at the St Vincent’s Hospital in Melbourne in 1932 and in Sydney in 1936 and ‘was the driving force behind the development of Catholic social work’, founding the Catholic Welfare Bureau/Catholic Social Service Bureau (now known as Centacare) in Melbourne (1935), Sydney (1941) and Adelaide (1942). She lectured at Sydney University from 1941-1968. She was President of the Social Workers’ Association of NSW for three years in the early 1940s and she helped established the national association of which she was its first president (1946-1953) (Ogilvie: 1969, p. 7; AASW Profile: 2007; McMahon: 2002, p. 11). She was first appointed to the staff of the University of Sydney in 1941. She reformed the NSW Child Welfare Department through the Child Welfare Advisory Council in the early 1940s (Ogilvie: 1969: p. 6; Aust. Women Biographical Entry: 2007).

Prior to this she had been active in a programme of education in medical social work conducted by the NSW Institute of Almoners which she helped establish in 1936 and as a member of the Institute’s Council she participated in negotiations with Sydney University which led to the establishment there of a diploma course in social work conducted by the Board of Social Studies. According to Ogilvie, a colleague of Parker’s, her major achievement was:

As an educator in academic and professional settings … she devoted twenty eight years to the development of social work as an academically based professional discipline. She served for twenty-five of these years in the University of Sydney as lecturer and senior lecturer and supervisor of professional studies. From 1945, she had primary responsibility for the course in social work method for twenty-five years (1969, p. 7).

Parker developed working relationships with her medical colleagues with whom she acquainted social work principles; hence they would have been influenced through Parker of eugenic based social casework theory stemming from the US (Ogilvie:
1969, p. 6). It may be the case then, that forbidding mothers to see their infant, a practice already in operation in the US since 1919 (Slingerland: 1919, p. 167) and supported by eugenicists such as Paul Popenoe, emerged because of the influence of US trained social workers.

Parker served on the Board of Social Studies with such notable eugenicists as Professor Harvey Sutton who was a life-time friend and colleague of Dr. John Lidgett Cumpston, the Director General of the Federal Health Department, who will be discussed in Chapter Nine. Sutton conducted courses in Biology and Social Hygiene at Sydney University. Social work students trained in the curriculum set up by Parker, did placements at various Almoner Departments, some of which were: The Women’s Hospital, Crown Street; St Vincent’s Hospital; Royal Alexandria Children’s Hospital; Lewisham Hospital, Newcastle Hospital and the Rachel Forster Hospital (Annual Report of the Board of Social Studies: 1948). Mary McLelland was a Senior Research Fellow with Sydney University between May 1953 and March 1954 (Annual Report of the Board of Social Studies: 1954). In 1954 Parker was Supervisor of Professional Training, Social Studies Department, at the University of New South Wales and McLelland was fulltime lecturer in social casework theory (Report of the Advisory Committee of Studies in Social Work: 1955).

Parker’s influence on McLelland is apparent. By 1967, McLelland had taken over Parker’s position as Supervisor of Professional Training. At a conference,24 to herald in the new Adoption of Children Act 1965 (NSW), McLelland, echoes Parker and the underlying ideology in social casework theory. Firstly, she maintained that an unwed mothers was ‘too nervous and immature’ to make any decision about the future of her infant hence, the social worker must intervene; secondly the role of the profession was not keeping mother and child together, but stabilising the marriage. ‘Childlessness or infertility … not in its treatment, but in assessment or resolution of its effects on the marital relationship of the couple’ was their primary goal (McLelland: 1967, p. 42). Their role, as defined by McLelland, was to assist

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24 Attended by adoption, social and medical workers, representatives of adoption agencies, adoption lawyers and the Minister for Child Welfare.
unmarried mothers and fathers to come to term with the removal of their infant and
to prepare the infant for its loss:

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

The loss by the infant of its mother, father and entire extended family is
justified. According to one of the founders of psychiatric casework, Jessie Taft,
both “the adult and the infant, even the baby, can be helped by the caseworker to
use their separation, though traumatic and painful, as an experience for growth”,
as McLelland infers in the above quotation. Taft states:

Even a baby deprived of the rightful satisfactions of infancy, may benefit from a
unique and vital experience seldom granted to the child in his own home …
when I point out that the baby who leaves his own mother and goes to a good
foster home then into an adoption home, with the kind of immediate
understanding, firmness and support … gets an accelerated or intensified
growth experience, which for an adult we would not hesitate to label it

Australian social workers have acknowledged that Leontine Young, was
highly influential and the book she wrote: Out of Wedlock (1945) was considered
Young’s research (1945; 1947; 1954) concerned personality patterns in unmarried
mothers. She stated that they were driven by “violent neurotic conflicts [which] are
unhelpful ingredients in creating a good mother” (1945, p. 302). She advised that
social workers should take note of these unconscious compulsions when
‘counselling’ unwed mothers and that they “must know how to utilise them … in the
best interests of the child” (1945, p. 302). In Young’s opinion, that meant promoting
adoption. Young’s theories were given further support by Dr John Bowlby, world
renowned expert on attachment theory, who believed her to be the authority on
unwed motherhood. Briefly Bowlby’s report for the World Health Organisation
(WHO) stated that a child belonged with its mother, except if she was unmarred
(1952: Ch. 10). He equated unmarried status with neglecting one’s infant.
Bowlby, was funded by the WHO to report on the importance of mother-love to a child’s development and personality and chronicle the effect of maternal deprivation. Titled Maternal Care and Mental Health (1951) the report was highly influential, widely disseminated and frequently referred to in Australia, including in NSW Child Welfare publications (NSW CWD: 1957; McLean: 1956). In the report Bowlby refers to Young’s theories, and states the “unacceptable illegitimate baby” is a ‘symptom’ of the neurotic girl or women who comes from an “unsatisfactory family” (1951, p. 93). He goes on to state that psychiatric social workers opine that the pregnancy is not an accident, but a result of the mother’s neurosis. Further, he claims that in some cases the girls are ‘psychopathic or defective’. He states:

For instance, of 93 unmarried mothers whose children were in the care of Dr. Barnardo’s Homes, 25 are described as moral defectives, and were no doubt promiscuous, a further 120 were dull and backward, mentally defective, or insane. No particulars are given regarding the others, though some, no doubt, were similar in character to those described by Young (1951, p. 94).

An Alternate Discourse

Both Bowlby (1951, 1952) and Young (1945) acknowledged another stream of thought that existed amongst the general public. Bowlby stated, “There are subcultures, usually among the poorer classes, where the possession of an illegitimate child is not held against the mother and both are given support within the greater family” (p. 93). Young similarly states, “It may be safely said that where the girl’s mother would take the baby and the girl home, she was not likely to consider any other [adoption] plan” (1945, p. 298). Bowlby (1952, p. 93) also notes that “Until recently, the fact that some girls become pregnant illicitly was looked upon somewhat fatalistically and dismissed as just human nature. Apart from moral exhortation, little attention was given to prevention”. This then offers support to what Greenland (1958) and Anderson et al (1960) alluded to in their research. Anderson et al stating that the parents he dealt with made statements such as, “It is only human to have babies” and “Anyone can make a mistake” (1960, p. 330).

Further evidence of the existence of another discourse pertaining to unwed motherhood was expressed by Helene Deutsch (1945), a colleague of Freud, who
stated, “It is true that social developments in the last decades have brought about a change in the attitude toward illegitimate children in all civilised countries. The idea that mothers who have given birth to children without the sanction of marriage are sinners is obsolete, and generalised condemnation has given place to the tendency to consider unmarried mothers a social symptom, resulting from specific economic … conditions” (Deutsch: 1945, p. 332).

Bowlby (1952) cautions against becoming tolerant of illegitimacy, as he concludes that to do so is not in the best interests of the child. Bowlby’s concerns were later echoed by Mary McLelland (1967, p. 42) when addressing professionals at a conference in Sydney. She made mention of a subgroup that accepted unwed motherhood:

We still hear it suggested from time to time … that out of wedlock pregnancies are quite acceptable to some sub-cultural groups in most industrialised societies, and the birth of illegitimate children in some families is the norm. It is perfectly true to say that illegitimate births are more common within certain groups, but the next step of generalising about accepting and complacent attitudes to the condition is probably a naive over-simplification of the situation … Those of us whose area of concern is social functioning have, therefore, a stake in the prevention of illegitimacy and the resolution of the conflicts that cause and are aroused by it.

In other words adoption social workers needed to continue stigmatising single motherhood for the good of society and I would suggest for their own, since that was their area of expertise and on which they maintained their profession.

**Eugenic Adoption Influences International Adoption**

Eugenist, Stanley G. Hall’s ‘primitive theory’ of the 1900s, equating a civilised, but immature person with a ‘savage’, was still espoused by social workers in the 1950s. Florence Clothier claims (1948, 1955, p. 631) that a neurotic, unmarried mother would “never gain by keeping her baby, or would be able to provide well for it”, because of her immaturity and interpersonal conflicts. She cites her colleague, Dr Margaret Gerard, of the Boston Psychoanalytic Institute, in support of her argument. Gerard, she states, describes unmarried mothers as “impulse ridden, childish, irresponsible, unable to resist temptation and unable to think about what is
best for or plan for her baby’s future because she has no maternal feelings” (1948, p. 640). Young contends that immature girls make poor mothers and it would be best for them “to give up their babies in the hope that better provision can be made than was made for its child-mother” (1948, 1955, p. 642). She proposes that their problems arise because of their ‘poor emotional upbringing’ and therefore their infant should be transferred to a ‘normal’ family, through the legal process of adoption.

Eugenic ideologies pertaining to adoption were spread internationally through individuals like Dr. Margaret Gerard. Gerard sat on the Joint United Nations WHO meeting of Experts on the Mental Health Aspects of Adoption Committee, as a WHO representative. She states in its Final Report (1953, pp. 11-13):

Some unmarried mothers are found to be young, promiscuous, and irresponsible. Others are immature... ...unwed mother’s behaviour [is] determined by childhood experiences, the effect of which cannot readily be changed by contemporary influences. Over and above these considerations there remains perhaps the most difficult problem - the capacity of many unmarried mothers to be adequate mothers.

The influence of the United Nations and its subsidiary the WHO can not be underestimated. During the second reading of The Child Welfare (Further Amendment) Bill’s (NSW) 1961, Mr. Hawkins, Minister for Child Welfare and Minister for Social Welfare refers to the Report (1953, p. 4) which he restates word for word:

When constituted of mother, father, and children, the family shows itself to be the normal and enduring setting for the upbringing of the child. Experience within a family group, with its relationships between mother, father, and children, is of particular significance for the development of the child’s more positive social responses.

The report makes no mention of the mother-child relationship, but does state that of secondary importance is the satisfaction of the desire of childless people for children. ‘In practical terms, what the young child needs is sustained parental care, that is, normal mothering with the accompanying enrichment of relationships with a father. He needs the security of a family setting’ (1953, p. 6). From the above, the agenda
for international adoption is being set based on values and prejudices inherent in the Western concept of adoption that is rooted in eugenic ideals.

**Australia and Eugenic Adoption**

A leading gynaecologist and environmental eugenicist, Dr. Lawson (1960, pp. 161-166), delivered a lecture at the Royal Women’s Hospital, Melbourne, subsequently published in the Australian Journal of Medicine, that ushered in the ‘adoption mandate’ for Australian unwed mothers. Lawson believed, for the sake of ‘progress in matters of social medicine’ and for the ‘general social betterment’, an obstetrician needed to become involved in political activity and to be active in promoting adoption. His elitism is apparent: ‘this is important work done by important people’. Since he did not believe that the mother or her extended family were able to adequately care for the infant he proposed that all illegitimate children, as articulated by Margaret Gerard, be taken from their mothers on genetic grounds and given to a married couple, irrespective of whether or not the mother and/or family wanted to keep her infant:

I believe that a good environment will make a better job of bad genes than a bad environment will make of good genes (Lawson: 1960, p. 162).

The above eugenic ideology, became so entrenched in Australia, that the Honourable Ann Press stated in a parliamentary debate prior to the implementation of the NSW Adoption of Children Act 1967, “I have always advised adoption…. [the unwed mother] must make the supreme sacrifice” (Press: 1965 cited in McHutchison, 1984).

**Conclusion**

This chapter has followed the evolution of the denigration of unwed motherhood with the introduction of eugenics. A pseudo-science that arrived at an opportune time to replace moral platitudes with a more rational ‘scientific’ justification for forcibly taking the unwed mother’s infant. All manner of social ills

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25 Betterment: used to describe the purpose of eugenic breeding programs i.e. betterment of the race: (Black: 2004).
was blamed on the feebleminded, racially inferior mother. Hence late 19th early 20th Century condemnation of illegitimacy came from politicians, psychiatrists, medical and social work elite who wanted to rid society of delinquency, crime and the perpetuation of degenerate families that would burden the capitalist/welfare state. In Australia the answer laid in placing illegitimate infants with supposedly racially superior, married white couples. When eugenics fell out of favour because of Nazi atrocities, it did not disappear, but rather took on the guise of Freudian theory, and was utilised to continue established practices, such as Forced Adoption. Hence the neurotic mother could be rehabilitated by the forced removal of her infant and her infant used to cure infertility, but only if the infant was considered perfect enough to be adopted. The underlying theme remained the same: place the child in a healthy, moral environment away from his or her contaminating mother to be trained up to be an industrious citizen.

Eugenicists such as Goddard (1911) and later Popenoe (1929) were not against adoption per se, but noted that prospective adoptive parents ought to be protected from taking on the burden of a baby that may turn out feebleminded. This ideology is still apparent today as discussed in Chapter Two (Zill: 2011). Popenoe cited studies done on twins as providing empirical evidence that children placed in superior homes could improve their IQ by up to 20 points (Popenoe: 1929, p. 246). Later publications reiterated this point (Brooks & Brooks: 1939, p. 86; Murray & Hernstein: 1995, p. 416). Their only caveat was that children should be tested in order that prospective adopters would be protected from adopting a ‘lemon’ (Herman: 2006).

Adoption as practiced in Australia in the 20th Century was very much the outcome of the above scientific rationality (Roberts: 1967) and eugenic discourse. Child removal was promoted as a safe way to form families by design because scientific principles guaranteed that adopters would acquire a child free of defect (Brooks & Brooks: 1939). Children could be physically and mentally tested to ensure their adoptability. Couples could be matched with the appropriate child and the IQ of unwed mothers could be measured to ‘scientifically’ safeguard adoption for prospective adopters (Slingerland, 1919; Gesell, 1939; Crown St Archives: 1956; AASW: 1971). Eugenic adoption provided the social space for the notion of the non-
mother/non-citizen to emerge. A non-mother had the eugenic duty to sacrifice her child for the good of the state. The institutional discourse that combined medical, motherhood and eugenic discourses provided justification for the introduction of modern, ‘closed secret adoption’ (Kline: 2001, pp. 130, 105; Ladd-Taylor: 1997: 150; Popenoe & Johnston: 1920, p. 198).

Environmental eugenics continues to the present. Murray & Hernstein (1995, p. 416), claim that a child born to an unwed mother, if adopted, will increase its IQ by an average of 10 points. They state:

Anyone seeking an inexpensive way to do some good for an expandable number of the most disadvantaged infants should look at adoption….We want to return to the state of affairs that prevailed until the 1960s, when children born to single women—where much of the problem of child neglect and abuse originates—were more likely to be given up for adoption at birth. This was, in our view, a better state of affairs than we have now.

This is a view that is currently being extolled in Australia (Sammut: 2012a), the US (Zill: 2011; Fagan: 1995, 1996) and Britain (Narey: 2012, The Times, July 5).
CHAPTER 7

Importing Policy Practices and Legislation from the ‘Mother Country’

Introduction

The jurist and academic Richard Chisholm acknowledged that: “The Poor Laws … provided little protection for the rights of (poor) parents against excessive zeal by the (upper-middle class) child savers” (Chisholm: 1979, p. 215). The separation of unwed mothers and their infants became normalised after 1834 when outdoor relief (benefits) was cut and destitute mothers were forced into workhouses where they were separated from their infant. The stated object of the Poor Law Commissioners was to ‘cut the entrails of pauperism’ by separating mothers from their infants. The poor were a separate and ‘vicious’ race and at the lowest rung of this hierarchy was the unwed mother and her illegitimate infant (Murdoch: 2006, p. 26; Reekie: 1998, pp. 79-80; Roberts: 2002, p. 9). Both had to be trained, controlled and rehabilitated which began with their separation (Fourth Annual Report: 1838, p. 146). The above discourse used by the elite in Britain to justify interfering in the private domain of poor families was imported into Australia.

Even though Australia did not import Poor Law legislation per se, it did import legislation that supported child removal as well as the accompanying culture and customs. The treatment of Tasmanian unwed convict mothers and their infants evidences this importation as it depicts forced child removal in the early colonial period. In this chapter the influence of British legislation and social policy as it pertains to poor unwed mothers within the Australian welfare system is explored. The shift from the barrack system to boarding out follows a similar path to that of Britain and as the Welfare State develops and matures its legislation, policy and practices in turn influences the ‘home country’ and its former colonies (Mundella Report: 1896, p. 86; Spence: 1907, p. 12).
The influence of eugenics is apparent in the development of the Australian welfare system. References were made in NSW Annual CWD Reports to the cacogenic studies undertaken by American eugenicists and to ‘hereditary paupers’ by their British counterparts. Both warn of the high cost of not controlling the ‘feebleminded’ (NSW SCRD: 1899, pp. 7, 13). Notions of racial inferiority are embedded in the eugenic discourse that justifies early child welfare removal practices and which can be directly traced back to the British discourse of contagion of the 14th Century. The discourse that provided the social space for the Old Poor Law to emerge with its inherent regulation and control of an underclass considered racially inferior and set apart from its own race.

Following the rigid, hierarchal system of Britain, poor mothers who were not in an approved patriarchal relationship, or had the protection of an approved male headed household were often at the mercy of the State and lacked citizenship rights. This meant their right to parent their child was often violated. Lack of rights combined with capitalist rather than philanthropic forces meant that the state construed its welfare policies pertaining to unwed mothers primarily through an economic framework. Saving tax payers dollars was certainly a priority and the combination of patriarchy and capitalism, as was the case in Britain, meant that unsupported unwed mothers were even further disadvantaged.

**Convict Unwed Mothers: circa 1830**

The importation of the above patriarchal ideology is clearly apparent from the earliest time in colonial history as charted by Rebecca Kippen (2006, pp. 1-14). She discusses the treatment of convict women sent to Tasmania. The discourse of contagion was used to justify the forced removal of their infants because they did not conform to notions of patriarchal motherhood. Their disconnection from a male or male headed family left them without citizenship rights or protection. They were used as slave labour by free settlers, were often preyed upon by their masters and when too pregnant to work were detained in a Female House of Correction: ‘The Female Factory’. The Factory ran along the same lines as a British workhouse. After the convict mothers gave birth they nursed their infants for a number of weeks, then
they were sent back to their former employment. The infant mortality rate of 30 to 40% was comparable to that of the workhouse (Kippen: 2006, p. 2). Those that survived the forced separation and the harsh conditions in the Factory were sent to the Orphan Asylum when they were about 2 or 3 years old. The Principal Superintendent of Convicts (1832) believed that separating mother and infant would make women more moral and ‘restrain the promiscuous intercourse of these depraved women’ (cited in Kippen: 2006, p. 4). Kippen draws parallels between the removal of British children, the forced removal of convict infants and the Stolen Generation.

Crawford’s (2008) thesis supports Kippen’s suggesting that the British system of child removal provided the legal and policy structures for the removal of Indigenous and white children from their mothers. With increased numbers of women being transported, the number of pregnant convict women rose and the government rather than keep mother and infant together, acted similarly as the Poor Law Commissioners had done in 1834. They punished the mother. In this instance, they made the ‘offence of an illegitimate child a ‘gaolable’ crime’. This in no way constrained the number of illegitimate infants born, just ensured that after weaning the women were sent to a ‘Crime Class for six months then sent back out to work’. The father was rarely punished (Kippen: 2006, pp. 4-5). Preservation of ‘pauper’ families was not considered to be in the Welfare State’s best interest. There was a great reluctance to allow convicts to marry, and many when they asked were denied permission (Kippen: 2006, p. 4).

**The End of the Barrack System**

In the early to mid 19th Century Australia’s welfare policy involved placing orphans and neglected (usually fatherless and/or impoverished) children into institutions such as orphan asylums and industrial schools, known collectively as the Barrack Style System (Spence: 1907, pp. 8-9). The purpose of separating children from their mother, or parents, was to train them for domestic and agriculture service and additionally to remove the ‘taint’ of pauperism (Garton: 2008). Sometimes, impoverished parents, rather than the state, voluntarily placed children in institutions until they were financially able to reclaim them (Spence: 1907, pp. 12-13).
By the 1880s, as was the case in Britain, concern arose that children placed in large institutions remained ‘pauperised’ due to their association with other paupers. During this period, poverty was considered a moral fault, an evil, rather than an outcome of social forces, such as depression and the vagaries of causal employment (Clark: 1866, in Spence: 1907, p, 14). Even though it was known that the working class’s dependence on state assistance grew in times of economic crisis, the ‘elite’ (NSW SCRD: 1895, p. 4) still condemned them for not being sufficiently self-reliant to ‘climb out of their financial abyss’. They were stigmatised as hereditary paupers, just as the poor in Britain had been for centuries. The President of the State Children Relief Department (1881-1901), (Dr.) Sir Arthur Renwick’s (1837-1908) following quote is indicative of the mindset of those running the welfare system in Australia:

The asylum system so undermines self-reliance that the relapses into pauperdom, or descent into gross vice, in the case of children so nurtured, are in a proportion frightfully large. In this way, as the [British] Royal Commissioners on Education say, ‘pauperism is hereditary, and children born and bred of the pauper class furnish the great mass of the pauper and criminal population’ (NSW SCRD: 1882, pp. 4-5).

However, it was thought that hereditary pauperism and criminality could be ‘broken up’ by the boarding-out system and in addition be a great saving to the state (NSW SCRD: 1886: p. 5). Large asylums were extraordinarily expensive to maintain and state officials did not think the children produced were adequately trained, and therefore the system did not provide ‘value for tax payers’ money’ (NSW SCRD: 1888, p. 5). The boarding-out system was promoted from 1870 onwards and Renwick greatly extended the department's legal powers of guardianship of state children (Rutledge: 1976).

Children are rescued from the colourlessness, the dreary monotony, of the routine life of asylums. Their chance of growing into useful and intelligent men and women is indubitably better than that of those children of the state whose whole early training is the training of the Barrack (Renwick cited in NSW SCRD: 1883, p. 4)

The influence of middle and upper class Female Reformers was felt in the colony as it had been in Britain. According to Murdoch (2006, p. 53): “These women
used domesticity as an important rhetorical tool, superimposing the domestic sphere onto children’s institutions - as a way to legitimise their involvement in public issues”. In the ensuing decades they would become ardent promoters of the boarding-out and adoption systems as welfare measures.

‘Elite’ women, like their British counterparts, expressed concern that there were not enough well-trained domestics and acknowledged that girls could not be adequately trained in large institutions for duties within a single household, as one of the leading Reformers and proponent of the Australian boarding-out system stated:

> When we remember that these children were to be sent out as little servants to help others when they could not help themselves, it may be imagined how useless they would be (Clark: 1866, cited in Spence: 1907, p. 17).

The Barrack System was accused of manufacturing ‘half-formed creatures, dull, sullen and mechanical …little automata instead of human beings … machine made paupers’ (Murdoch: 2006, p. 60). Instead of producing industrious individuals fit for citizenship, which it was supposedly designed to achieve (Garton: 2008). The new impetus, therefore, was to remove children from large institutions and place them in home like settings where they could become well-trained and obedient employee/citizens.

Hence by the late 19th Century there was a move in Australia to board-out children. It was considered not only more efficient, but also a cheaper option (NSW SCRD: 1888, pp. 5-6). Disassociating children from ‘pauper’ parents and placing them in a more ‘wholesome environment’ had been inherent in the Barrack system. The branch did not fall far from the tree. The ideology underlying the boarding-out system was still one of removing children and placing them away from their ‘contaminating’ families.

**The Beginning of the Boarding-out System in Australia**

Catherine Clark was one of the pioneers of the boarding-out system. She wrote an open letter to the Adelaide Register, March 1866, stating that pauperism
was on the rise and that something had to be done to ‘curb the evil’. She likened the Destitute Asylum to the workhouse of England and complained that both were the ‘nurseries of pauperism’. She did not mention single mothers or illegitimacy per se, but only the need to stem the flow of paupers by cutting their association with other paupers:

If pauperism is hereditary, surely it is the greatest mistake to bring up young children in the midst of it … It would surely be less expensive, as well as more healthful, to bring up children in the country’ (Clark 1866 cited in Spence: 1907, pp. 14-15).

Clark’s intention was to duplicate the Scottish system and not only remove children to the country, but also the very young infants of single mothers. She wanted the babies to be transported far away from the interference of their mothers, and assimilated among what she referred to as, “Our healthy and industrious population” (Clark 1866: cited in Spence: 1907, p. 15).

Australia was distinguished from the United Kingdom, Canada and the US in that ‘everything connected with the children thrown on public charity as destitute, neglected, uncontrollable, or delinquent … [is] … a charge on the general revenue, and not on local rating’ (Spence: 1907, p. 4). So according to Spence: “This independence of charitable aid is the cause why in Australia the principles and the administration of child-saving are the best in the world” (Spence: 1907, p. 4). It also illustrates that the child removal polices and the introduction of the laws that supported those polices were initiated and controlled by a collaboration of the federal and state governments. South Australia was the first to adopt the system of boarding-out, but it was soon replicated in all other states.

The first book written on boarding-out was by Catherine Helen Spence. It was dedicated to the founder of the movement in South Australia, Catherine Clarke, and was commissioned by the State Children Council as a handbook for those working in the boarding-out system: ‘all over the world’ (Spence: 1907, p. 6). The book included a chapter, written by Clark, recounting the beginning of the system in Australia. Spence explained how the Australian system emulated the British: “since its inception South Australia has had a Poor Law, based on the English principle that absolute destitution had a claim upon public charity” (Spence: 1907, p. 7). The
boarding-out system (Clark: 1866 cited in Spence: 1907, pp. 18 – 21; Spence: 1907, p. 25) was also promoted for its tax saving benefits.

Clarke explains how, in 1866, the ‘experiment’ of boarding-out began by her taking two children from the Asylum and placing them with private families. She took a third, “But unfortunately her mother found out where she was, and went to the house … clamouring to see her”. Apparently, the mother tried to reclaim her daughter on several occasions, until the foster parents gave the girl back to Clark. Clark placed her elsewhere where she was trained as a domestic. Clark states that the child’s placement was important because, “Anything like failure injured the cause which I had so much at heart” (Clark: 1866, cited in Spence: 1907, p. 18).

Right from the birth of the system the public had to be convinced that boarding-out was not going to be a means of hardship for children. Spence discussed how the public had been influenced by books, written by Charles Dickens, and another by Francis Trollop, titled Michael Armstrong: The Factory Boy (1840). Trollop recounted how apprentices had been half-starved, beaten and over-worked. The theme of the story was not just about the dreadful conditions, but that individual philanthropy was an inadequate solution to the problems of industrialisation (Spartacus Educational: 2011). For example Michael Armstrong had been adopted, but his wealthy benefactor grew tired of him, and subsequently apprenticed him to a factory. The story highlighted the capriciousness of foster parents and the vulnerability of children placed away from kin, particularly when there was lack of oversight.

Removing a child from its mother was not socially palatable to Australia’s working class and its normalisation was carefully planned by the early proponents of the boarding-out system. Spence was insistent that supervision was imperative for the safety of the child, whether adopted or boarded (Clark: 1866 cited in Spence: 1907, p. 19), and it was the tool she used to ‘sell’ the system. Clark claims that public opinion against boarding-out was transformed in South Australia by highlighting the fact that supervision of foster-carers and the children placed with them was an integral component (Spence: 1907, p. 38). Clark feared that without the safety net of supervision the whole system could fall into disrepute. However, right
from the beginning of the experiment the state preferred adoption because adopters were prepared to take a child without payment. Clark was highly critical of this arrangement, apparent in her remarks about the actions of the Chairman of the South Australian Destitute Board, who removed children from homes where they were boarded and placed them for adoption to save the state the expense of their keep. She elaborates:

I am sure that if I were a visitor [Lady Inspector] I would be very unwilling to find fault with the foster parents who were doing so much for the child for nothing (Clark: 1866 cited in Spence: 1907, pp. 20-21).

Despite Clark’s reservations by 1875, of the ‘208 children under the Boarding-out Society 129 were placed out under the system of adoption for service’ (Boarding-out Society: 1875, p. 6 cited in Forkert: 2009, p. 26). Catherine Clark explains:

So great is the demand for labour that many people will gladly take the older children without payment’ … these young labourers were called ‘adopted children’. She also reported cases of adoption that she called ‘real’ adoption whereby ‘children are evidently kept for love rather than use’ (Clark 1882, pp. 2-3 cited in Forkert: 2009, p. 25)

Child removalist polices were inherent in the boarding-out system. Boarding-out was after all, the removal of children to a ‘healthier more wholesome’ environment, which implied the cutting of all familial ties. Australia’s various state Child Welfare Departments, developed to oversee the system, were therefore premised on the ideology and practice of child removal. The acceptance of boarding-out was to be gained by the ‘sympathy and co-operation of the public and the press and also for lending the help of counsel as well as of example to the sister colonies, as well as of aiding the workers in England and the United States’ (Spence: 1907, p. 12). It was an imperial project so it is not surprising that similar practices developed in the countries mentioned. South Australia was believed to be a good place to start the system because ‘It was the sphere of the least resistance [but] with no experience to guide her and much mistrust and prejudice to counteract’ (Spence: 1907, p. 12).
The Development of the New South Wales Boarding-out System

Renwick explains: “On April 5, 1881, the [boarding-out] system was brought under official control, under a measure submitted to Parliament by Sir Henry Parkes, as Colonial Secretary, designated the State Children Relief Act (NSW)” (NSW SCRD: 1890, p. 3). So from 1881 to September 1896 the operations of the State Children Relief Board (the Board) were defined by the provisions of the State Children Relief Act of 1881. The original Board was constituted on April 19, 1881 and eight members of the Board were appointed. The President was Arthur Renwick who remained President of the Board until 1902 while serving as Secretary of Mines (1881-83) and Minister of Public Instruction (1886-87). (10) The other Board members were Joseph George Long Innes, the Minister for Justice (1880-1881), John Rendell Street, Lady Allen, Mrs Mary Ischam Garran, Mrs Marian Jefferis, Mrs Mary Elizabeth Windeyer, and Miss Mary Stuart. Lady Jennings was appointed to the Board on 30 September, 1881 (NSW State Archives: 2012). Mrs. Windeyer was an avid enthusiast of both the Boarding-out and Adoption Schemes and was instrumental in the development of Crown St Women’s Hospital. Her involvement in that endeavour is discussed in more detail in Chapter Ten. The State Children Relief Board was dissolved by the Child Welfare Act of 1923 (Act No.21, 1923) which commenced on 15 December, 1923. The Board’s powers and authorities were then vested in the Minister of Public Instruction (NSW State Records: 2012)

The 1881 Act gave the Board power to deal with state children maintained apart from their parents (NSW SCRD: 1899, p. 14) either through boarding-out or adoption. The Board was given the power under Sec 4 of the Act ‘to approve of persons applying to adopt state children and to arrange the terms of such adoption’.

Boarding-out and adoption had the added advantage of providing children with more individualised training in a family setting. It was considered a joint state/family enterprise. The family therefore bore part of the burden of maintaining the child and the full burden of training, but it would be a family of the state’s choosing and one designated as ‘fit’ as Arthur Renwick (NSW SCRD 1894, p. 1) explains:
We have rescued 5, 620 children from poverty-stricken hovels in unsanitary neighbourhoods and from public and other institutions.

The Welfare System: Built on ‘Child Removal’

The boarding-out system strives to supply to children … such a share in family life as shall give them a natural training… … they learn to make their own way in the world, and utterly dissever their connection and their associations with pauperdom (NSW SCRD: 1882, pp 5-6; NSW SCRD: 1887, p. 19).

In Britain, destitute unwed mothers, without a supportive family network, were expected to leave their infants in the poorhouse and find employment. As discussed previously, convict unwed mothers were expected to wean their infants and leave them to be brought up in the Orphan Asylum. Boarding-out was even more successful at cutting ties between the child and his family. Mothers knew where their children were when kept in an asylum, and when their circumstances improved would try and reclaim them. The state’s intention though was to sever all ties:

In … cases in which the children were disturbed through the parents’ interference … it was found necessary to remove them far into the country, so that they should not come in contact with dissolute mothers (NSW SCRD: 1883, p. 23).

Once moved to the country poor mothers could not afford, nor take time from work, to visit their children. The state deliberately set out to destroy ties between them and their children in its goal to rid itself of pauperism (Clark: 1866 in Spence: 1907, pp. 14-15, 118). It was assumed that the children removed would be loyal to their carers and not return to their families. The state referred to their families of origin as degenerate, vicious and as parasites on society. Additionally the state had a pecuniary interest in disconnecting links with what it deemed ‘the degenerative influences of pauperdom’.

As pauperdom was thought to equate to criminality, the saving to the state was not just in the present, but also the future in that children adequately trained would not be a burden on the ‘machinery of justice’ (NSW SCRD: 1883, p. 4). It seems that the intention of those running the Child Welfare System in NSW
paralleled that of Catherine Clark’s and Helen Spence’s in South Australia. The focus was on removing children from their mothers and placing them where it was difficult for them to be reclaimed.

Renwick had a real concern with keeping such an ‘objectionable class of parents’ from reclaiming their children. It was he claimed: “Necessary to prevent these particular children from returning to their old haunts and habits”. Renwick talks about parents, but the following quotation indicates his major concern was with mothers: “It will readily be understood that these poor girls, under the influence of such mothers are exposed to temptations of the most dangerous character”. Renwick urged that legislation be introduced to stop association of children with their ‘unfit’ mothers (NSW SCRD: 1887, p. 12).

Often impoverished parents/mothers on learning that their children were going to be removed from the asylum and placed in distant foster homes where they would be ‘unable to regain possession of them’ caused the ‘alarmed parents’ to withdraw their children. This was the case even when the colony experienced an economic downturn. It was noted that the poor tried desperately to keep their children (NSW SCRD: 1886, p. 12). The breaking of links with their family was not only thought to eliminate pauperism, but just as importantly would help train the children for service and provide for their assimilation: ‘They form relationships with the non-pauper members of the community. They mix readily with the non-pauper children … the boys … are sent … to apprenticeships …girls are sent to service’ (Sir John McNeil cited in NSW SCRD: 1883, p. 4). McNeil, British Chairman of the Board of Supervision on Boarding-out, was a keen proponent of assimilation of children into the ‘industrious classes’ (Henley Report: 1870: p. 44). Assimilation was a key purpose of child removalist polices.

**Undeserving Mothers**

The unwed mother, according to the values of the elite, was doubly afflicted. Not only was she poor, but her body was supposedly the site of immorality and both she and her child a source of contamination. The discourse of contagion had been successfully transported to Australia along with the convicts. When it was suggested
that a lying-in hospital should be set up in a wing of the Randwick Asylum (NSW SCRD: 1887, p. 4), Renwick, also the President of the Benevolent Society, was absolutely against it. He believed that any care bestowed on the mothers would normalise their ‘social sin’ and send the wrong message to the young boys and girls already housed there. The Benevolent Society, though, took in poor, single mothers, a fact Renwick defended:

It may perhaps be urged that at the Benevolent Asylum the women and children now associate, but this evil is neutralised as far as possible by the prompt removal of their children for boarding-out.

Sec 2 of the State Children Relief Act 1881 (NSW) empowered a Boarding-out Officer to remove from an Asylum any state child to be boarded-out (NSW SCR Act: 1881). The policy of removing infants from their unsupported, unwed mothers was, it seems, already well entrenched as early as the 1880s.

In 1890 Renwick (NSW SCRD: 1890, p. 9) announced the commencement of a new scheme for infants removed from their mothers. The Colonial Secretary made an arrangement with the authorities of the Sydney Benevolent Asylum to empower the board to deal with all ‘foundling’ children placed in the asylum by boarding them with wet-nurses in the country and to increase subsidies to the foster mothers. That the so called ‘foundlings’ had families is revealed by Renwick’s later comments:

They are placed in the country with wet nurses far removed from the often insanitary and nearly always undesirable and unsuitable localities in which they were brought into the world … 96 children are under such control (Renwick cited in SCRD: 1895, p. 9).

Only a very small percentage of infants taken from their mothers were actual orphans. According to Catherine Spence only six or seven per cent of Australian children placed into care were ‘real orphans’. The rest were deserted (left in orphanages because of extreme poverty of mother/parents), taken from ‘unworthy parents’ (1907, p. 36) or, forcibly removed from their single mothers ‘to neutralise evil’ (NSW SCRD: 1887, p. 4), as related by Renwick above.
The nursing out experiment was run on a similar model to that of the London Foundling Hospital discussed in Chapter Four. Renwick (NSW SCRD: 1892, p. 8) explains that wet-nurses were paid on average £25/18/1 annually to look after the forcibly removed ‘illegitimate’ infants. When the infant was older he or she would be taken from their foster parents and placed in the ‘ordinary boarding-out division’. Trickett, who took over the Board’s Presidency for the year of 1893, acknowledged that the experiment of placing children with wet-nurses had been successful because if they had remained in the Benevolent Asylum or other similar institutions many of the ‘weaklings’ would have died (NSW SCRD: 1893, p. 10). Thus, indicating that the mortality rate among the taken infants was high.

Renwick was very aware, as were his colleagues, that the greatest cause of infant mortality was the early separation of the infant from its mother and the difficulty in finding a good quality substitute for mother’s milk. Even so the high mortality rate of illegitimate children was often blamed on the mother or on women they selected and paid to foster their infants: ‘baby farmers’. This is not to state that there were not some women who exploited the vulnerability of single mothers forced to rely on their services. But the fact the death rate in government run or subsidised institutions was excused and rather blamed on the infants being ‘weaklings’, the obsession with ‘baby farmers’ could be interpreted as being more about gaining control of the infants of single mothers. After all, when the mother placed her child she knew where it was situated. She could visit and if she found herself in a better financial position, such as being married or in employment where she could take her child with her, she kept the custody of her child and remained in control. Naturally if the board stepped in and took her child and boarded or adopted it out to places unknown, the mother lost control and it was near impossible for her to reclaim it. If parents or a mother did find the child the state moved it to another location, as Renwick alluded to previously.

Arthur Renwick (NSW SCRD: 1892, pp. 2-3) was part of a Select Committee of the Legislative Council that introduced into the Legislative Assembly the NSW Children’s Protection Act. The Act attempted to eliminate ‘baby-farming’ by introducing heavy penalties against foster mothers who were unlicensed. It mandated official inspection of foster homes and state control of Lying-in Homes where two or
more women gave birth. It also introduced the registration of still-born infants. This Act was very much about the state intervening in the lives of single mothers whose births were being monitored via its supervision of lying-in homes and in trying to do away with foster carers who were not state approved.

**Economics and the Welfare State**

All through the NSW Annual Reports of the Child Welfare Department (CWD) and its predecessor the State Children Relief Department (SCRD) are records of the monetary amounts saved, initially by the implementation of the boarding-out and then the adoption system, for which no payment was paid to the foster parents. In the 1880s Renwick reported that boarded-out children in Victoria cost under £15/-/- whilst the cost to that State of maintaining children in industrial schools was between £19/-/- and £20/-/-. He pronounced that for the State the boarding-out scheme was “most economical” (NSW SCRD: 1882, pp 5-6; NSW SCRD: 1887, p. 19).

It was reported (NSW SCRD: 1890, p. 5) that not only did the state save by having foster parents train children, but the actual pecuniary saving was between £12,000 and £14,000 per year. By 1895 Renwick calculated that the boarding-out system had saved £100,000 (NSW SCRD: 1895, p. 3). As previously stated the state preferred adoption as the default welfare solution, not only because it saved it the cost of paying foster carers, but it was assumed that individuals who took on the parenting of another’s child without payment must be wealthy and altruistic (Clark: 1866 cited in Spence: 1907, p. 21). In order to promote the system Renwick repeatedly called for a law that empowered his department to permanently separate children from their parents. According to Renwick more children would have been adopted and the state, “Relieved from an expenditure of at least £650 ‘per annum’ if there was a law that as I have suggested, to prevent children so placed out from being subsequently claimed by their parents” (NSW SCRD: 1883, p. 21; NSW SCRD: 1886, p. 28). He continued to urge for this legislation during his tenure as President of the SCRD (NSW SCRD: 1886, p. 28), sighting state savings to justify his promotion of adoption. He also indicated that there were more people, particularly infertile couples, who wanted to adopt than there were children available. By 1889 he argued that if his Department were able to fulfil the applications the savings
would have risen to £1,300 a year. He also made the point that since the applications were from mostly well off people, the children would be better educated than if they were allowed to stay with their own mothers (NSW SCRD: 1889). The CWD in West Australia similarly promoted adoption because of state savings (Kerr: 2005).

In the 1890s there was a severe depression and cost cutting would have been at the forefront of the SCRD Board’s agenda. The Barrack system was done away with because it was too expensive. Boarding-out was cheaper and produced a more reliable work force and adoption was seen as the most ‘perfect’ part of the system. Potential adopters, however, only wanted very young children and these were generally supplied by single mothers. So regulations were introduced to ensure more infants were available for adoption and older children could be kept by their deserted or widowed mothers. For instance, in 1896, in an amended Act that regulated the Department, Clause 9 was inserted: ‘Parents to have no further control of children after adoption. Whenever a child is surrendered by his parents for adoption such parents shall have no further control over such child, except by consent of the Board’ (NSW SCRD: 1897, pp. 1-2). The new amended Act of 1896 also introduced Clause 10, which allowed widows and deserted wives to apply for outdoor relief (benefits) for their children. This resulted in keeping many mother-headed, destitute families together. It not only significantly reduced the number of children going into care it also was a great saving to the state which previously paid far more to its foster mothers to care for these children than it now paid their mothers (NSW SCRD: 1897, p. 3; NSW SCRD: 1899, p. 14). The same logic could have applied to paying an unwed mother to assist her keep her family, but it was not just pecuniary interests that were at the forefront of the state’s agenda. In this case, the ‘Elite’s’ concerns about morality and ‘contamination’ outweighed financial considerations. The amendment reinforced patriarchal relations by rewarding conforming women, economically punishing single mothers, and eroding their citizenship rights by putting their right to parent further at risk.

**Mothers at the Margins**

The plight of single mothers is explained by Spence:
It is only when absolutely penniless and friendless that women appeal to the board for shelter, medical attendance, and care. If by hook or by crook a girl can pay for the services, she goes to one of the maternity homes … and then generally boards out her infant with some woman, who makes a sort of business of it, and goes forth into the world to earn her living, unless her parents or relatives will receive her.

In the above Spence acknowledges the struggle single mothers undertook to keep their infants. Yet every time child-savers wanted legislation implemented that empowered them and further diminished the rights of single mothers they cited the use of ‘baby farmers’ and the mother wishing to ‘rid herself of her burden’ as Spence does in the quote below:

We know a good deal about baby farming in all parts of the world, which results in the deaths of great numbers of illegitimate infants, because these babies are unwanted, and their death would relieve those responsible for them (Spence: 1907, p. 61).

It was an often repeated stereotype that illegitimate children were unwanted and their unwed mothers had so little maternal feeling that she either abandoned her unwanted baby, or, worse, killed it. Illegitimate infants coupled with the notion of ‘being unwanted’ had been a part of the discourse justifying the removal of infants from their mothers for hundreds of years in Britain. As discussed in Chapter Four the death rate of infants separated from their mothers, either in institutions or foster households was extraordinary high. Single mothers were also often at the mercy of foster parents, as the following exemplifies.

The Maitland Mercury (1891, p. 2S) reported:

The Benevolent Asylum had received in the past five weeks … six abandoned infants. According to a Report from the Manager of the Benevolent Asylum in the year 1889-1890 thirty three infants had been received many had been deserted by babyfarmers … Having got the infants and the fee they abandon the child in some public place or place it in some household promising payment which is never forthcoming … Their business of receiving and abandoning infants was regularly pursued … Many of the babyfarmers also keep homes where unmarried mothers can lie in, and by this means babyfarmers obtain a further supply of infants and fees … the farmers are [also] understood to have arrangements with childless married women or others who want to adopt children.
The State as Father

The elite believed that illegitimate children were neglected children, and that the state needed to take over the role and responsibility of the father and provide the necessary discipline, so that (NSW SCRD: 1884, p. 8) the child [should be] trained by reformative methods away from its immoral surroundings (NSW SCRD: 1884, p. 9). It was not just the mother then, who was in need of rehabilitation, but the child by virtue of its birth, needed to be ‘trained up right’. Dr. Harvey Sutton and his colleagues would state some decades later that, “If such children were let loose on the community without proper training heaven knows what the result would be” (SMH: 1928, p. 9).

Many cases occur in which it is highly desirable … for the sake of society that the state should step in through this board … [and remove] illegitimate children … it is a charity for all concerned and for the board to accept (NSW SCRD: 1884, p. 8).

Social Engineering: the Eugenic Discourse Underlying State Welfare

Pauper and illegitimate children were considered to be in need of control and restraint not only because they were deemed intrinsically corrupt, but because if they were not removed from their environment there was a concern that they would reproduce more like themselves and the state would be swamped by crime and paupers. It was not only the single mother that was considered feebleminded and inferior but her offspring.

Their passions are strongest [and] most need careful guidance and protection from the ordinary temptations of life (NSW SCRD: 1885, p. 12).

The raising of the status of the child by placing it with a ‘normal’ married couple so it could emulate middle class values was an important imperative of the Department:

She had a touch of the forwardness habituated to the lower class … but it was soon checked; she is now a very well- mannered little girl (NSW SCRD: 1885, p. 38).
Arthur Renwick retired from his position as President of the State Children Relief Board on February 24, 1902. He was succeeded by Sir (Dr.) Charles Mackellar, an even more radical environmental eugenicist, who took up his position in April 23, 1902. Formerly Mackellar had been a member of the Board from 20 October, 1882 – 23 October, 1885 (NSW SCRD: 1902, p. 1). Mackellar took on the Imperial imperative of populating Australia with healthy, industrious citizens with enthusiasm. Stephen Garton has described him as one of the ‘foremost proponents of environmentalist social reform’ in NSW (Garton: 1986, p. 21). He believed children could overcome the psychic burden of ‘vicious’ and ‘criminal’ parentage if ‘they were removed to a fresh social context: that is, to homes that were morally and physically clean’.

Sir Charles Kinnaird Mackellar (1844-1926)

Mackellar was an ardent supporter of the boarding-out and adoption schemes. In 1902 he declared boarding-out to be national welfare policy. This was formalised at a national conference of welfare workers, held in South Australia, in 1908 (Mackellar: 1913, p. 204). Mackellar continued along the path Renwick had laid, but intervened even more in the lives of the poor, particularly single mothers and their infants. He believed that the welfare of the state over-rod parental rights and that children should be brought up ‘in a suitable family’ (Mackellar: 1913, p. 4). He stated that ‘He would earnestly advocate state interference on behalf of the child’ and that the state should ‘not scruple’ about taking children under control (NSW SCRD: 1904, p. 24). This meant child removal policies were expanded. He justified his stance by resorting to the contagion discourse, stating homes must be ‘morally as well as physically clean’, and children must be ‘withdrawn from their vicious environment’ and placed with ‘wholesome moral’ people where they would be trained to be ‘well-behaved citizens’ (NSW SCRD: 1904, p. 24), totally assimilated amongst legitimate, White Australians.

Mackellar’s orientation towards environmental eugenics is apparent in statements such as, “I believe the environment … has a much more potent influence … the youthful mind is a fair sheet of white paper on which anything can be written” (NSW SCRD: 1904, p. 24). It is evident that Mackellar was influenced by the
founder of eugenics, Sir Francis Galton, as he cites a paragraph from Galton’s Inquiries into the Human Frailties (1883) in his own writings: ‘It has been said that the child is born prepared to attach himself, as a climbing plant is disposed to climb, the stick being of little importance; the models upon which the child or boy forms himself are the boys or men whom he has been thrown amongst’ (cited in Mackellar & Welsh: 1917, p. 30). He goes on to state that he cannot accept a theory that does not allow that a child, removed from an evil environment during their earliest years, will not in later years “vary but little from their more fortunate brethren” (Mackellar & Welsh: 1917, p. 30). Hence, based on environmental eugenics, Mackellar and his colleagues established social engineering as an intricate part of the Australian welfare system.

In 1904, the same year that the British Royal Commission into the ‘Problem of the Feebleminded’ commenced (Davies: 1976, p. 70) Mackellar expressed concerns for their control in Australia. He stated that although, the number under the care of the Board were few, the state population was large and this was a matter of national concern. He further argued that if the problem was not addressed the children of the feebleminded could “degenerate into criminals, lunatics, and in the case of females, fall victims to lust” (NSW SCRD: 1904, p. 7).

Mackellar was not an advocate of economic assistance for single mother headed families. In his first report as President of the Board he criticised the state’s stance on providing out-door relief to widows. He proposed that giving financial assistance made women less reliant on their own efforts and that it encouraged family members to shirk their responsibility of providing for them. Like eugenists, before and after him, he believed that state welfare had a ‘pauperising effect’ (NSW SCRD: 1902, p. 21).

**Pronatalism**

Mackellar’s focus was on decreasing the mortality rate of illegitimate infants. This was a common concern among the ruling elite who collectively believed that a small population left Australia vulnerable to invasion. The situation was believed so dire there was a Royal Commission on the ‘Decline of the Birth-rate’ (1903-1904)
which Mackellar chaired. He reported that even after the implementation of the *Children’s Protection Act* (NSW) of 1892 the mortality rate amongst illegitimate infants was high and in 1908 it was approximately 27%. He wanted to set up facilities so mothers could wean their babies to prevent ‘infant wastage’ (NSW SCRD: 1908, p. 19; Mackellar: 1917, p. 13). This did not mean a change in policy towards single mothers; they were still expected to part with their child after weaning if they did not have family support and a home to go back to (Lorne-Johnson: 2001; Dees: 1983).

As discussed previously there had been a concerted effort by the state to prevent the single mother choosing her own foster carer. Renwick had been satisfied that the Child Protection Act (NSW) 1892 had eliminated the problem, but Mackellar was not. He wanted more control and regulation of unwed mothers. To accomplish this he again used the convenient propaganda tool of ‘nefarious baby-farmers’ and unmarried mothers’ use of them as only “a way of ridding herself of her burden” (NSW SCRD: 1902, p. 23). He blamed the high mortality rate on mothers’ incompetence, or that of the women they chose to assist them with child rearing. He demanded that hostels be set up where mothers could wean their babies, but where they could also be monitored and regulated.

Mackellar inquired about the outcome of illegitimates in various charitable institutions around Sydney. Matrons of the Foundling Homes stated that infants separated from their mothers had up to a staggering 70% mortality rate (NSW SCRD: 1902). Mackellar was defensive, insisting it occurred despite the ‘earnest care’ that had been ‘exercised in every institution’ he had visited. In this instance he blamed ‘premature weaning’ and ‘feeding infants with artificial foods’. He cited the comments of the Mother Superior of the Waitara Foundling Home, who said in reference to the importance of the mother: “An indefinable influence which [she] alone can exercise … In the absence of the mother the difficulty of rearing the child is increased more than tenfold” (NSW SCRD: 1902, pp. 23-24). Mrs. Graham of the Benevolent Society explained that even with food other than breast milk, if the mother was allowed to stay with her infant its chance of surviving “are exceedingly good” and that occurs “no matter how ignorant, careless, stupid, and even dirty the mother” (Mrs Graham cited in the NSW SCRD: 1902, p. 24). According to
Mackellar in some cases only the infant was permitted into the various institutions depending on the ‘discretion of the managers’ a situation which Mackellar wanted to rectify (NSW SCRD: 1902, p. 24). One notes the fluidity of the terms used to describe single mothers’ children. They were labelled ‘motherless’, ‘orphans’ and ‘foundlings’. Mackellar’s investigation into the Foundling Homes reveals that separating mother and infant very shortly after birth was an entrenched practice.

Most of the Homes had a policy of allowing only single mothers who were giving birth to their first child. Some homes, particularly in the late 19th Century kept mother and infant together as a way of rehabilitating and reforming them and training the child. The mother was expected to work in the Home and only had access to her infant at feeding time. Boarding-out was still presumed if the mother had no family support (Lorne-Johnstone: 2001, pp. 39-40). Often lack of family support was due to poverty or because the mother had been cut off from her family network because she was a migrant, an ex-apprentice, a discharged reformatory inmate or had been or still was a State Ward (Mackellar: 1913, p. 203).

Under the Children’s Protection Act 1902 (NSW) the Board was given more authority regarding adoption of state children under 3 years of age. The Act gave courts the power to commit to the Board’s control those children considered by a court to be endangered or without proper guardianship (NSW State Archives: 2012).

Mackellar introduced the Infant Protection Bill in 1902 to ensure that single mothers had monetary assistance and protection during the weaning period (NSW SCRD: 1902, p. 16). The Bill came into force in 1904 as the Infant Protection Act 1904 (NSW). It provided for a mother to take legal action against the father before its birth and for the court to order payment for expenses occasioned by it. It also included the maintenance of the mother for one month before and six months after; and for the maintenance of the child during an indefinite period. Provisions were also made for the control of places established or used for the reception of infants, and for the licensing of anyone who had control of two or more infants under the age of seven. All such licensed premises were inspected at the discretion of a member of the Board and all particulars of the infants were to be kept including any deaths.
Rescue Homes had been set up in the late 1800s by religious organisations to assist destitute mothers and infants. Mackellar in the early 1900s wanted these homes to be incorporated into his plan for state regulation of single mothers and their infants. He proposed that Rescue Homes be transformed into sites of supervision, and to be an extension of the other asylums set up for punishment and reform, an example being the Industrial School for Girls at Parramatta. He described the women who needed the services of the homes as ‘moral degenerates’ who needed religion in order to reform. He wanted religious orders to work in co-operation with the state in ‘reformatory work among fallen women and young girls’. He also proposed that the Committees of the Homes organised by church bodies, such as the Salvation Army and the Roman Catholic Church and other organisations closely associated with them provide information about their work and the types of ‘inmates’ they were in the process of reforming (Mackellar: 1913, pp. 96, 203, 206). Therefore the process of regulating and reforming single mothers and their children was a national policy to be undertaken by the cooperation of the state and church.

In 1908 Mackellar and A. W. Green, the Chief Boarding-out Officer established under the Board three Rescue Homes for expectant mothers of illegitimate children. The pregnant women were allowed to stay for several weeks before and several months after confinement. Mackellar, revealing his class prejudice, stated that weaning the child “developed that maternal instinct which is so often absent in that class” (Mackellar: 1917, p. 13). The derogatory comment is unsurprising, as Mackellar had been deeply influenced by the eugenic discourse around single mothers and their children that emerged from the four year ‘Inquiry into the Causes of Feeblemindedness’ conducted by the British Government (1904-1908).

Mackellar and the Problem of Feeblemindedness

In a considerable number of cases illegitimacy is caused by feeblemindedness (Mackellar & Welsh: 1917, p. 34).

Feeblemindedness had been a concern of the medical fraternity in Australia from the early 1900s. At the Australian Medical Congress held in Sydney in 1911 the subject was accorded extensive discussion. Practitioners of psychological
medicine and neurology decided that the Commonwealth should initiate a campaign to provide an accurate census on mental deficiency and to educate the public about the problems of the feebleminded (Mackellar & Welsh: 1917, p. 10). Controlling the feebleminded was a Commonwealth project and unfortunately for unwed mothers, that was how they were categorised.

In 1912 Mackellar was commissioned to write a report for the NSW Government on ‘The cause and treatment of delinquency’. Mackellar requested an extension of his commission to investigate: ‘The treatment of the feeble-minded, and the close relation of illegitimacy and feeblemindedness to the delinquency of children’ (1913, p. 1). He travelled to Britain where he spoke to, and collected evidence from, the Commissioners of the ‘Royal Commission into Feeblemindedness’ (1904-1908). Mackellar was deeply influenced by the Commission’s findings, and he in turn influenced many in Australia on the treatment of the feebleminded. In his report titled: The Treatment of Neglected and Delinquent Children in Great Britain, Europe, and America (1913) he noted that the British Inquiry had established a clear connection between feeblemindedness and illegitimacy and it had recommended the detention of feebleminded girls in an endeavour to curb their reproduction (1913, p. 88). He said that a similar situation existed in NSW because his Department’s records proved that many single mothers gave birth to a great number of children who were mentally deficient and/or delinquent (1913, p. 91). The keeping of such records indicates that Mackellar had been monitoring single mothers and their children for some years before he went to Britain. He concluded that there was a relationship between mental deficiency, crime and illegitimacy (Mackellar & Welsh: 1917, p. 25) and that many of the illegitimate children would turn out to be either ‘imbeciles, degenerates or criminals’ (Mackellar & Welsh: 1917, p. 26).

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

Mackellar also perceived a direct link between single motherhood, illegitimate children, and racial and moral decay. Mackellar claimed that
feeblemindedness was not only caused by racial defect, but itself produced racial deterioration. Equating illegitimacy with racial inferiority Mackellar states: “Feeblemindedness is caused by a defect of the germ-plasm which once obtained will cause a serious defect in the race” (Mackellar & Welsh, 1917, pp. 54-56). He suggested that a feebleminded woman could be identified by the mere fact that she gave birth to an illegitimate child (1913, p. 90). He explained that: “The reason for the illicit pregnancy was because feebleminded girls had ‘an immoral tendency’ and their fall is due directly to their weakness of intellect; they have no power to resist temptation, and they fall an easy prey” (Mackellar & Welsh, 1917, p. 6). This corresponds with the American eugenicist, Henry Goddard’s definition of the moron, and Dr. Tredgold’s, the leading British eugenicist definition of the moral imbecile.

The focus of many of the recommendations in Mackellar’s Report to reduce delinquency was to reduce feeblemindedness. This was supposed to be implemented by controlling their reproduction. Mein-Smith (2002, p. 306) observes: “The eugenicist solution …. Australian authorities such as Dr (Sir) Charles Mackellar adopted was to encourage the fit to reproduce and discourage the unfit from doing so”.

**Conclusion**

The development of the boarding-out and adoption systems was borne out of the state’s need to train an industrious and efficient citizenry at the least cost. The architects of the state’s welfare policy had little regard for the parents of the children they removed. Initially the ideology on which the state premised its removalist policies was that of ridding society of pauperism. Mackellar and his ilk made social engineering an intrinsic part of the State Welfare System: removing children from those designated as paupers or ‘unfit’ and placing them with white, married couples from the ‘industrious classes’. As eugenics permeated the collective social consciousness, particularly that of the ‘elites’ in the medical profession, the focus became less on pauperism and more on reigning in the reproductive labour of single women. The child of the unmarried, unsupported mother was targeted for assimilation.
Rescue Homes originally set up to assist destitute mothers and their infants in the 1800s by religious organisation by the early 1900s were co-opted by the state as part of its attempt to supervise and regulate illegitimacy. State and church then worked together to stem: ‘national decadence, physical and moral’ (Mackellar: 1913, p. 96).

Mackellar, being an reform eugenicist, and a pronatalist, with a deep concern for Australia’s diminishing birth rate, focused on environmental solutions (1913, pp. 26-27, 31-32, 33). Since he reasoned that feebleminded woman could not provide an adequate home for their offspring Australia’s solution to the single mother was to remove her infant and place it in a more moral environment. This way both pronatalist and eugenic concerns were resolved.

Mackellar had introduced the monitoring of single mothers when he proposed the Infant Welfare Bill in 1902. Eugenics provided an ideology that could be used to further support child removal policies and further provide justification for introducing legislation that would curtail the rights of mothers and strengthen those of non-relative, but state-sanctioned adopters and foster carers.

As demand for children, particularly infants grew, legislation was enacted to ensure that the mother or members of their family could not reclaim their child/ren. Once provisions were made to protect adopters and foster carers, demand grew even further. For instance Clark (1866 cited in Spence: 1907, p. 20) states that “In 1872 the difficulty was to find homes for the children; in 1906 the difficulty was to find children for the homes”. The demand though, for adoptable white babies by infertile couples, was apparent right from the beginning of the adoption and boarding-out schemes (NSW SCRD: 1883, pp. 19, 21).

Renwick had been calling for legislation to protect the interests of adopters, by permanently terminating parental rights from 1882. He believed that an ever increasing number of adopters would come forward and hence ‘rescue’ thousands more children from the perils of their own family life (NSW SCRD: 1883, p. 4; 1894, p. 1).
Mackellar, on taking over the Presidency of the Department (1902), continued down the path set by his predecessor: Arthur Renwick, implementing policy and developing legislation that had at its heart: child removal, training and assimilation, as he confirmed: “So much depends on the environment” (1913, p. 86). The success of the Australian boarding-out experiment was considered so important to the Empire that its successes were reported on in ‘America and the Mother-country’ (NSW SCRD: 1885, p. 25).
CHAPTER 8

Evolution of Adoption Legislation and Policy in Australia

Introduction

This chapter describes the social and institutional forces that shaped adoption legislation and policy and the role the state played. Adoption was considered the cheapest form of out-of-home care and became the default welfare solution when dealing with single, unsupported mothers. It became an institution within which children were trained to be useful citizens, illegitimacy was resolved by assimilating infants with ‘normal’ mothers and fathers and the infertility of ‘moral’ married couples was socially cured. As the demand for babies increased the treatment of single mothers became more brutal and infertile married couples were encouraged to view the adoption of another women’s infant as an ‘entitlement’. Hence any legislative loop-holes that allowed mothers to reclaim their children were quickly closed, and by the 1960s all states in Australia had among the most draconian adoption legislation and policy in the Western world (McHutchison: 1984).

Patriarchy set the parameters for defining ‘good’ and ‘bad’ mothers. The discourses of contagion and eugenics necessitated children be removed from their contaminating environments and that they be placed with parents deemed fit according to a culture defined by patriarchal relations. The following quotation encapsulates the motherhood, contagion and eugenic discourses that shaped welfare legislation and policy through the 20th Century. Creating a worthy citizen is inferred by the placement of a child in a ‘good home’ with ‘real parents’ who would assist the state in its training.

The Department gives every facility to people who are willing to adopt [It] knows that the children are finally placed in a good permanent home with a real father and mother (NSW CWD: 1926-1929, p. 31).
The patriarchal system then coupled with capitalism led to the commodification of mothers and infants who were then regulated by market principles of supply and demand and cost cutting measures:

The state has saved the expenditure of large amounts annually which would have gone to pay for boarding-out these children … every day the Department has applications from people anxious to fill some vacant chair … great pleasure is given to parents who yearn for an outlet for their love and affection (NSW CWD: 1926-1929, p. 31).

Adoption Legislation implemented

In 1896 West Australia was the first Australian state to implement adoption legislation. It was heralded as a great saving to the welfare budget (Kerr: 2005). At least partly to ensure that the savings were maintained, the state privileged the needs of the adopters over those of the mothers. Those wishing to adopt wanted surety of ‘ownership’ and the child kept ignorant of its heredity, hence there were increasing demands for a complete severance from the infant’s family. However, adoption was never touted as a service for the infertile; it was always claimed to be ‘in the child’s best interest’ (Kerr: 2005, p. 105).

In the early 20th Century the West Australia CWD was busily engaged in promoting the adoption of illegitimate children:

Hon A. Lovekin (MP) … made reference the other day to the very large number of adoptions carried out recently. I am sure the honourable members will agree with me … great credit is due to the department for the work done in that connection (Colebatch in WA Hansard: 1921, 8 Sept, p. 693).

The department’s work was certainly in tune with the West Australian Government’s agenda, as it was noted that the State wants: ‘By every means to encourage the adoption of children … for the benefit of the children themselves as well as for the state’ (WA Hansard, 21 Sept, 1921, p. 852 cited in Dees: 1983, p. 1).

The State Children Relief Act 1896 (NSW) amending the 1881 Act, had inserted Clause 9 which stated:
Whenever a child is surrendered by his parents for adoption such parents shall have no further control over such child, except by the consent of the board (Act as Made 1896).

In the amended Act of the same name (1901, Part 3) the above clause continued to be in operation under cl. 15 as did, cl. 2 in the preceding Act, now cl 7:

To approve of persons applying to adopt state children and to arrange the terms of such adoption.

The state was only too happy to reward adoptive parents by accommodating their requests for secrecy, permanency and the complete extinguishment of all ties of the adopted infant with its biological family. The new clauses made adoption far more attractive than boarding-out, hence attracted more applicants which dovetailed nicely with the state’s social engineering policy of ensuring assimilation of children into middle class, white families.

This trend continued as Kerr explains:

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

In the 1920s there was a move in all states to follow West Australia’s lead to enshrine in law the rights of ownership of adopted children, whilst further placing limits on the rights of the mother via Child Welfare Legislation. For example, during the legislative debate of the NSW Child Welfare Bill (1922) adoption was justified by claims that mothers ‘of unwanted children got rid of their babies by handing them over to decent people’ (Mutch, NSW Legislative Assembly, 1922, Hansard p. 1342 cited in McHutchison: 1984, p. 4). Mutch’s opinion of unwed mothers was not unfamiliar; similar sentiments had been expressed by other politicians and welfare workers prior to, and for decades after, the Bill became law (Mackellar 1917: p. 13; Spence: 1907, p. 61; Bridges: 1965 cited in McHutchison: 1984). It could be argued that themes from a combination of discourses: motherhood, contagion and eugenics are inherent in the discourse of adoption. The overall theme is based on truth claims
such as: children placed for adoption are unwanted, and that those who adopted them are altruistic saviours.

The adoption discourse was firmly articulated by representatives of the state and placed on the public record via Hansard. Thomas Mutch (1885-1958), NSW Labor Minister for Public Instruction (1920-1922), Minister of Education (1925-1927), President of the NSW CWD, made remarks about single mothers that can only be construed as deeply denigrating and a cogent reminder of the eugenic discourse that underlay the development of the Australian welfare system. He stated that after foster parents “had gone to all the trouble of educating, feeding and then attaching themselves to the infant, there was always the danger that the mother, who was in no way deserving of parenting her child, would return and reclaim it”. He went on to state if there was surety in the law guaranteeing that once a child was adopted, all ties with their family were extinguished, more people would come forward to adopt. Mutch also alluded to the fact that the child would be trained to be a good citizen, whilst if it stayed with its own mother it would not (Mutch, NSW Legislative Assembly, 1922, Hansard p. 1342 cited in McHutchison: 1984, p. 4).

The West Australia CWD knew that the mother was forced to relinquish because of lack of family or financial support, and according to Kerr (2005) made this fact known in its 1918, 1920 and 1921 CWD Annual Reports. Kerr says the use of the term ‘unwanted’ was part of a duplicitous propaganda campaign used by the department to encourage adoptions as it was quite aware that the children were very much wanted by their mothers (2005, p. 153). The NSW CWD Annual Report 1926 - 1929 (pp. 7-9), revealed that as in West Australia, single mothers lost their children if they were destitute and judged immoral. Welfare officers’ tended to be judgemental and conservative as to what constituted a ‘moral’ or ‘fit’ mother. For instance the report stated that the department’s agenda was to remove children away from ‘unsuitable’ and impoverished homes where they were subjected to ‘influences which tended to be their undoing’. The Department’s concern over the ensuing years remained with alleviating ‘vice and crime’ and training the child in ‘values of character and moral ideals’ (NSW CWD: 1931-1932: pp 2-3). It conceded a large number of children taken were illegitimate. The report was unambiguous in that the
state and the child’s survival depended on he or she being ‘removed to healthier surroundings’ (NSW CWD: 1926-1929, pp. 7-9).

The Department’s focus remained on the rehabilitation of the child by its removal, but over time shifted from moralistic justifications to utilising supposedly scientific principles. Departmental Officers collaborated with other like-minded professionals. For example, David Henry Drummond (1890-1965), the NSW Minister of Public Instruction (Education) (1927-1930 & 1932-1941), who also had Ministerial responsibility for the NSW CWD (Belshaw: 1981), was enthusiastic about working with the recently formed Victorian Council for Mental Hygiene (1930) (the Council). The Council had been established to study ‘the whole question of human behaviour’, particularly deviancy. Drummond stated:

The Council will utilise doctors, teachers, psychologists, psychiatrists to educate not only those entrusted with the directions of our social activities, but the public. Guided by new knowledge it is hoped to be able to direct national effort along more successful, intelligent and humane lines (NSW CWD: 1932: pp. 2-3).

The new knowledge on which the Department relied ‘to alleviate … vice and crime’, was eugenics. Drummond, for instance, recognised the “urgent need [for a] Mental Deficiency Act to control and regulate the ‘feebleminded’”, still a major concern of the Department (NSW CWD: 1932: pp. 2-3). One of the key players in the Mental Hygiene Movement and with whom Drummond wanted to collaborate was Professor Edmund Morris Miller (1881-1964). Miller was an adherent of eugenics and the architect of the Tasmanian Mental Deficiency Act 1920 (Miller: 2011; Reynolds: 1986).

The nuclear family continued to be the eugenic/patriarchal ideal (Bloodworth: 1990, p. 82) and would be promoted at the cost of any other familial unit, including that of mother and child. Like Mackellar, Drummond was an environmental eugenicist. He believed that for children to become ‘good citizens’ they needed to be transplanted into good homes which were the source ‘of all great social virtues’. He explained that his understanding of a home was one that was Christian and consisted of ‘a good man’ and ‘a noble woman’. Anything that deviated from that ideal was
according to Drummond an “apology for a home, the travesty for one or the sort of hell upon earth that masquerades under that name” (NSW CWD: 1931-1932, p. 6).

**NSW Adoption Legislation Enacted 1923**

In 1923 the New South Wales Child Welfare Act was implemented (assented to Nov 30, 1923), the SCRD was dissolved and the new Act regulated the newly named Child Welfare Department, under the control of the Minister of Public Instruction. The Child Welfare Act 1923 repealed the State Children Relief Act 1901, the *Children’s Protection Act* 1902, the Infant Protection Act 1904, and the Neglected Children and Juvenile Offenders Act 1905. Some substantial amendments were made in respect to affiliation proceedings, and Part XIV of the Act dealing with Adoption of Children was new legislation (NSW Lawlink: 2009). Consent could be dispensed with if the court was of the opinion that the parent or guardian had deserted, neglected or abandoned the child. Amended by Child Welfare (Amendment) Act 1924 – the court was able to dispense with consent in any special circumstances where it deemed it expedient to do so (Remove and Protect: 2009; Child Welfare Act 1923 (NSW); Child Welfare Amendment Act 1924 (NSW)).

A neglected child was defined by the 1923 Act as a child under 16 years of age whose parent did not have a permanent abode or any visible means of support. This certainly would have impacted on a destitute mother of illegitimate child/ren who may have lost her employment because of her pregnancy. She may have been without a social or familiar network because of any number of reasons, such as discussed in the last chapter, being: an ex-State Ward, an orphan, migrant or woman whose family was too poor to assist. The mother may have taken employment with her infant, then a crisis such as an illness or the loss by death of supportive parents that placed her in the situation of having her child defined as neglected.

The new legislation enshrined the rights of adopters and the dispensation of consent clause was used broadly to extinguish the rights of single mothers. Hence if consent could not be gained from the mother, the authorities had the right to dispense with it and take her child whether she agreed or not. This led to a situation where all the child welfare officer or social worker needed to do was to declare the mother
‘unfit’, after which the child could be legally removed. An example of this would be the following case described in the 1929 NSW Annual Report of the CWD:

E.B. aged 17 years was keeping the company of bad companions she was admitted to Parramatta Girls’ Industrial School, when she was three months pregnant she was subsequently taken to a Departmental hostel, where she remained until three months after confinement, where the baby was admitted to state control and boarded-out, and the girl was placed in a [domestic] situation (1926-1929, p. 11).

The above quotation gives an insight into the running of government hostels. Mothers could remain for three months to wean their infant, following which they were forced to part with him or her while the government ‘placed’ the mother in employment, and the infant with foster parents.

A similar situation existed in West Australia. Researcher Shirley Moulds (1982) interviewed two elderly women who gave birth in 1927 at the Alexandra Home for Women in Perth. Both women confirmed that they breast fed their babies for a period of three months, during which time they were forbidden to leave the Home. Then they were forced to give up their babies for adoption. The women were told their treatment was part of their punishment. Moulds states that further case histories indicate this practice continued until the early 1950s. Before allowed to leave the home both women had to place their hand on a bible and swear they would never look for their infant.

The ‘dispense with consent’ clause was inserted in ensuing adoption legislation and both the Child Welfare Act 1939 and the Adoption of Children Act 1965 included it. Considering the mechanisms already inherent in the systematic control of single mothers via inspection, regulation and promoting adoption, it is perhaps not surprising that a pattern of systemic abuse of mothers’ rights would evolve. Hon R. J. Hamer states:

The attitude is that the natural parents do have an overriding right to determine the welfare and future of their child. This Bill proposes to extend the power of the court to dispense with consent in [such] cases (Hon. R. J. Hamer & A. J. Hunt, Adoption of Children Bill, 24 March, 1964, p. 3648).
Institutions Facilitate Adoption

The hostels, as described in the last chapter, were initially like baby depots, where destitute mothers with no family support were forced to leave their infants. Later they were used as centres through which to influence mothers and promote adoption, as evidenced by comments made by David Drummond in two CWD NSW Annual Reports (1927-1929, p. 29; 1930, p. 33). In the 1927-1929 Report he describes the recruitment process that was enabled by Part V of the Child Welfare Act. Under the Act all Lying-in Homes, hostels and any other places where mothers and children were received were registered by the Health Department and regulated by the State Government. They had to be visited regularly by Departmental Inspectors to ensure that their managers registered all births, that the Homes were operating according to Health Department requirements, and importantly, for Inspectors to make ‘a point to advise mothers as to the facilities that exist for the adoption of their children’ (NSW CWD: 1927-1929, p. 29). I would argue that ‘advising mothers’ was a euphemism for coercing them to relinquish their children.

In the 1930 Report Drummond describes the relationship between Home managers and the department as being most ‘cordial’. During 1930, 761 establishments were visited and the inspections gave the department the opportunity to have direct contact with ‘mothers of illegitimate children’ in order to promote adoption (NSW CWD: 1930-1931, p. 33).

Supply and Demand

The 1923 Act had the intended effect of increasing exponentially the number of applications for adoption. Potential adopters had the ‘surety of ownership’ they and their representatives had been lobbying for:

Now that the adoption of children has been put on a proper legal footing people wanting children are coming forward in greater numbers and already a great saving to the state has been effected (Mutch cited in NSW CWD: 1921-1925, p. 9).

Walther Bethel, Secretary of the NSW CWD in the 1925 Annual Report (p. 5) wrote enthusiastically about the benefits of adoption. Not only would it provide a
permanent way to assimilate a child into the community, it would also relieve the state of any obligation to financially assist destitute mothers. Hence, he said, “With a view to facilitating adoption, a short amending Act was passed in 1924 that empowered the department to act as an adoption agency. He explained that the department “facilitated adoptive parents in every respect” and that there was now a great demand for children from married couples from various socio-economic backgrounds. He discussed the department’s concern with the declining birth-rate and interestingly concluded that the adoption of illegitimate children was a way of addressing that concern. He noted that since the introduction of the Child Welfare (Amendment) Act 1924, 807 adoptions had been arranged. The Amendment not only facilitated adoptions by making the Department an adoption agency, but as mentioned previously, because of the amendment inserted into cl. 126: the dispense with consent clause under ‘any special circumstances’. The discretionary use of this expansive clause left open a wide area for abuses to occur. Bethel boasted that the hostels for destitute mothers were “full of infants awaiting a future to be arranged” by his Department (NSW CWD: 1921-1925, p. 5; Child Welfare (Amendment) Act 1924).

Additionally the 1924 Amendment permitted the adoptive parents to no longer include the original surname of the adopted child on the birth certificate. The adopters surname would suffice; another step in the permanent extinguishment of all connection with the child’s family of origin. The various CWD’s around Australia were happy to respond to the ongoing demands of adopters for secrecy and to lobby on their behalf for laws to permanently extinguish the rights of mothers and fathers. The growing demand for infants dove tailed neatly with Australia’s agenda of developing a legitimately born, white population. The 1923 Act and its 1924 Amendment could be viewed as further steps in reducing the citizenship rights of mothers by forcing them to become ‘breeders’ or suppliers of a ‘product’: their infants, that was in ever increasing demand.

The above agenda was apparent in Victoria as evidenced by Mr. MacFarlane’s comments made during the debate of the Adoption Bill in the Victorian Legislative Assembly, September, 1928:
The whole object of the Bill is to get the adopted child from its natural parents and prevent it from ever going back to them (cited in Dees: 1983, p. 1).

In West Australia, Mr. Lovekin’s statements to the Legislature are similarly revealing:

Parents who adopt these children have a strong objection to carrying on the name of their forebears, and when persons adopt such a child they want to keep it quite clear that the child is their own and we should guard them if we can (Lovekin: 1921, Sept 21, cited in Moulds: 1982, p. 2).

The promotion of adoption as a service for ‘unwanted’ children and the surety of ownership ensured by adoption clauses had the desired effect and by 1929 the department received applications for adoption far in excess of the number of children available (NSW CWD: 1926-1929, p. 31).

Even so, the NSW CWD, like its counterpart in West Australia, continued to promote adoption to attract more applicants and lobby for the implementation of more draconian Adoption Acts to reduce mothers’ and fathers’ rights further, details of which will be discussed later. The CWD’s integral involvement in adoption policy and legislation is evidenced by the following 1929 Letter to the Editor (Roberts cited in SMH 1929, p. 5) published when Walter Bethel retired from the Department:

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

**Benefits available from 1923**

The 1923 Act, Part III, cl. 14 stated: ‘The Minister may in his discretion board out her own children to any … mother of an illegitimate child’. This meant that unmarried mothers could apply for government benefits and ‘foster their own children’, much the same as the 1896 legislation allowed widows and deserted wives...
to maintain their own children. So in 1923 mothers of illegitimate children were entitled to receive the same financial assistance as their married counterparts. Whether they knew of the assistance is another matter as the department made no secret that it felt that the adoption of illegitimate infants was in their and the state’s best interests. The author’s research and mothers’ evidence at Inquiries decades later attest to the fact that they were not informed of any available financial assistance (Final Report 22: 2000; Joint Select Committee: 1999; Research Participants: 2007; Rawady: 2007).

The promotion of adoption escalated in the depression years: ‘When the need for economy in all matters was imperative’ (NSW CWD: 1930-1931, p. 9). Even so 66% of mothers kept their babies (Kerr: 2005, p. 154). In fact during the depression more people opened up their homes and rented out rooms to make ends meet so as a consequence there was a greater availability of cheap accommodation (NSW CWD: 1935, pp. 12-13). Hence, less women were funnelled through the shelters, hostels and institutions controlled by the department. For instance in 1930, 279 girls and women were admitted, but that number dropped to 186 in 1931, and the number of babies available dropped from 309 to 205 in the same years. The department admitted ‘that the reduced numbers in babies being in measure due to the reduced number of women admitted’ (NSW CWD: 1932, p. 34).

The fact mothers were eligible to receive relief under the Government Food Relief Scheme, together with an allowance in respect of the child under Section 14 of the Child Welfare Act, seems to have provided young mothers so situated with sufficient to make ends meet otherwise than in seeking residence in hostels (NSW CWD: 1935, pp. 12-13).

It is also likely that because of the depression the availability of benefits was openly discussed and mothers were more likely to know their entitlements. The department though, was not happy about the number of single mothers keeping their children.

It is to be expected that this drop will continue as the uncertainty of family incomes increases. This means that the financial burden of the state increases to the same extent as adoptions fall off (NSW CWD: 1932, p. 35).
As the depression deepened the number of illegitimate children being relinquished continued to drop. The NSW CWD Annual Report explains how it attempted to curtail the drop through ‘the agency of the department’ and its motivation for doing so was so ‘these unfortunate babies be provided with legal fathers and mothers like other children’ (1932, p. 35). It is quite apparent that the stigma of ‘illegitimacy’ is of greater concern to the Department than it was to the mothers.

In 1934 it was reported that three out of 14 persons assisted under Section 14 of the Child Welfare Act 1923 (NSW) were unmarried mothers. Other mothers expected to support their infants on the same benefit included widows, deserted wives, and wives whose husbands were incapacitated through mental or bodily infirmity or were in gaol (SMH: 1934, May 1, p. 10). So with the available benefits and accommodation, more mothers were able to keep their children, and without the coercion of the CWD the number of infants available for adoption dropped. It is likely that without ‘the agency of the department’ the number would have continued to drop substantially. Interestingly that during the depression when it must have been most difficult for mothers to manage economically, more were keeping their infants, another indication that supports the assertion that it was not money or stigma that were the key determinates of the number of infants available for adoption, but the coercion and the ‘agency of the department’ that were.

**Saving the State Money**

Cost cutting as a means to reduce taxes and the welfare budget was a Commonwealth enterprise. For example in 1921 Mr. Lovekin reported to the West Australian Parliament that in 1920 the state approved 87 adoptions with a saving of £22,000 (Lovekin: 1921, Sept 21 cited in Moulds: 1982, p. 2). Mr. T.D. Mutch, claimed (NSW CWD: 1925) that adoption would replace the boarding-out system because of its economical advantage. Mutch explained that since adoption legislation was implemented the number of children adopted in NSW was 800. He calculated that each child cost £26/-/- per annum and if they had remained in the foster care system for the requisite 14 years they would have cost the state £300,000 (NSW CWD: 1921-1925, p. 2). In Victoria, in 1928, Mr. Slater quoted Mutch’s above estimated saving to the state and put it forward: “as a reason in favour of the
Adoption of Children Act”, which he was introducing to Parliament’ (Hansard: 1928 cited in Dees, 1983, p. 1).

Once the savings were realised and the applicants outnumbered the babies available, the promotion of adoption to single mothers became more systematic and insistent. Whether the mother kept her baby or not, would depend on her level of familial support.

‘Only Perfect Will Do’

The infant most in demand in both West Australia and NSW was over 12 months old. Potential adopters tended to request: ‘A baby who is over its infant’s ailments’, because ‘They have not had any experience with babies and they want a child who will not require any undue concerns regarding its health’ (NSW CWD: 1932). NSW CWD Annual Reports pronounced that all children for adoption were thoroughly vetted to ensure their physical and mental perfection. After all the adopters:

Took a child into their homes and have undertaken to relieve the state of the responsibility of providing for the children and to guarantee their future welfare. These children, of course, are the fortunate few, and each of them will now have prospects that they would never have had with their natural parents (NSW CWD: 1932 p. 35).

Kerr states (2005) the West Australian CWD acted to ensure a large pool of applicants from which to select. Kerr explains that to achieve that the department promoted adoption via newspaper articles and radio broadcasts. It suggested a ‘home was incomplete without the ‘pit-a-pat’ of the feet of a small child’ and that ‘a child made a marriage more interesting and provided a perfect way for a bored housewife to fill her time before the return of the man to the house’. Extensive campaigns to promote adoption were conducted in 1927-1929 and 1932-1933. The outcome was there weren’t enough children to satisfy demand hence the Director (1934) appealed to parents to consider adopting a child under the age of one. This was advertised as the way a woman would ‘obtain the fullest experience of motherhood’ (Kerr: 2005, p. 153). The promotion of adoption of babies by Welfare
Departments was justified by the belief that it offered them the ‘best chance of security.’

By the 1940s early adoption had become most popular, particularly newborns; considered especially desirable as the child was thought to be a ‘clean slate’ on which adopters could impress their history and mould to fit their family. In the years 1945-1946, of 1,190 children adopted 538 were adopted by a family member (NSW CWD: 1946, p. 13). Hence 50% of infants were adopted by non-relatives, 80% being ‘illegitimate’. The older child was generally adopted by its own parent to legitimise it or by kin, but in more than 75% cases the infants under 12 months were adopted by childless couples:

That is to say … when people come to the Child Welfare Department seeking a child to adopt they want a baby (NSW CWD: 1946, pp. 12-13).

The Adoption crisis

The purposeful promotion of adoption resulted in an ever increasing number of applicants applying to state governments for infants. In fact there were thousands of applicants and only a few hundred available babies. The lack of babies was pronounced ‘a crisis’ by the media and the government was lobbied to reduce the waiting time for adopters. To increase supply, the transference of babies from their mothers needed to be ‘normalised’, so that the ‘forced removal’ of infants did not appear so. In order to achieve this, a media campaign was orchestrated to again stigmatise single mothers. Social and welfare workers used the media to accuse them of not being competent to rear their infant and claimed they were happy ‘to be rid of it.’ Further, they claimed that as the pregnant woman was single her pregnancy must be unplanned and her infant when born would be ‘unwanted’ and therefore neglected (Women Weekly: 1953, July 15). No one questioned the logic that an unplanned pregnancy automatically meant an unwanted infant, nor did anyone consider the thousands of married women who had unplanned pregnancies, but certainly ‘wanted’ their infant once born.
The number of potential adopters clamouring for ‘newborns’ continued to increase. Newspaper articles alerted the public to the ‘crisis’: 1947, The Argus, Melbourne (March 29, p. 18) called for the ‘Importing of Babies to Satisfy Demand’; 1931, Advertise and Register, South Australia, ‘More Babies Wanted for Adoption’ (July 25, p. 18); 1953, Sydney Morning Herald, ‘Should The Unwed Mother Give Up Her Child’ (July 15); 1949, The Mercury, Hobart, ‘Babies for Adoption in Demand’ (Jan 26, p. 21). The 1949 Mercury cited Tasmania’s Director of Child Welfare stating that since the introduction of legislation 10 years prior, the number of applications for adoptable infants had increased four fold. In the article the Director quoted the NSW Director of Child Welfare, Robert James Heffron (1890-1978), Member of NSW Parliament (1930-1968), Minister for Education (1944-52, 1953-1959), NSW Labor Premier (1959-1964) (Carr: 1996), who stated the demand in NSW was so great he feared a black market would develop. Yet his Department continued to promote adoption even though they could not meet it.

The Annual Reports of NSW SCRD and CWD, (NSW SCRD: 1908, p. 11; NSW CWD: 1926-1929, p. 31; 1941, p. 10; 1942-1943, p. 8; 1944, p. 5; 1947, p. 9; 1949, p. 14) all state an excess ratio of applicants to children. The 1948 Annual Report cited the following statistics: ‘In 1945-46 applications were received from 2,207 persons, 3,282 in 1946-47 and 3,939 in 1947-48. During the latter period the number of children surrendered by natural parents for adoption was less than 500’ (Heffron cited in NSW CWD: 1948, p. 14). Even so, the department continued to promote adoption via newspapers and other publications (NSW CWD: 1949, p. 14).

‘Natural parent’ was a euphemism for ‘unwed mothers.’ Since sole custody of the infant resided in the mother by virtue of the birth, the father’s signature to consent to an adoption was unnecessary, nor was it sought (Report 22: 2000; CARC: 2012). Preferential treatment was also afforded married couples regarding their parental rights as opposed to those who were unmarried. For instance the CWD was extremely concerned that there were 60 applications from destitute married couples who desired to have their children placed out for adoption. This concern makes a lie of welfare departments’ contention that they promoted adoption for the child’s benefit rather than its illegitimate status, as the following illuminates:
The Department has noted with some concern an increase in the number of applications by married couples who desire to surrender legitimate children for adoption … Every avenue of assisting the parents was explored by the department before proceeding (NSW CWD: 1949, p. 14).

No such concern or assistance was given to single mothers and fathers, only the constant demand that their babies be made available for adoption.

The promotion of adoption was not considered by all institutions to be in either the child or the mother’s best interests, particularly in late 19th and early 20th Century. At the Ashfield Home for Infants, for example, there was a concerted effort to counteract the promotion of adoption by the NSW State Children Relief Board, because it considered keeping mother and infant together beneficial. The Home’s Committee, believed that it rehabilitated the mother and protected her from falling pregnant a second time in order to replace the lost infant. In an effort to reverse the trend of only promoting adoption, the Committee formed a sub-committee to visit Maternity Hospitals and advise mothers of the services provided by the Home (Annual Reports of the Ashfield Home: 1913, 1915 cited in Lorne-Johnson: 2001, pp. 66). In 1939 the Home’s Committee again voiced their concern about the CWD’s promotion of adoption and of their sending mothers to the Home who were convinced that they had no option, but to adopt out their infant (Lorne-Johnson: 2001, p. 87). In 1945 the Committee again complained about the promotion of adoption by this time, welfare and social workers from Crown St. Lady MacCallum, President of the Ashfield Board urged Crown St. Hospital Board to stop exclusively promoting adoption and to advise mothers of the services available at the Home (Lorne-Johnson: 2001, p. 94). However, during the history of the Home, it did not encourage all mothers to keep their infants as adoption and boarding-out were both promoted for women considered ‘feeble-minded’ or ‘without familial support’ (Lorne-Johnson: 2001, pp. 49, 44). The home was ‘transferred from the Department of Labour and Industry to the Department of Social Welfare and Child Welfare’ in 1956 and with the latter’s pro-adoption agenda it must be assumed that the Home was utilised as part of the state’s child removal system (Lorne-Johnson: 2001, p. 101).
Why did the department continue to promote adoption? Dr. Kerr’s research indicates that the (2005) WA CWD continued the promotion because it ensured a large pool of adopters, this was the case in NSW. For instance, according to the NSW CWD Annual Reports the success of adoption relied on the ability of the department to acquire adoptable/perfect babies, and to have a large selection of adopting couples to choose from. As adoption became more 'scientifically' based, matching a child with its adopters was deemed to be an integral and important part of its success. It was also the reason given by the department to take full control of the process. Informal adoptions, or those arranged by the mother herself, or where she was introduced to potential adoptive parents by a doctor or clergyman, was supposed to be fraught with danger. The real reason, it could be argued, was the department wished to control adoption and fostering, and to protect adopters from mothers intruding on - or to be more precise - reclaiming their infant. Since there had been concern about the mental competence of the mother and her child since Mackellar had linked illegitimacy with feeblemindedness, the department did not want an infant being adopted that could ‘contaminate’ society. So the baby was thoroughly tested before being placed out for adoption and any considered not perfect had their adoption ‘deferred’ until given the all clear by a paediatrician. All mothers and their infants were tested for venereal disease.

Care is taken to satisfy applicants’ desires in regard to age and sex of children and to match the child to the adopting parents … In the interests of the adopting parents, all children are submitted to a thorough medical examination, and only those certified as healthy, are presented for adoption (NSW CWD: 1946, pp. 12-13).

Robert Heffron, in the 1949 Annual Report explained the function of his department in its capacity as an adoption agency: “It incorporates the best features of modern [scientific] adoption techniques”, such as matching the physical and intellectual characteristics of the mother and father with the adopters. This he asserted should be assessed by qualified personnel:

The application of such a technique is only possible if the agency arranging the adoption has recourse to a considerable number of both children and adopting parents … Adoptions can only work if there are lots of applicants and babies to match up … The department is convinced that it is a basic essential (Heffron cited in NSW CWD: 1949, pp. 13-14).
Heffron was concerned that because the department had such a long waiting list more couples would adopt privately, and the gathering of the social and medical history of the parents and hence matching the child with the right family would not occur (Heffron cited in NSW CWD: 1949, p. 14).

By the 1950s the demand for children was such that to meet it draconian methods of child removal were introduced. For example, where previously a mother had been able to wean her infant, this practice declined. Initially the practice of not allowing a mother to see her infant at the birth began in the larger maternity hospitals such as Crown St. Sydney, some time in the 1930s (Participant: 2007, Rose; Crown St. Archives: 1977). There is anecdotal evidence that it was already in place around the same time at St. Margaret’s Hospital in Sydney. At the Royal Women’s Hospital in Melbourne the practice was in place by the mid-1940s (Aust. Catholic University: 2012). The practice of denying mothers’ access to their children eventually spread across Australia. Pamela Roberts, Head Social Worker, at Crown St. (1964-1976) stated that it had been introduced into her hospital by a social worker decades before she worked there (Crown St. Archives: 1977). By the 1960s it had become formalised and was part of an internal policy guideline dictated by the Health Department (Roberts: 1994). Roberts’ admitted she never questioned the practice even though she was aware that in England, not allowing a mother to see her baby was considered too traumatic (Roberts: 1977, 1994, p. 8).

It was also known that separating a mother and infant prior to six weeks post-birth caused psychological damage to the mother and physical damage to the infant (Report of the Departmental Committee on the Adoption of Children: 1954, p. 14). The practice was condemned by a leading paediatrician as being punitive and serving no medical purpose (Wessel: 1960; 1963). Roberts wrote that she thought it had been introduced to protect staff from the upset of witnessing a distressed mother and infant being forcibly separated (Crown St. Archives: 1977). The mother who never saw her infant was usually shocked into silence by not being able to finish the birthing process (Rickarby cited in Report 17: 1998). So it was presumed that not allowing

her to see her infant, facilitated the removal therefore the adoption process (Woodward: 1994). It was also believed that not allowing mother and infant to see each other allowed bonding between the infant and the alien mother. Particularly, if it was the adopter’s presence that was consistently impressed upon the newborn (Matron Shaw cited in SMH: 1953, Oct 2, p. 3).

**Tightening Up the Legislation: ‘No Longer Will We Hear, I Want My Baby Back’**

During the 20th Century any loop-holes found whereby mothers could reclaim their children were met with even tougher legislation to close them. Examples of this are two very public cases, those of Joan Murray and Joan Fry. They also expose the mistreatment of single mothers and the violations of their rights (Re: Murray (1953); Mace v Murray: (1954); Murray v Mace (1955); Fry v Privy Council (1954). In both instances the mothers claimed they had been subjected to strong coercion to relinquish their infants, and both mothers tried unsuccessfully to reclaim them. The cases were extensively covered in emotive media articles, in The Murray case: ‘Appeal by Mother in Baby Case Almost Certain Sydney’ (SMH: 1953, Sept 24, p. 6; SMH: 1953, Sept 22, pp. 4-5). ‘Battle for Baby Wayne‘ (The Argus: 1954, Dec 2, p. 8); in The Joan Fry case: ‘Unmarried Mother Starts Action to Get Baby Back’, (The Argus, 1953, Nov 28, p. 3); ‘Susan was Adopted Without My Consent’, (The Argus: 1954, April 7) followed by further articles on the 8, 9 and 15; and reported in the SMH: 1954, April 7 & 15 and finally, ‘Joan Fry Fails in Bid for Her Baby’, The Argus: 1954, September 17, p. 5.

Under the Child Welfare Act 1939 (NSW), a mother was legally entitled to revoke her consent up until an Adoption Order was made by the Supreme Court, which was supposed to occur about six to eight weeks later. According to researcher Judy McHutchison, it was more likely to be many months, even years later (McHutchison: 1984, p. 11). The reality was that the majority of mothers were not informed of the revocation period. Since there was no requirement under the Act for consent-takers to advise women about revocation, Margaret McDonald, former Head of Catholic Adoptions, stated that many adoption workers mistakenly believed that the consent was final. This assertion does not relieve social workers from failing in
their duty of care to fully inform mothers of their rights. If they did not know then they should have known, since they presented as ‘the experts’ and placed themselves in a position of authority over unwed mothers. Additionally it must be noted that prospective adopters were given a form that stated, ‘They had no claim on the child until the ‘Order of Adoption’ was signed and up to then the child could be claimed by the mother, and they would have no option, but to give the child up’ (Final Report 22: 2000, p. 136; Re: Murray (1954) p. 89 cited in Final Report: 22: 2000, p. 137).

This failure to inform mothers is further evidenced by Justice McLelland’s comment that between 1950-1952 no consent had been revoked. He noted that since the Murray case had brought the subject to the attention of the public three or four mothers had revoked (Final Report 22: 2000, pp. 136-137). In fact Joan Fry stated in an article: ‘Always Wanted to Keep Baby’ (The Advertiser: 1954, April, p. 1) that she was alerted to the fact she could revoke, after reading about the Murray case.

According to the Supreme Court Rules, consent-takers were obliged to swear an affidavit that the mother had understood the consequence of giving consent, and that signing a consent did not have any legal effect until the adoption application was considered by the Supreme Court. Therefore consent could be revoked at any time up until the ‘Adoption Order’ was made by the Supreme Court. Murray and Fry’s cases illustrate the point that as soon as legal loopholes were exposed that allowed mothers’ to reclaim their infants there were moves to close them. For instance, after publicising the fact that women could revoke and reclaim their children there began moves to shorten or even exclude the revocation period. In an article titled: ‘Adoption of Children: Matter now for State Cabinet’ (SMH: 1953, Oct 2, p. 3), Matron Shaw (Crown St.), not only stated that, “It was imperative for the child that the adoptive mother as mother-figure should be impressed upon it at the earliest possible moment”, but the period between consent and completion of adoption be “as brief as possible”. R. J. Heffron, then Minister for Education, said he would discuss with State Cabinet the proposal to alter child adoption procedures in NSW. A further proposal was put to Heffron that the revocation period be no longer than four weeks. The four week revocation period eventually became part of the Adoption of Children Act (NSW) 1967.
The publicity surrounding the cases should have alerted adoption professionals of the need to inform women of their ‘right to revoke’, but this did not happen. The Senate Standing Committee conducting the ‘NSW Inquiry into Past Adoption Practices’ (2000) concluded that the practice of not informing mothers of their right to revoke continued, and as such the Committee concluded adoption professionals failed in their duty of care, acted unethically and in some circumstances unlawfully (Report 22: 2000, p. 138).

The Case of Joan Murray

Murray was a 22 year old bus driver. She gave birth at Crown St. in 1952. On entering the hospital she claimed she had no intention of adopting out her child. During her court case she stated that she had been bullied and coerced by a Departmental Officer to sign a Consent Form only two days after she gave birth. Murray would have been subjected to the same processes as other single mothers. The regime at Crown St., at the time, was not to permit mothers to see, nurse or have access to their infant. Justice McLelland did not believe Murray’s claim of being coerced and judged that she would have been fit to sign the Consent Form. Murray was not given information about the revocation period and when she found out two months later, she immediately revoked her consent. The Adoption Order had not been made. McLelland conceded that Murray had not been informed, but rather than stating adoption professionals ‘had failed in their duty of care and mislead her,’ he concluded that because she had been told signing the consent was final and irrevocable she had no right to revoke.

Mrs Mace, the adopter, was 29 years old and married to an invalid pensioner. In the originating case the Maces were ordered to return the baby, but instead fled NSW to Canberra, effectively kidnapping Murray’s infant. The Maces fought the mother all the way to the High Court (The Argus: 1953, April 16, p. 1). In the High Court McLelland made no mention of the Maces’ abduction, but instead stated he was ‘favourably impressed by them’. McLelland formed the view that: “Miss Murray had low moral standards and was unfitted to have the custody and control of her child”. His decision was based solely on her marital status. The outcome of the case was that instead of upholding Murray’s legal right to revoke her consent he used
the ‘Dispense with Consent’ clause to allow the Maces to adopt Murray’s infant (SMH: 1953, pp. 4-5). Murray asked the Maces if she could glimpse her baby before he was gone forever. The Maces refused so Murray never got to see the baby she birthed. During the case the Maces informed the court that to stop Murray from finding them they intended to change their name and move to another locale.

The Case of Joan Fry

Joan Fry was a 25 year old woman from Ballarat. She stated in an affidavit that she was never asked whether or not she wanted to adopt out her baby, but immediately after the birth (1953) was told by the Sister-in-charge, that her baby girl was to be adopted. Her baby was taken at birth and Miss Fry was unable to see or gain any access to her daughter. She claimed she “had no rights in the matter … was very upset and frightened and did not know what to do”. Fry was not allowed to leave the hospital until she signed the Adoption Consent Form. The adoptive mother in her affidavit stated that she had rang the hospital in 1950 and 1951 requesting to adopt a baby girl if one became available. Four days after the birth of Fry’s daughter the Matron rang the potential adoptive mother and advised her that an ‘illegitimate’ baby had been born. The Matron provided the adoptive mother with the name of the solicitor to act on her behalf. Subsequently Fry was escorted to a private room in the hospital where she was instructed to sign the Consent Form, which she did under duress. She was then informed by the hospital administrator and the solicitor acting on behalf of the adopters, that she had lost all rights to her baby. This was untrue for the same reasons as discussed in the Murray case.

Approximately two weeks later Fry tried to reclaim her baby. She returned to the hospital and to the solicitor who were of no help. She then made an application in the Supreme Court of Victoria, Melbourne, in April 1954. During the proceedings, Chief Justice Sir Edmund Herring, stated that Miss Fry was “extremely dull-witted” and “mentally inferior”. He based his assumptions on the fact she had signed the Adoption Consent Form even though she had not wanted to. Herring had to concede that Fry’s legal rights were not upheld and allowed her to appeal. When the matter came before Mr. Justice Dean in the Supreme Court for a hearing date, Fry’s counsel argued that time was of the essence, but Dean stated that ‘He was not satisfied that
any extreme urgency had been established’. The adopters argued for more time to prepare their case. Consequently, Fry lost her daughter on Appeal on the grounds that her daughter had been settled with the adoptive parents for twelve months (The Argus: 1954, Feb 6, p. 6; Union: 2010). The above cases highlight the eugenic and patriarchal discourses through which single motherhood was framed and regulated.

**Promoting Adoption into the 1960s**

The department could not announce publicly that unmarried mothers were expected to provide babies for a market it had created (Vincent: 1961: Young: 1954). In the United States Clarke E. Vincent (1961, Ch. 7) explains how the state’s removal policies would be justified in the future in the US:

> If the demand for adoptable infants continues to exceed the supply ....and if the laws and courts continue to emphasise that the ‘rights of the child’ supersede ‘the rights of the parents’ 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 through such pressures and labels as ‘scientific findings’; ‘the best interests of the child’; ‘rehabilitation of the unwed mother’ and ‘the stability of family and society’.

As discussed earlier these rationalisations had been utilised in Australia since the 1930s.

In NSW the Adoption of Children Act (1965) was implemented in February 1967. The revocation period had been reduced to only 30 days, and mothers were expected to sign Adoption Consent Forms on the fifth day after birth. The intention behind the legislation was to ensure that more babies were taken, and that reclaiming the child was near impossible. The purpose of the Act was not kept secret, for instance Father Perkins began advertising for parents for the expected additional ‘500 Waifs a Year’ prior to the Act being implemented. He stated: “The number of children available for adoption will greatly increase when the new Adoption of Children Act comes into force”. Perkins was involved in Catholic Adoptions in Melbourne, and groups such as his were involved in advising the government on how to frame the new legislation (Perkins cited in The Australian: 1965, Jan 30). It was
also advertised that after the Act was implemented, the community would be less likely to hear the words: ‘I want my baby back’ (Perkins, Daily Telegraph: 1967, Jan 31, p. 27). The new legislation was guaranteed to stop the ‘heartbreak and turmoil for adoptive parents when a mother changes her mind after signing adoption papers’. The article also disclosed that the intention behind the legislation was to shorten the waiting time for adopters and stated that having to wait years was ‘unacceptable’. One of the methods used to gain more consents was to force mothers to sign before leaving hospital. For example in the Victorian Parliament, Hon Archibald Todd states:

Mothers now leave hospital as early as five days after the confinement … we accept the advice of the hospitals. They are regarded as adoption agencies (Vic Hansard, vol 274, Adoption of Children Bill, (1964), 14 April, p. 3649).

To have hospitals operating as adoption agencies was surely a conflict of interest. Hon R. J. Hamer states:

The period of five days has been agreed upon after consultation with the almoners and the experts at the main maternity hospitals ... The five-day period is a compromise which will not apply equally well in every case (Vic Hansard, vol 274, Adoption of Children Bill, (1964), 14 April, pp. 3647-3648).

The five day minimum was just that, the minimum period for a mother to give a consent, it was never in the legislation that this was the day a consent had to be signed. As Mr. Hamer goes on to explain:

I believed the period should be made … [so] that it would not be necessary to ‘chase’ mothers interstate or overseas to obtain their consent after they returned home … After they decide to have their children adopted many unmarried mothers want to be free of the whole thing (Vic Hansard, vol 274, Adoption of Children Bill, (1964), 14 April, pp. 3647-3648).

An important criterion for the Act to come into force was a mother must be definite in her decision and must insist on adoption, if indecisive, no consent was to be taken. Chasing a mother to gain her consent, hardly construes decidedness and, in fact, was illegal. Hon Archibald Todd:

The adoption of children of unmarried mothers is generally determined by those mothers before the child is born … It is only on rare occasions
... the motherly instinct in the woman is revived and she desires to keep the child when the child is born the mother never sees it, so that there is no link between the mother and the child (Vic Hansard, vol 274, (1964), Adoption of Children Bill, (1964). 14 April, p. 3649).

Hunt states: “Consents were often signed even before the birth of the children”. Hamer responds: “That should not have been done, but it has been” (Hon. R. J. Hamer & A. J. Hunt, Vic Hansard, Adoption of Children Bill, (1964), 24 March, p. 3288 cited in Dees: 1983). It was illegal to take a consent before the birth. Hamer’s comment that mothers: “Want to be free of the whole thing” not only dismisses her maternal feelings, but shows the contempt with which those involved in formulating adoption legislation held mothers. If Todd believed mothers had so little care for their newborns, why did he think it ‘necessary for the mother not to see her baby’ so that there was ‘no link between them’? Todd’s comments also reveal that he is obviously aware of the ‘illegal governmental policy of not allowing mothers to see their babies at the birth’. Using duress or coercion on the mother to gain consent was also illegal, not allowing mothers’ access to their infants was certainly coercive and placed mothers under duress.

12 months after the Act was implemented the then Deputy Director of the Department of Child and Social Welfare, Mr. W. Langshaw stated that the increased number of babies available for adoption had shortened the waiting period for childless couples. Before the new legislation came into force the waiting time had been four to five years. After, waiting time decreased to no more than 12 to 15 months (Langshaw cited in the Daily Telegraph: 1968, Mar 15).

By 1974 the number of children available had decreased considerably and to appease adopters further legislation was introduced. For instance the NSW Minister of Youth and Community Services, Mr. Healy announced (Mooney: 1974, Sunday Telegraph, Aug 4, p. 13), that the long waiting period for babies by childless couples would be cut by a proposed amendment to the Adoption of Children Act 1965 (NSW). This amendment was to give priority to childless couples as opposed to parents who already had adopted children.
Conclusion

A review of Hansard in West Australia, Victoria and NSW indicates that adoption legislation was not formulated to protect the rights of the child or their mothers, but to satisfy the needs of the adoptive parents. As Mr. Slater MP explained to the legislature: “This Bill [adoption] will fill a much-needed want in Victoria” (Hansard: 1928, p. 681 cited in Dees: 1983, p. 6). In addition it was developed to keep up the numbers of children available for adoption and save the state money (Dees: 1983; Kerr: 2005; McHutchison: 1984; Mather: 1978, p. 107). Many powerful players with vested interests were involved in the formation of legislation then used to legitimise the forced removal of infants of unwed mothers.

The market principles of supply and demand shaped adoption policy and legislation (Marshall & McDonald: 2001, p. 26). Certainly the oversupply of applicants, wanting perfect white infants in a short a time as possible, put huge pressure on the government. It is obvious from the material discussed in this Chapter that the government in turn felt the need to appease what had become a very powerful and influential lobby group and one that it had created. Many of the themes inherent in the discourses of contagion and motherhood such as ‘it was in the child’s best interest’ to be removed to prevent ‘contamination’, and unwed mothers were ‘unfit’ to rear their infant were apparent in the words of some parliamentarians, jurists, lawyers, medical doctors and social workers. The structures of patriarchy with its emphasis on marriage and control of women’s sexuality and reproductive capacity is as apparent in the 20th century as it was in the 18th Century. Hence in 20th Century Australia punitive measures of child removal were still being used to control and regulate parents and specifically, the unwed, unsupported mother.
CHAPTER 9

Commonwealth’s Population Policy & its Influence on State Adoption Legislation & Policy During the 20th Century

Introduction

In this Chapter I will argue that the Commonwealth and the states worked collaboratively in matters of infant and maternal welfare as part of a population policy deemed to be of national importance. This included coordinating the policy of Forced Adoption throughout Australia. The Commonwealth’s leadership role, its involvement in guiding and coordinating the implementation of legislation, policy and practices pertaining to adoption will be examined and discussed. The close working relationship between State and Federal Health Departments and their collusion between Federal and State Attorneys’ General Departments and various State Child Welfare Departments will also be examined.

The Commonwealth of Australia denied any culpability for the forced removal of white infants from their unwed mothers up until 2013. It argued that since adoption legislation is state based then all blame should be slated to the states and the various institutions under their auspices. Research I gathered during this project indicated that the Commonwealth was involved. I advised numerous politicians (Labor, Liberal and the Greens), both state and federally, of my research findings, during the campaign I led to elicit apologies from all Australian governments as well as a national inquiry.27 I was in frequent contact with Mr. David Templeman (WA) MP, who, during the WA apology to the victims of Forced Adoption (October 19, 2010) announced that there was Commonwealth involvement. Senator Rachel Siewert (WA Greens), with whom I was also in regular contact, used Templeman’s assertion to call on the Federal Government to make an Apology. Senator Siewert’s motion was rejected, on the grounds that the Government had commissioned research into the issue of forced removal of white babies and was waiting for the Australian Institute of Family Studies to provide it with their findings.

27 I set up an umbrella organisation: The Apology Alliance in February 2008, immediately after P.M. Rudd apologised to the Indigenous Stolen Generation, to campaign for an apology with the same gravitas for white mothers.
Siewert was not dissuaded, and called on the government for a National Senate Inquiry. This time she was successful. Hence the Senate Inquiry was achieved on the back of the WA apology for which this project was pivotal. Hearings for the Inquiry took place across Australia. The result was the Final Report of The Senate, Community Affairs References Committee: Commonwealth Contribution to Former Forced Adoption Policies and Practices Inquiry (CARCR) (2012) tabled in parliament February 29, 2012. The findings were damning and recommended that the Commonwealth, all Australian State and Territory Governments apologise to the hundreds of thousands of mothers, fathers, adoptees and their family members who had been damaged by the policy of Forced Adoption. Subsequently all States, the Australian Capital Territory (ACT) and the Federal Government apologised. The Northern Territory (NT) offered its regret, but declined to apologise. It claimed that since it became self-governing and no longer under Commonwealth control, there were no more forced adoptions. The ACT had also been under Commonwealth control when Forced Adoption took place within its territory (The Canberra Times: 1970, March 6, p. 1).  

On March 21, 2013, NT Children and Families Minister, Alison Anderson sent out a media statement stating: “These policies and practices did not continue after the Territory became self governing in 1978. Therefore the Government decided against making a separate apology, it is our view that it would be inappropriate and indeed disingenuous”. Anderson went on to explain that the new Territory Government imposed a “moratorium on adoption while policy was revised and the law amended”. On 27 March, 2013, the NT Chief Minister, Adam Giles issued a statement of regret and gave his government’s support for the Federal Apology. It is highly relevant that the Territory government acknowledged that forced removals were conducted under the auspices of the Commonwealth. So squarely implementing the Federal Government in the policy of Forced Adoption (Chief Minister Adam Giles Media Release: 2013; Alison Anderson MLA Media Release: 2013; Jones: 2013; News.com.au: 2013).  

28 Thanks to Lizzy Brew for the reference.
The Committee concluded (CARCR: 2012, p. 5) that the Commonwealth played an indirect, but not insignificant role, in the practice of Forced Adoption. It took a lead role in a reform of adoption laws during the 1960s which led to the development of a Uniform Adoption Law that was initially implemented in the ACT in 1964 and then adopted by all states by 1970. It was highlighted that the Commonwealth influenced and coordinated policies, practices and legislation throughout Australia because it perceived adoption as an issue of national significance.

Mothers, adoptees, fathers, adoption focused organisations and former adoption workers from all states submitted over 400 submissions to the Inquiry. The overriding themes of the participants were similar no matter from which state they originated. It is unfathomable that mothers would give such similar accounts of abuse without there being a ‘guiding hand’. For instance, irrespective of the state or territory, mothers recall being drugged prior to and after birth, tethered to beds during delivery, and afterwards some being falsely told their baby had died. This could not have eventuated without Commonwealth commission or omission. Social workers across Australia marked mothers’ files, whilst women were still pregnant, with codes: Unmarried, Baby For adoption (UB- or BFA) which guided medical staff as to their treatment in the maternity ward months later. Mothers’ spoke of having their newborn whisked away, sight unseen, because a pillow or sheet had been placed between them and their infant. In many cases either the mother or the infant was then transported to an annex of the hospital so there was no way they could have contact, or if they did remain in the hospital, their baby was kept in a locked nursery and they were forbidden access. Mothers across Australia were forbidden to name their infants and were made to feel shamed, guilty and powerless. They were given a similar spiel from adoption social workers, hospital and unwed mother and baby Home matrons: ‘they were selfish if they kept their child’ and in ‘the child’s best interest’ they should adopt it out. If mothers refused to sign a Consent to Adoption Form their treatment became more brutal, drugs were increased, they were derided for not thinking of what was best for their baby and threatened with having their consent dispensed with and their infant placed in an orphanage. In some cases they were threatened with police action (CARCR: 2012, Chapters 3 & 4).
Further evidence of collusion between the Commonwealth and states was the unauthorised trials of vaccines by the Commonwealth Serum Laboratory (CSL) on infants awaiting adoption in state based mother and baby Homes.

This chapter will argue that the Commonwealth’s role was not only significant in coordinating adoption legislation, but took a leadership role in policy directives (CARCR: 2012, p. 5). For instance pregnant women or their infants were often transported from one state to another according to market principles of supply and demand. In order to accomplish this states had to be coordinated, and legislation and policy drafted to ensure that their movement across borders did not amount to trafficking. This process began in the late 1930s and was the outcome of a eugenically based population policy implemented through the influence of the Commonwealth Health Department on state governments through their institutions: state health and child welfare departments; hospitals and unwed mother and baby Homes, whether government, non-government or religious.

The Administration of Life

Foucault terms the administration of life, particularly as it appears at the level of populations, bio-politics (Dean: 1999, p. 99). Foucault argues that from the 19th Century, Western governments, through their population policies, exerted extraordinary regulation at the level of the individual body. Population as a whole began to be viewed as a resource that needed supervision and control (Mills: 2003, p. 83). It was investigated via statistical means in order to shape behaviour to conform with government sanctioned norms and conduct (Dean: 1999, p. 107). The Malthusian Doctrine, discussed in Chapter Five, relied on the use of statistics of illegitimate birth ‘in the service of a political argument about undesirable populations’. Countable illegitimacy was a by-product of the emergence in the 18th Century of ‘the population’ as an economic and political problem with ‘sex at its heart’ (Foucault: 1981, pp. 24-26 cited in Reekie: 1997, p. 21). The western world became obsessed with size and composition of population, though each country implemented different social, political and economic strategies. Australia’s obsession was to radically expand the population, but with a particular type: British Australians legitimately born. Biological processes, such as procreation, were
considered to be of ‘great social and political significance for national efficiency’ and ‘the central focus of this population ideology was women’s bodies … its central icon the Ideal Mother’ (Matthews: 1984, p. 75).

Watts states (1994, p. 326) eugenic ideology originating from American, G. Stanley Hall, influenced Australian psychologists and educators who went on to form the first Society for Child Studies in 1904, under the Presidency of Sir George H. Knibbs. Knibbs was a statistician, engineer, eugenicist and foundation Commonwealth Statistician (1906-1926). He was a firm believer in the ‘social elite’ creating legislation and social policy to govern ‘the ignorant’ (Knibbs: 1927 cited in Wyndham: 1996, p. 217). The ‘ignorant’ identified as a sub-group by the use of statistical measures. He was nominated by the National Research Council of the US to be Vice-President of the Second International Eugenics Congress held in New York in 1921. His nomination was supported by US eugenicist, Dr. Charles Davenport. British eugenicist Leonard Darwin, son of Charles Darwin, urged Knibbs to contribute a paper. Wyndham (1996, p. 139) states that Knibbs accepted the appointment and presented at the Congress in his official capacity as Commonwealth Statistician, a fact that was publicised. Wyndham makes the argument that Knibbs’ position at the Congress and his connection with leading American and British eugenists is further indication that eugenics was accepted by the Australian Government.

**Bio-political Racism**

When as it too often happens the unmarried mother belongs to the sub-normal class, then the guilt lies upon the shoulders of the community in that she was not shielded from herself (Calvert: 1931, p. 6).

In Australia decline in population and unwed motherhood were both pathologised and specific governmental responses initiated to ensure an increase in population, but only of those deemed ‘racially fit’ (Dean: 2010, p. 165; Reekie: 1998, p. 79). This meant control and regulation of matters usually confined to the private sphere such as child birth and parental rights (Mackinnon: 2000, p. 110; Matthews: 1984, pp. 100, 111, 113). In late 19th early 20th century the ‘white race’ as a category was not considered one homogenous group. In social-scientific discourse it did not
embrace all of humanity, but only men and women of English origin. According to Gail Reekie (1998, pp. 72, 79) when Australian eugenicists discussed ‘the race’ they did not consider any other category other than White Australians. Within the white race though, there was a hierarchy of status - ranging from superior to inferior. Dean’s (2010) states that this hierarchy was not solely a discursive devise to justify colonialism, but was a way of thinking and dealing with those considered ‘degenerates’ within the white race itself and utilised to ‘prevent its further degeneration’. This amounts to what Foucault described as bio-political racism (Dean: 2010, p. 165) in that governing reproductive processes based on notions of inferiority and superiority is a form of racism that is ‘not properly ethnic, but evolutionary and biological’ (Dean: 2010, p. 169). Reekie explains eugenicists within government departments implemented ‘various ‘racial hygiene’ or ‘social hygiene’ measures’, to improve the quality of the race or ‘the nation’s racial stock’ (Reekie: 1998, p. 79). Havelock Ellis, eugenicist, in 1912, explained that ‘social hygiene combined sanitary and eugenic reform in the service of the purification of the race’ (Reekie: 1998, p. 79).

I argue that racial and social hygiene measures included Forced Adoption, which was part of an experiment to ‘purify the race’ by populating Australia with only white, legitimately born infants at the same time raising the status of infants born to unwed mothers. This is further evidenced by the fact that at Crown St., after an infant was taken and the mother forced to sign an adoption consent, the words ‘socially cleared’ were inserted at the bottom of her medical files (Rogan: 1997 cited in Cole: 2008, p. 165). If she was not ‘socially cleared’ she was not allowed to leave. Therefore in respect to this thesis, I argue that a national program was implemented that aimed at expanding the middle and upper classes by placing the infants of unwed mothers with employed, married, white couples. This was the intended outcome of Forced Adoption as a social and racial hygiene measure.

The State’s regulation of population, then, was linked to racial survival by the elimination, not just of external threats, for example an ‘Asian invasion’ (SBS ‘Immigration Nation’: 2011, Part I & II), but internal threats such as individuals identified as ‘degenerate, abnormal, feebleminded or of an inferior race’. The identification of the ‘feebleminded’ and their control became the task of the
Commonwealth government because it was linked to notions of national decay and decline (Mackellar & Welsh: 1917). Wyndham states (1996, p. 279) that in order to determine whether ‘all the races of the Empire’ were improving or deteriorating:

In 1911, Labor Prime Minister Andrew Fisher, most State governments, the Royal Anthropological Institute, the Australasian Association for the Advancement of Science and the Australasian Medical Congress all agreed on the desirability of periodic measurement of all children and adults.

The usual method of ‘measurement’ was done through the use of IQ tests, developed by the eugenicist, Goddard, and further adapted by Dr. Alfred Tredgold, to identify feeblemindedness (Annual Report CWD: 1926-1929, p. 12), as discussed in Chapter Six.

Hence, racial policy as it applied to population was more complex than one based purely on skin tone or ethnicity (Reekie: 1998, p. 79). It included classification of certain individuals within white society as ‘racially inferior’ or ‘unfit’, such as unwed, white mothers and their infants and part-indigenous mothers and their infants (also deemed to be ‘racially inferior whites’) (Mackellar: 1913, pp. 86, 91; Mackellar cited in NSW SCRD: 1904, pp. 18, 24; Dean: 2010, p. 165; Reekie: 1998, p. 79; West Australian: 1930, Feb 15, p. 14). The ‘unfit mother’ was a useful construct to justify state policing and the denial of maternal rights, as well as the removal of infants and their placement with ‘fit’ or married women (Mein-Smith: 2002, p. 317 Matthews: 1984, p. 180). Hence the population policy that developed was moulded by the combined forces of pronatalism – ‘populate or perish’; and eugenics - population expansion should consist only of a certain approved type.

**Pronatalism (Quantity) and Eugenics (Quality)**


In the beginning of the 20th Century, and particularly as concern grew for Australia’s declining population (Cumpston cited in The Western Argus: 1910, Aug
Assimilation was not a practice newly invented in Australia. It was a policy applied to ‘rid’ Britain of its impoverished underclass and implemented by taking their children and merging them with the ‘industrious classes’. The ‘Principle of Assimilation’ was embraced for this section of society and had been an adjunct of the British Poor Laws for hundreds of years, as I have argued in Chapters Four and Five (Report of Poor Law Inspectors: 1870, p. 44; Mundella Report: 1896, p. 86; Peterkin Report: 1893-1894, pp. 3, 12-13; Henley Report: 1870, pp. 172, 103).

In Australia illegitimately born infants were feared because they purportedly led to race suicide (Chapple: 1903; Mackellar & Welsh: 1917; Bostock & Nye: 1936; Gillespie: 1991, pp. 33, 35). So a program of social engineering was implemented whereby infants were taken from their single mothers, whether white or part-indigenous and absorbed into the middle class (Mackellar: 1913, p. 91; Mackellar cited in Annual Report SCRD: 1904, p. 24; Mein Smith: 2002, p. 309; Reekie: 1998, pp. 66-84). The policy was a corollary of an Imperial Discourse, that justified both the removal of white infants and the Europeanisation of Aboriginal children, on the grounds that it increased the quality and quantity of the white race. In the context of a national population policy both strategies were part of a common project. Assimilation was ‘heavily supported by social scientists: anthropologists, welfare officials, statisticians and other experts on social questions’ (Reekie: 1998, pp.74-75).

The Imperial Discourse and its Influence on Population Policy

The Imperial Discourse was framed around Empire building and had a profound effect on the lived experience of single mothers (Great Britain: 1920 cited in Reekie: 1998, p. 78; Mackellar: 1913; Mein-Smith: 2002, p. 317; Kippen: 2006). It encompassed the ideology, language and practices of the British ‘elite’ including
British Australians, who did not consider themselves as separate from, but as integral to the building of the British Empire. The discourse included notions of ‘fitness’; ‘racial purity’; ‘white Australia; ‘superior race’; populating the tropics with whites and controlling the ‘breeding habits’ of those deemed unfit, particularly the feebleminded (Cumpston cited in SMH: 1923, June 2, p. 12; Cumpston cited in The Western Argus: 1910, Aug 2, pp. 12-13; Cumpston cited in SMH: 1924, June 18, p. 14; Cumpston cited in The Canberra Times: 1932:, July 28, p. 2; The West Australian: 1928, Sep 25, p. 12; Ernest Jones cited in The Canberra Times: 1934, March 7, p. 2; Cumpston cited in The Advertiser: 1922, April 11, p. 6; Cairns Post: 1922, Jan 24, p. 3).

British and Australian eugenists imagined Australia as an outpost of the Empire populated by legitimately born whites in command of the Pacific:

The claim of Australians to a ‘White Australia’ always has been one of the principal factors in the question as it affects the British Empire … that ideal of the race purity of Australia herself expanding into the nobler ideal of Australia as the first line of British defence of the Pacific Ocean (Cairns Post: 1922, Jan 24, p. 3).

I argue that the Immigration Restriction Act (1901), commonly known as the ‘White Australia Policy’, a legislative tool used to prevent those of non-British ancestry from migrating here, was in fact part of a broader policy to purify the white race. The historian Robert Manne referred to it as the ‘whitening of Australia’ (SMH: 1999, pp. 4s-5s) and included placing eugenic controls on its citizens (Reekie: 1998, p. 79; Dean: 2010, p. 165; Wyndam: 1996, p. 195; Matthews: 1984, pp. 79-82). In 1912, Vilda Goldstein, political activist and a member of the Women’s Political Association, acknowledged the broader policy implications of a White Australia. For instance, when Aboriginal, Asiatic and Islander mothers were excluded from receiving the 1912, £5 maternity allowance, Goldstein stated: ‘It is the White Australia policy gone mad. Maternity is maternity, whatever the race’ (Lake: 1999b, p. 76). Thus indicating early feminists understood that the White Australia policy was more than a piece of legislation to deter immigration of those deemed unsuitable because of colour and/or ethnicity. In a recent SBS documentary, ‘Immigration Nation’, the forced repatriation of Islanders working on the Queensland sugar cane fields in 1901, was acknowledged as part of the White Australia Policy as was the

The ideal of racial purity is above all things sacred to Australia and must be maintained to the very point of death (Senator Millen cited in The Advertiser (SA): 1922, April 11, p. 6).

The racial purity project was not only concerned with keeping Australia ‘white’, but ridding itself of the ‘feebleminded’. Acknowledgment of a link existing between feeblemindedness and single motherhood ‘was accepted by a wide range of medical experts, psychologists, sociologists, child welfare, social workers and population theorists’ (1914, p. 108 cited in Reekie: 1998, p. 120). Feeblemindedness, according to Wyndham was categorised as a ‘racial poison’ (1996, p. 127) and as such could lead to ‘racial suicide’ (Wyndham: 1996, pp. 358-359). Members of the Victorian eugenics society corresponded with Leonard Darwin, who asked in a letter titled: ‘Steps taken for racial purity’ what Australia had done regarding: “The general population of securing the best possible stock to populate the Empire” (Darwin: 1918 cited in Wyndham: 1996, p. 168). Social commentators like Marion Piddington (prominent eugenicist early 20th century), believed that illegitimacy represented the ‘worst kind of white racial pollution (Reekie: 1998, p. 82). In order to neutralise ‘racial pollution’ the Commonwealth embarked on schemes to identify the ‘feebleminded’ and to use various methods of modifying their behaviour (Gillespie: 1991, p. 32; Berry: 1923, cited in SMH, Jun 2, p. 12).

‘Feeblemindedness’ very rarely described a person that would be now categorised as ‘mentally challenged’. In Australia the test used to identify the disorder was a ‘social one’, for instance, if a person was eccentric or their behaviour deviated morally or socially from the ‘norm’; or they were judged as not being able to handle their affairs ‘prudently’; or unable to control their ‘sexual impulses’ they were considered ‘feebleminded’ (Courier Mail: 1934, Jan 20, p. 18). The diagnosis was based on ‘subjective opinion’ and ‘certain middle class notions of morality’. Dr. J. H. Cumpston, as Director-General of the Federal Health Department saw the ‘problem of the feebleminded’ as one of national interest. He advocated for social/eugenic controls to be placed on citizens, such as forcibly removing children.
and placing them in ‘‘healthier’’ environments, for reasons of ‘race purification’’ (Cumpston cited in The Advertiser SA: 1928, March 12, p. 12; Wyndham: 1996, p. 195). He also advocated for the Commonwealth to intervene in the lives of parents if they had to rely on Benefits to rear their children; so ensuring the racially inferior did not outnumber those of ‘superior stock’ (Cumpston cited in The Advertiser SA: 1928, March 12, p. 12).

Population Policy: Single Mothers and their Children


The assimilation of illegitimate children, to a class just above their own was an exercise in Reform Eugenics. Both representatives of the Federal and state governments conceded that if children were removed from their past degenerating influences and trained in a domestic setting the problem of their birth would be neutralised, and the younger they were removed, the better (Mackellar cited in the NSW SCRD: 1904, pp. 18, 23-24; Mackellar & Welsh: 1917, p. 31; Mackellar: 1913, p. 34; Spence: 1907; Mein-Smith, 2002, p. 317; Reekie: 1998, p. 84, pp. 74-75; Gillespie: 1991, p. 35; Garton: 2008; NSW SCRD: 1882, p. 5; NSW SCRD: 1886, p. 5; NSW SCRD: 1887, p. 4; Kerr: 2005; Walter Bethel cited in NSW CWD: 1921-1925, p. 5; NSW CWD: 1926-1929, pp. 8-9; Cumpston cited in Roe: 1984, pp. 137-138; Cumpston cited in The Advertiser SA: 1928, March 12, p. 12).
The concern encapsulated in the term ‘populate or perish’ began with the falling birth rate in the late 19th and early 20th Century. It led to a Royal Commission into the Decline of the Birth Rate and the Mortality of Infants. It was chaired by Sir (Dr.) Charles Mackellar (Mackirmon: 2000, p. 112). The conclusion of the Commissioners was that the declining population would endanger Australia’s ‘whiteness’ and its ability to preserve its British heritage. They believed it was essential to people the continent in case the necessity arose to defend it, and this could only be achieved by ensuring a ‘high rate of natural increase’ (cited in Mein-Smith: 2002: p. 309; Gillespie: 1991, p. 1; Federal Minister William Hughes cited in The Mercury (Tas), 1937, Feb 2, p. 8). The concern escalated with the loss of life during World War I (Mein Smith: 2002, p. 312).

William Hughes, became associated with the term and in an article titled: ‘Australia being bled White: Mr Hughes warned Populate or Perish’, he made it clear that he also wanted quality citizens:

> It was not mere numbers that were wanted, but an increase of strong, vigorous men, women, and children, and the foundation of that is healthy mothers (William Hughes cited in The Courier-Mail, Brisbane, July 25, 1935, p. 14).

Even though Australian eugenists saw illegitimacy (quality) as a threat to the family, at the same time, there was a pronatalist push (quantity) to populate for national survival. Mein-Smith, discusses the tension between the two dynamics. She states it is epitomised by Charles Mackellar’s: ‘concern for the state’, centred around expanding the segment of the population deemed ‘fit’, whilst decreasing that of those deemed ‘unfit’, at the same time increasing the population’ (2002, p. 306). In Australia this tension was assuaged by the ‘Doctrine of Assimilation’ (SBS Immigration Nation: 2011, Part two). Mein-Smith (2002, p. 307) argues that pronatalism and eugenics were not ‘diametrically opposed ideologies’. The majority of eugenists in Australia were medically trained (Wyndham: 1996, p. cccxxxvii; cccxliii) with strong environmental leanings. The eugenicists that ran the various Child Welfare Departments were ideologically disposed to make the best out of poor genes by removing an infant to what they deemed a ‘superior environment’ (Lawson:
The population policy that developed under these dual forces was implemented via state based infant and maternal health services. The effect was to regulate ‘the conduct of women’, and in particular to control their ‘reproductive capacities’ (Mackinnon: 2000, pp. 10, 12, 110; Wyndham: 1996, p. 127). Mills argues that whilst surveys of population, such as the mortality rate of illegitimate children, were supposedly done to improve the welfare of the populations as a whole, ‘they had in fact the effect of tightening the disciplinary regime, so that the population was more strictly controlled’ (Mills: 2002, pp. 83-84).

Gillespie (1991, p. 35) states that public health officials, both Commonwealth and state, believed that the fall in the birth rate which was also tied to the notion of ‘race suicide’ could only be averted by strengthening the medical direction of reproduction and child rearing’. The ‘disciplinary regime’ would ultimately be enforced at a grass roots level by medical and social work staff.

The Constitution and the Quarantine Power

The Australian Constitution does not give powers to the Commonwealth to deal directly with matters of health, save in matters of national importance, such as plagues and/or disease that may enter the country from abroad. It was with an innovative extension of the quarantine powers that the Federal Government was able to regulate and control state health departments in matters of health and population policy (Roe: 1976, pp. 179-181).

The Commonwealth Government’s influence on state based programs expanded with the implementation of the Quarantine Act (Cth.) 1909. The Act abolished state quarantine systems and gave the Commonwealth power to declare any place in Australia a ‘quarantine area’ (Rubinstein: 1980, pp. 37-40). In 1915 a Commonwealth appointed departmental committee investigating national health recommended active Commonwealth assistance in the promotion of health and
research facilities. It also suggested that annual conferences of Chief State Health Officers, together with the Commonwealth Director of Quarantine be held to ‘facilitate cooperative and uniform action’ (Rubinstein: 1980, p. 42). Hence the states would be involved in national hygiene programs aimed at building a ‘superior Australian race’ (Gillespie: 1991, p. 31). This would include collaborating in campaigns for national fitness, such as: venereal disease prevention; regulation of the feebleminded and control of maternal and infant health care. This would be undertaken with the assistance of ‘regulatory experts’ who worked in fields such as health, welfare and public health. These were all fields that had emerged through the activities of population reformers such as John Lidgett Cumpston, who subsequently influenced practices of doctors and social workers at the state level (Matthews: 1984, p. 100). In short, national concerns regarding infant and maternal welfare were implemented at a state level through collaboration between Federal and state health departments (Roe: 1984; Gillespie: 1991; Anderson: 2002).

The health of the nation, was considered too important to be left to state determined interests (Cumpston: cited in Advertiser SA: 1928, March 12, p. 12). Population policy is the domain of the Federal Government and population and health policies were seen to be inextricably linked (Roe: 1984). John Cumpston, a national hygienist/reform eugenicist (Roe: 1984, p. 148; Wyndham: 1996, p. 4), created within the Federal Health Department, a division of Maternal and Infant Welfare, to direct and coordinate states policies on matters of maternal and infant care. This included obstetrics, child care, child welfare and hospital policy (Roe: 1984, p. 126). Cumpston’s intention was to produce racially superior citizens, those that were white, and ‘legitimately’ born (Gillespie: 1991; Anderson: 2002; Reekie: 1998), through the collaboration of the Commonwealth and State Health Departments. An example of this was when Director-General of the Federal Health Department, he stated: “Adequate hospital accommodation would be ensured for all mothers … this would be achieved by coordination of medical services throughout Australia [by the Federal Health Dept]” (Barrier Miner Broken Hill: 1943, Jan 22, p. 2).
John Howard Lidgett Cumpston (1880-1954)

Cumpston was pivotal in the formation of the Federal Health Department (FHD), the Federal Council of Health (FCH) and later the National Health and Medical Research Council (NHMRC). These Departments led to the gradual expansion of the Commonwealth’s role in state health functions (Rubinstein: 1980, p. 41) and were significant events in the development of Australian eugenics (Wyndham: 1996, p. 145). Cumpston’s influence on the national scene was extended by his association with notable eugenicists, such as Prime Minister William Hughes, Professor Harvey Sutton and John Elkingotn (Roe: 1984, p. 122; Wyndham: 1996, pp. 4n. 19, 68).

Cumpston through the coordination of the states via the FCH and later NHMRC was able to implement national strategies that had specific outcomes on unwed mothers at a state level (Gillespie: 1991, pp. 32, 52; Roe: 1984; Anderson: 2002). For instance it was an internal policy of the State Health Department that guided practices concerning their treatment at Crown St. Hospital (Roberts: 1994). Hence the professional career of Cumpston will be discussed because of his integral role in the formation and running of the various Commonwealth Health Departments and their involvement with guiding maternal policy at a state level.

Cumpston was born in Melbourne, and grew up to be devoutly religious and conservative. He studied at the Melbourne School of Medicine and graduated in obstetrics (Roe: 1984, p. 118). It was at medical school he met his long-time friend and colleague Professor Harvey Sutton. Throughout his career Cumpston’s interest lay in public health with a focus on national preventative, rather than state based curative, medicine (Roe: 1984, p. 118). Preventative medicine has been described as a branch of eugenics (Wyndham: 1996, p. 311) because of its focus on the prevention of social ills (e.g. unwed motherhood) through government intervention in the private lives of its citizens. Cumpston received his diploma of Public Health in London, studied under M. H. Gordon of the Local Government Board in 1906 at a time when the British were overly concerned with feeblemindedness and the social ills it supposedly spawned.
At a medical congress in 1908 Cumpston claimed that the British had experienced a decline in mortality due to scarlet fever because the British had a ‘livelier popular intelligence’. Whereas, the Irish, still had a high mortality rate because their citizens were: ‘dull and lethargic’ (Cumpston, 1908 cited in Roe: 1984, p. 120). His comments, besides being racist, displayed his perceived linkage between mental capacity and population decline. Confounding intelligence with disease was a typical eugenic evaluation (Tredgold: 1909). Elizabeth Sloan Chesser (1878-1940), British medical eugenicist, and a frequent contributor to Australian newspapers on ‘race betterment’ (Western Mail: 1913, July 11 p. 52; Western Mail: 1913, p. 5), commented on the findings of the ‘British Royal Commission Inquiry on the Feebleminded’. She stated that social control through eugenic agencies was needed to ensure racial health for future generations. This she explains is what eugenicists describe as preventative work. Similarly Cumpston believed preventative work was achieved through public health and social reform undertaken by government agencies and was the only way to effect sanitary or hygienic progress (Roe: 1984, p. 120).

Utilising preventative medicine for social reasons was also the underlying ideology of the CWD. For instance Sir Charles K. Mackellar stated that with respect to neglected children in need of rescue and reformation, preventative measures, the domain of the Commonwealth, were ‘Proverbially superior’ to state based ‘curative methods’: the domain of the local doctor (NSW SCRD: 1906, p. 21). Indicating Commonwealth policies, vis-à-vis the removal of infants, were already being implemented at a state level.

Cumpston became a medical officer in the West Australian Central Board of Health in 1907. Dr. James William Hope (1851-1918), an ardent eugenicist, became Cumpston’s supervisor. For Hope, birth control was a cause of ‘moral degeneracy’ and he advocated compulsory testing for venereal diseases. Though a pronatalist, Hope scorned the ‘shiftless and incompetent’ (Roe: 1984, p. 119). Hope’s views would certainly have influenced and reinforced those of Cumpston. In a newspaper article titled, ‘The Public Health: Report by Dr. Hope’ (Western Mail: 1912, p. 41) the themes Hope espouse resonate through much of what Cumpston tried to achieve.
through his various posts working for the state then the Commonwealth. The following paragraph is a summation of his article.

Hope described children as being valuable to the state and their loss a national one, but the quality of those that survived he believed to be of greater importance. He advocated that ‘better types’ procreate to counterbalance the numbers of unfit. He blamed artificial feeding and the disinterest of feebleminded and/or ‘vicious mothers’ for the high infant mortality rate. The nation’s position in the world depended on what kind of population it produced. Hence he believed it was important to train a child in a religious and moral environment. He subscribed to notions of the survival of the fittest, but blamed the welfare state for the survival of the less fit. He adhered to the theory that hereditary tendencies ‘to baseness’ could be overcome by placing a child in the right environment so with each generation the race would improve. Hence, he could be described as a reform eugenicist who look an interventionist approach similar to that of Mackellar.

Cumpston also prescribed altering the environment to produce citizens of greater potential (Wyndham: 1996, pp. 4, 240) and had an interest in infant and child welfare, for reasons of national strength. He was of the same opine as his mentor and blamed working-class mothers for the high infant mortality (Kerr: 2004, p. 34). Cumpston initiated and encouraged, in his role as Director-General of the Federal Department of Health: mother and baby child care centres, pre-kindergarten schools, physical fitness, the regulation and control of the feebleminded and the benefits of removing infants and children to a ‘superior’ environment. He took an interventionist approach, similar to his mentor Hope, whereby he believed that government had the right to intervene in and regulate the social environment, if the parent claimed welfare benefits (Roe: 1984, p. 137).

He worked and studied in Britain whilst the Royal Commission on the Care and Control of the Feebleminded’ (1904-1908) was being undertaken. The Inquiry was very influential on medical elites and provided the impetus for a similar study being conducted in Australia in 1914 (Wyndham: 1996, p. 276). The British Inquiry’s findings equated unwed motherhood with feeblemindedness and the production of crime and pauperism. Cumpston would not have been insulated, from
the dominant intellectual and ideological trends of the day. It would therefore be unsurprising if Cumpston was influenced by eugenic notables, such as Dr. Alfred Tredgold. Tredgold was a prominent figure in the Eugenics Society in London, the medical expert at the Inquiry into Feeblemindedness (Tredgold: 1909) and his views were broadly disseminated and widely accepted in Australia (Western Mail: 1912, Sept 27, pp. 15-16; Chesser: 1913; Courier Mail: 1934, Jan 20, p. 18; Courier Mail: 1935, March 16, p. 18; Ernest Jones cited in The Brisbane Courier: 1930, Jan 1, p. 18; The West Australian: 1930, Feb 15, p. 14). His adaptation of the Binet Intelligent testing was conducted by the NSW CWD on children held at its shelters (Annual Report CWD: 1926-1929, p. 12). Tredgold’s eugenic ideology was still circulating post World War II (The West Australian: 1948, Dec 3, p. 27). He was cited in Charles Mackellar’s Report (1913) to the NSW Government on delinquency and its connection with feeblemindedness, and again in Mackellar & Walsh’s study on feeblemindedness (1917) where he stated: “The environment of today will become the heredity of tomorrow” (Mackellar & Walsh: 1917, p. 57). Tredgold simplistically equated feeblemindedness with having an infant outside of wedlock which he stated caused national degeneracy (Tredgold: 1909, pp. 100, 102).

Whilst Cumpston campaigned for a national approach to health he cited Havelock Ellis as a representative of modern politics and culture that would support such a project (Roe: 1984, p. 129). Since Cumpston held Ellis in such high esteem his political and social views are worth examining. Firstly Ellis, like Tredgold, drew connections between feeblemindedness and illegitimacy:

Illegitimacy is frequently the result of feeblemindedness since feebleminded women are peculiarly unable to resist temptation (1911, p. 33).

He promoted public health campaigns and education to induce society to ‘choose’ eugenic measures. He was a member of the London Eugenic Society (1907-1939), a fellow of the Royal College of Physicians and on the General Committee of the First International Eugenics Congress, 1912 (Crozier: 2008, p. 187). He believed in racial hierarchies, but also that environment played a part in tempering inherent impulses (Crozier: 2008, p. 189). Ellis (1911, p. 35) did not believe that feeblemindedness
necessarily meant any defect in intellectual capacity, but a weakness of will and a lack of power to resist the sexual impulse, as indicated in his aforementioned quote. Ellis wrote ‘Race Degeneration’ (1911) wherein he stated he was not averse to improving the environment to improve the ‘national stock’. For instance, he advocated that the child should removed at birth, “To bring it under beneficial social influences from the moment it begins to breathe” (p. 16). Ellis’s suggestion that financial controls be implemented to induce ‘choice’ is interesting in the context that many unsupported, unwed mothers claimed they were never informed of any financial support that was available that would have assisted them to keep their babies (Research Participant: 2007, Rose; Kerr: 2005, p. 153; CARCR: 2012; Final Report 22: 2000).


Cumpston, whilst Director of Quarantine, sat on the Federal Committee of the British Medical Association, set up because of the loss of life in World War I, to look at such matters as infant and maternal mortality. The Committee wanted more vigorous governmental action, with the Commonwealth leading the states. Cumpston wanted to focus on hospital provisions, infant mortality, venereal disease and establishing a national policy on public health (Roe: 1984, p. 126). The plight of over 50,000 veterans suffering from venereal disease gave Cumpston further leverage to call for the formation of a Commonwealth body to oversee the states (Dr. Cumpston cited in The Queenslander, 1919, Aug 16, p. 8). The Committee resolved in favour of extending Commonwealth activity into the area of health and supported the idea of a Commonwealth Department of Health (Roe: 1984, p. 130).
It was noted that at the Premiers’ conference in January 1919, the then Acting Prime Minister, Mr. Watt, submitted a memorandum on the subject of extending the Commonwealth’s powers into state health, prepared by Cumpston. It contained a proposal, approved by the Federal Cabinet that the Commonwealth Department of Public Health should, in ‘addition to its quarantine function concern itself with … methods of prevention and the education of the public in matters of public health and generally coordinate health measures, as done in the USA’ (Cairns Post: 1922, p. 3; The Brisbane Courier: 1923, March 9, p. 10).

The push for a FHD was supported at the Medical Congress held in Brisbane in 1920 where John Elkington (1871-1955), discussed the importance of increasing Australia’s white population, particularly in the tropics (The Advertiser SA: 1922, April 11, p. 6) to protect against invasion (Elkington: 1920 cited in Roe: 1984, p. 130). Cumpston stated at the Congress that, ‘He did not know of any question of greater national importance than building a white virile race’ (The West Australian: 1920, August 28, p. 6).

In an article (Cairns Post: 1922, Jan 24, p. 3) titled, ‘AUSTRALIA FOR THE WHITE MAN. IDEAL OF RACIAL PURITY. A BIG SUBJECT’, a programme, supported by the Rockefeller Foundation, was discussed whereby an investigation of a number of tropical maladies would be conducted as part of a wider scheme of white settlement in the north. The programme run by the Commonwealth in collaboration with the Queensland Government was important because it established the framework for Commonwealth leadership, whilst working collaboratively with the states, as the following article points out:

Dr. Cumpston said although Dr. Cilento’s appointment to a senior position in the Queensland health administration meant his resignation from the Commonwealth Health Department it would mean there would be increased opportunities in the future for cooperation between Federal and state health departments (The West Australia: 1934, p. 15).
Cumpston believed Australia was ready for preventative medicine controlled by a central authority of health that would provide guidelines to state government authorities and the medical profession that had to be adhered (Cumpston 1920 cited in Roe: 1984, pp. 130-131). The Quarantine Act 1920 clarified the fact that, ‘Federal quarantine legislation overrode state measures’.

Around this time the Tasmanian Mental Deficiency Act (1920) was implemented. Cumpston stated his approval: “Regarding the feebleminded, Tasmania has shown the way” (Morning Bulletin Qld: 1928, Jan 18, p. 7). The Tasmanian Act, had devastating consequences. It empowered matrons of mother and baby Homes to act in ‘loco parentis’ of unwed mothers and sign adoption forms on their behalf irrespective of their wishes or consent (Parry: 2007, p. 200).

On March 1921 the Commonwealth Gazette announced the creation of the Federal Department of Health. The new department and Cumpston’s position was reported in The Brisbane Courier, (March 21, 1921 p. 7):

Dr. J. H. L Cumpston has been formally appointed Director-General of Health and Director of Quarantine in connection with the new Federal Health Department. The former position of Director of Quarantine controlling the quarantine branch has been abolished and all officers of the quarantine branch have been transferred to the Department of Health.

Cumpston held the position in the FHD for 24 years. He claimed for himself the path of leading the nation on matters of health, preventative medicine and social policy.

In 1925 Cumpston gave evidence at a ‘Royal Commission into Insurance’. He suggested that as part of a national program of preventative health measures that the medical practitioner should be enlisted by the Commonwealth to not only supervise health but the social environment in order to stop the “propagation of the unfit”. Hence GPs would become an integral part of enforcing national policies at the local level (Roe: 1984, p. 137). In evidence he gave to a Royal Commission into Health (1925) he wanted the Commonwealth to take a leadership role in matters of
maternal and child health. The Health Commission Report (1926) recommended that the Federal Health Department should coordinate state public health through a Federal Council (Roe: 1984, p. 137). The Commission recommended that the FHC be comprised of the Commonwealth and states’ chief health officers; the establishment of what was to become the ‘School of Public Health and Tropical Medicine’ at the University of Sydney. The school was established in 1930 (Rubinstein: 1980, p. 43). Professor Harvey Sutton was the school’s director from 1930 until his retirement in 1937 and during his tenure, social workers as well as medical professionals attended his lectures (Annual Report of the Board of Social Studies: 1948).

The Commission also recommended that Dr. W. Ernest Jones conduct a national survey into mental deficiency and advise the Federal Government as to how it could coordinate the efforts of the states in solving the problem (Jones: 1999, p. 333). The West Australian (1928, Sept 25, p. 12) reported Dr. Jones appointment:

Dr. W. Ernest Jones, the Inspector of Insane in Victoria arrived in Perth … to investigate matters concerning mental ‘deficients’ on behalf of the Commonwealth Health Department to which he has been loaned by the Victorian Government.

In 1927-1928 Cumpston gave evidence before the ‘Royal Commission into Child Endowment’ where he stressed his belief in eugenic controls for race improvement (Wyndham: 1996, p. 195). Roe states (1984, p. 141) that the Commission generally endorsed his views. Amongst other things the ‘controls’ would take the form of identifying the feebleminded and preventing them from reproducing. It may be no coincidence, then, that decades later some single mothers spoke out about being sterilized (Critchley, Herald Sun: 2006; Matthews: 1984, pp. 180, 182). In relation to unwed mothers this is an area that has never been investigated. Before the Commission, Cumpston again insisted that there be cooperation between central and regional authorities and suggested that ‘health’ formally be included in powers granted to the Commonwealth (Roe: 1984, p. 141).
The FHC was established in 1927. It was through the members of the Council that the Commonwealth guided the states on matters of maternal and infant health (Roe: 1984, p. 140; Gillespie: 1991, p. 32). Specifically the Council provided the forum for consultation between the Commonwealth and state health departments (Gillespie: 1991, p. 45). The Council consisted of a Director-General as chairman, two officers from the Department of Health and the chief health officers of the states: ‘Its function was to advise Commonwealth and state governments on the whole field of public health, including necessary legislative and administrative measures’ (Rubinstein: 1980, p. 43).

It was whilst giving evidence at the Child Endowment Commission (1928) Cumpston stated that the Commonwealth had the right to regulate reproduction for reasons of national and racial ‘betterment’. Government, he stated, had the right to intervene in family life if parents had to rely partially or fully on Commonwealth Benefits. He explained this was to secure the nation “against the production of the wrong kind of stock” (Cumpston cited in the Advertiser SA: 1928, Mar 12, p. 12). Dr. Lawson’s (1960) eugenic lecture (discussed in Ch. 1, p. 30) that encouraged the medical profession to forcibly take newborns from unwed mothers and place them for adoption was a direct outcome of Cumpston’s directive. Social workers failure to provide information about available benefits also is evidence of Cumpston’s policy coming to fruition. Cumpston’s policy for the Commonwealth was therefore implemented via state based medicos and social workers through state agencies. So by Cumpston advocating to have eugenic controls placed on a population he believed was in need of regulation resulted in 250,000 babies being forcibly taken for adoption (Inglis: 1984). One of the respondents in this research project was contacted by the NSW CWD after she had made inquiries about available benefits, in her cases the end result was her newborn were forcibly taken (Participant: 2007, Pamela).

In 1929, Dame Janet Campbell, OBE MD MSN, senior medical officer for maternity and child welfare in the British Ministry for Health, was commissioned to report on maternal and child welfare in Australia. Dame Janet was met on arrival by Dr. Cumpston, in his role as Federal Medical Officer. She was to attend meetings of the medical congress (SMH: 1929, 3 Sep, p. 10). Her visit indicates the ongoing
concern and collaboration between Australia and Britain to increase a virile population of whites. In 1930, after Dame Janet’s Report stressed the need of the ‘effective supervision of maternity’ a Division of Maternity and Infant Welfare was set up within the FHD (Gillespie: 1991, p. 46).

As Director-General of the Federal Health Department, Cumpston, was clearly concerned with the ‘problem of the feebleminded’. He advocated for a favourable environment to ‘cure’ mental defectives and stated ‘the purity of the race depended … on preventing the unfit propagating their kind’ (Cumpston cited in The Advertiser SA: 1928, March 12, p. 12; Anderson: 2002, p. 171; Roe: 1984, p. 137). Cumpston described the regulation of feebleminded persons as a ‘branch of preventative medicine’, which would bring ‘enormous profit to the community’ and was an area in which Australia was far behind other countries (SMH: 1923, June 2, p. 12). Harvey Sutton was quoted as describing the feeble minded as ‘social parasites’. Both Sutton and Cumpston were of the opinion that education was a key to rehabilitating the feebleminded and this could be accomplished by improved nurture and training by removal into a ‘superior environment’. In other words an illegitimate infant adopted by a middle class couple “would make the best out of bad genes” (Lawson: 1960; Anderson: 2002, p. 171). There was also consensus that the middle class should be expanded (Anderson: 2002, p. 171). The Monitoring of the feebleminded was therefore a matter of national concern:

Dr. Cumpston pointed out [The problem of the feebleminded] called for early attention all over the Commonwealth (The Canberra Times: 1932, July 28, p. 2).

Dr. W. Ernest Jones gave an address at the Ann McKenzie Oration in 1934. It signalled that ‘mental deficiency’ was still on the Commonwealth agenda:

The principal factors of this great sociological problem, mental disorder, its frequency and causation, can only be successfully attacked by a campaign of research, by instruction of the public as well as the medical profession and by the inculcation of eugenic ideals
In 1935 a Jubilee Fund was set up with Commonwealth and state funds. It was to underwrite research into natal care. The Federal Health Council gave guidelines to the states on areas of spending the money such as: antenatal clinics, maternity hospitals and professors of obstetrics (Roe: 1984, p. 144).

In 1937 the NHMRC was formed, taking over from the FHC. The NHMRC’s power and areas of influence was further extended by the constitution of its members. Rubinstein (1980, p. 46) explains, ‘The machinery that was in fact established in the words of W. M. Hughes represented: “all the state public health authorities and all the great medical organisations”’. The NHMRC included three Commonwealth health officers; the Chief Medical Officer of each state; one representative each from the main medical associations (the College of Surgeons; the Association of Physicians; the British Medical Association); one representative from the four university medical schools and two lay members. It coordinated the states on policies such as contraception, abortion and child rearing. The extended power of the NHMRC enabled the Federal Government to influence state governments in areas of public health and social welfare policy (Roe: 1984, pp. 144-145).

The Council’s first meeting was held in 1937 at a conference consisting of Federal and state ministers at the NSW House of Assembly. The Federal Health Minister, William Hughes, gave the opening address wherein, unsurprisingly, he warned that if Australia did not populate it would perish. Hughes was introduced by Dr. John Cumpston, who chaired the conference. Minister Hughes stated the Council had been formed to promote the health of the country and that:

The importance of those functions, national in the broadest sense of the term, could hardly be exaggerated, and the Council is clothed by the Commonwealth and states with all the authority necessary for their exercise (The Mercury Hobart: 1937, p. 8).
The influence of the Commonwealth Health Department was felt in other state institutions such as the Child Welfare Department: ‘Today the influence of the Health Department is paramount in all questions of infant welfare’ (NSW CWD: 1936 & 1937, p. 60).

In 1939 a Mental Deficiency Act was implemented in Victoria, the purpose of which was to improve ‘the breeding potential of the Australian race by improving intelligence and morality’ (Jones: 1999, p. 337).

During World War II the rise of infertility began to be seen as a social problem:

The Director-General of Health, Dr. Cumpston told the conference: ‘While marriages have increased so too, has the proportion of childless married women. One of the most disturbing statements made at the conference concerned the increase in venereal disease among married women, some of whose husbands were on Active Service’ (Morning Bulletin Rockhampton: 1944, June 1, p. 2).

Cumpston, Hughes, Ellis and Tredgold (Chesser: 1913, p. 51; Roe: 1984, p. 122; Ellis: 1911; Wyndham: 1996, p. 300) believed that a couple intending marriage should be tested to ensure that they were both physically and mentally healthy and free of venereal disease. The health of the nation became a significant issue for the Commonwealth.

Therefore national efficiency through health reform was to be achieved through the regulation of all stages of family life, including pregnancy and child rearing (Gillespie: 1991, p. 31). According to Gillespie there was wide support for a national policy that ‘placed public health, population policy and preventive health care’ at its centre. The Federal Government would coordinate the states’ activities particularly in ‘modifying the behaviour of individuals through education and … social control’ (Gillespie: 1991, p. 32). Doctors were considered to be on the frontline (Roe: 1984, p. 129; Gillespie: 1991). Cumpston declared that, “The general practitioner must undertake measures of preventive medicine which can be applied in the home and that this would be guided by the Federal Health Department”
(Cumpston cited in Gillespie: 1991 pp. 39-40). It is with this collaboration in mind that State Health Department policy vis-à-vis the treatment of unwed mothers was guided by the Commonwealth. Hence medical and social work practice was subjected to national policy objectives.

Pamela Roberts (1994), sworn affidavit formed part of the evidence in a mother’s legal case against the State of NSW for illegally removing her newborn. In it she describes the internal Health Department Policy that guided Crown St’s treatment of unmarried mothers:

1. The mother was to have no contact with her newborn; the baby would be whisked away to the nursery.

2. During the birth a pillow would be placed on her chest, eliminating eye contact. The mother was not informed this would occur.

3. In the days after the birth the mother would not be permitted access to her infant (p. 6).

4. She would be injected with stilboestrol (a carcinogenic hormone to dry up her milk) immediately after the birth so prohibited nursing. The mother was not informed this would occur (p. 8).

5. She would be given barbiturates prior, during and after the birth without her consent (p. 5).

6. Mothers would be transported to an annex of Crown Street, ‘Lady Wakehurst’ without their consent, where they were drugged, incarcerated and had no way to access their infant who was kept back at the hospital (p. 6).

Pamela Roberts stated:

‘The Internal Policy Manual’ aimed to ensure that the Social Work Department ran in accordance with the Hospital and Health Department policies and it existed to ensure that the policy was understood and implemented by social workers … the usual practice was that the mother was not permitted to see the baby in the delivery room … in the days after the birth, the mother was not to see the baby. The Policy Manual would reflect these procedures.
Movement of Pregnant Women and Infants Across State Borders: A Commonwealth Project

The Federal Health Department, as explained above, directed health department policy at the state and territory level from the 1920s onwards with the cooperation of doctors, social and welfare workers, and hospital boards. The popularity of adoption, according to Dr. Rosemary Kerr (2005, p. 156) led to ‘Departments around Australia corresponding to create uniformity in adoption legislation’ which began with reciprocal legislation29 between states that was fully implemented by 1948.

The impetus for reciprocal legislation came when prospective Australian Capital Territory (ACT) adopters inquired of the NSW CWD as to whether they might adopt children from that State, as there was a shortage of adoptable infants available in the ACT. Their applications were refused. A particular ACT applicant sought assistance from the Commonwealth regarding the refusal of his application. The Prime Minister’s Department contacted the NSW CWD, on the 16th December 1940, asking whether arrangements could be made for a resident of the Territory to adopt a child born in NSW and if so, to indicate the procedures to be followed. On the 23rd of March, 1941, the NSW Department wrote and informed the Prime Minister’s Department that the law, as it stood, did not allow for adoption in their State by ACT residents. An overview of the correspondence between the Commonwealth, NSW CWD and the Attorney-General’s Department was detailed in a letter sent to the Minister of the Department of the Interior, in 1943 (Lind: 1943, 12 Nov, File 43/1/588). The Prime Minister’s Department took steps to assist potential adopters. It sent around a circular instructing all State Premiers that either a Commonwealth Law would be passed, or if that was not constitutionally possible, state legislation amended, to allow individuals from the ACT to adopt Australia wide (Commonwealth of Australia, Prime Minister: 1940, File No. AS-412/1/7).

West Australia already had a reciprocal arrangement in operation with the Commonwealth (Department of the Interior: 1941, 22 Dec). It is clear from the

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29 Referred to as Commonwealth legislation as it enabled an adoption order made in a state or territory to take effect throughout the Commonwealth (Attorney-General’s Department communiqué to the Department of the Interior Canberra: dated 10 December, 1941, Ref. 37/733)
correspondence, that reciprocal legislation was implemented to provide more infants for adoption, not assist children in need of a home. A memo from the Attorney-General’s Department to the Department of the Interior states: “I refer to your memorandum dated 14 July regarding the amendment proposed by the Director, NSW CWD, to the Adoption of Children Ordinance 1938-1940 to facilitate residents of the ACT in obtaining children from the states for adoption in the territory” (1941, 26 Aug).

At the time adopters could only adopt infants domiciled in the state in which they resided, though the Adoption of Children Ordinance 1938-1940 enacted by Sir Robert Menzies,30 when he was Attorney-General, did allow for the Minister for the Interior to transmit and receive Adoption Orders for registration purposes to and from other states. However, it could not be acted upon, except for West Australia, because there was no legislation or administrative mechanism in place to facilitate the process. The Prime Minister sought advice from the Attorney-General and was informed that the Commonwealth did not have the power under the Constitution to make laws with respect to adoption in the states (Knowles, Attorney-General’s Department: 1941, 10 Dec, File No. 37/733). The Prime Minister informed the Premiers (Prime Minister: 1942, 2 Jan, File No. AS. 412/1/7) of this fact and to overcome the obstacle he requested the Attorney-General’s Department to communicate with Premiers in all states with a view to amending their legislation so that potential ACT adopters could adopt from interstate (Burgess, Department of the Interior: 1941, 22 Dec). The Premiers obliged and the states from 1941 onward, guided by the Commonwealth, made amendments to facilitate adoptions for ACT residents.

Negotiations to implement uniformity between all states, so that, for instance, an Adoption Order made in South Australia was legal in Victoria, began when the matter was raised in a letter from the Prime Minister’s Department (1944, 10 Nov, File AS. 412/1/7) to the Premiers stating it would be brought up at the next ‘Conference of Commonwealth and State Ministers’ (Haddeley, NSW Premier: 1944, 22 Nov). The issue of reciprocal legislation was given further impetus when the President of the Queensland Country Women’s Association wrote to the Prime

Minister on the 24 August, 1944 requesting ‘the necessity for uniformity throughout the Commonwealth in regard to laws relating to the adoption of children’ (Daley: 1944, 1 Nov, File 43/1/588, Memo to the Prime Minister’s Department).

Since the implementation of reciprocal legislation was instigated and coordinated by the Commonwealth Government and enabled an Adoption Order made in any state or territory to take effect throughout the Commonwealth it was referred to as Commonwealth Legislation (Attorney-General’s Department communique to the Department of the Interior Canberra, 10 December, 1941, Ref. 37/733). This was irrespective of the lack of constitutional powers to make such a law.

Uniformity of legislation that started with the Federal initiative of implementing the reciprocal legislation around the country was achieved by 1970. During the 1960s the Commonwealth and states met regularly to draw up a Model Adoption Act that all the states and territories followed. W. C Langshaw, Director, Department of Youth and Community Services, discussed the Commonwealth and state collaboration in drawing up the Model Act at a National Adoption Conference held in Melbourne (1978):

On the 29 of March, 1961 at a meeting of the Attorneys-General of the Commonwealth and the states it was agreed that Australia move toward the development of nationally accepted standards, policy and law in adoption. It was also agreed that the social welfare aspect of adoption should be considered and determined before work on the legal problems was undertaken … numerous discussions took place between the Commonwealth and states at Ministerial level and representations and proposals were received from many individuals and organisations. The Commonwealth Attorney-General’s Department undertook the task of preparing a draft of a model bill in the form of an ordinance for the Australian Capital Territory. All states and territories passed legislation and the new so-called Uniform Adoption Law gradually was implemented between 1964 and 1970 (Langshaw: 1978, p. 47).

Hon A. D. Bridges, NSW Minister of Youth and Community Affairs (1965) acknowledged the Commonwealth and states participation in the Adoption Bill that came before the NSW parliament:
Adoption is a process which depends upon a happy partnership between the professions of law and social work … It is for this reason that the discussions which have taken place over the last several years on a Commonwealth-wide basis have involved both the Attorneys-General and their officers and the Ministers for Child Welfare and their officers, since both groups have had important roles to play in the drafting of this bill as indeed, have those many voluntary organisations, which have been involved in the field of adoption and have made representations to me and to my predecessor on this question (NSW Adoption of Children Bill, 8 Dec, 1965, p. 3041 cited in McHutchison: 1984).

Langshaw explained that the ‘Uniform Adoption Law produced a very real uniformity in adoption standards and policy throughout the country, and the resultant legislation [provided] a sound framework for the type of adoption practice envisaged by the Child Welfare League of America Standards for Adoption Service’ (Langshaw: 1978, p. 47). The Child Welfare League Standards for adoption to which Langshaw is referring, were discussed by Joseph Reid, Executive Director of the Child Welfare League of America and Deputy President of the International Union for Child Welfare, at various national social work conferences and in published articles. Since it was these standards the Australian Government modelled its policy and legislation on and enacted through its various state governments it is worth briefly noting what they were:

- An unwed mother and her child are not a family.
- The mother is not entitled to make her own decision.\(^{31}\)
- If family members do not support adoption, they should be counselled otherwise.
- It should always be presumed that adoption is in ‘the child’s best interest’.
- A service that must be rendered for infertile couples is the use of casework by social workers utilising psychological methods.
- Ensure mothers do not try to reclaim their babies (via both casework and legislation).
- Agencies should be politically active and lobby for law changes to reduce the rights of natural parents.
- Because the above principles are only partially accepted by the community, social workers must advocate strongly and publicly for their acceptance.

\(^{31}\) This was in direct contrast of the espoused principles of social work: clients at all times were supposed to be autonomous and the rights and freedoms of individuals were to be protected.
Agencies must network with those in law and medicine to ensure the above principles are disseminated (Reid: 1957; Schapiro: 1956, p. 8).

The above principles were supported by Australian adoption agents as evidenced by Mary McLelland’s comments at a Social Services Conference to herald in the NSW Adoption Act of 1965 in February 1967. She stated that social workers’ duty was to facilitate social functioning and in that capacity continue to stigmatise unwed pregnancy, support infertile couples’ right to form families and promote adoption via the media (1967, pp. 42, 49). She urged that professions involved in adoption should work collaboratively: “Direct service to the adoptive parents is the joint responsibility of doctor, lawyer and social worker” (McLelland: 1967, p. 48).

The Uniform Adoption Act and the Health Department Policies

The Uniform Legislation was clearly never designed to protect the rights of mothers and infants, but to provide more newborns for adoption. A representative of the Victorian Catholic Adoption Agency acknowledged this fact in a newspaper article that stated there would be an increase of at least 500 infants annually, available for adoption, with the implementation of the new Act (Perkins cited in The Australian: 1965, Jan 30). After the new Adoption Act was introduced in New South Wales, the Minister for the CWD, stated:

An increased number of illegitimates are handed over for adoption … This is a contributing factor in the shortened waiting period undergone by childless couples. A few years ago this was estimated at four to five years. It is now no more than twelve to fifteen months (Langshaw cited in Daily Telegraph: 1968, March 15).

So positive were adoption enthusiasts that they believed, after the introduction of the new legislation, and with the continued minimal impact of the pill on ex-nuptial births, both would continue to rise. For instance, Roberts expected ex-nuptial births to rise from ‘5, 360 in 1968 to 6,177 in 1978’ and adoptions to rise simultaneously (1968, p. 10). Roberts explained: “There can be no doubt that some of the big metropolitan maternity hospitals will be involved in … planning about
accommodation and staff to look after these patients and particularly to care for the numbers of babies who are likely to be born and surrendered for adoption” (Roberts: 1968, p. 10). It was convenient for adoption agents to presumptively assume that there was a link between a rise in ex-nuptial births and relinquishment, rather than one between their abusive practices and the increase. It turned out that the linkage between ex-nuptial births and adoptions was rather more tenuous than Roberts’ anticipated as adoptions decreased from 1,986 in 1968 to 1,041 in 1978 (Report 22: 2000, p. 218) while ex-nuptial births rose from 6,622 to 8,615 in the same period (Report 22: 2000, p. 220).

Testing of Infants Awaiting Adoption: Collusion of FHD, NHMRC and State Institutions

An example of the influence of the FHD and NHMRC on state health and welfare institutions is evident in the trialling of the CSL produced vaccines on babies and infants.

During the 1940s and 50s the Royal Children’s Hospital in Melbourne, the CSL and the Walter and Eliza Institute (the Institute), also in Melbourne, collaborated to conduct research on babies awaiting adoption in five Victorian unwed mother and baby Homes. The CSL was housed within the Institute at the time (University of Adelaide CSL: 2011). The project was to develop production of the triple and quadruple-antigen serum. The triple-antigen vaccination was not introduced by the CSL until 1953 (The Victorian Dept. of Public Health: 2011) and the quadruple-antigen until 1960. A Senate Inquiry into Children in Institutional Care uncovered details of the studies. A report written by the Department of Human Services (1997) stated that no-one had given permission for 56 babies to be part of medical trials. The new quadruple antigen vaccination, included polio vaccine, which was possibly contaminated with a monkey virus, SV40, since linked to cancer. CSL records show the trials were conducted on babies as young as three months whilst they were under the care and protection of the government as State Wards. The institutions used in the trials were St Joseph’s Home in Broadmeadows, Berry Street Foundling Home, Bethany Babies Home in Geelong, Methodist Babies Home and

The Final Report of the NSW Inquiry into Past Adoption Practices (No. 22: 2000, p. 118) stated that vaccinating without gaining an informed consent violated two international codes on human experimentation: the Nuremberg Code and the Declaration of Helsinki. Further in evidence at the Inquiry one mother presented her son’s medical files which revealed that he had been experimented on by a Sydney-based research foundation in 1966.

The nursery report … shows that when the baby was three days old he was transferred to a research centre where he was administered … [doses] of Phenergan … The mother believes that the doctor responsible for the experiment was conducting research on the respiratory problems of premature babies and that her baby was part of a ‘control’ group of full term, healthy babies. According to the child’s medical records he was in … good health … the mother’s consent for the … medication was neither sought nor given (Final Report 22: 2000, p. 117).

The drug is contravened for children less than two years of age.

**Conclusion**

The Federal and State Health Departments in collaboration enacted a population policy that began under the umbrella of the ‘White Australian Policy’. It was a much broader social experiment than that of simply excluding non-white immigrants. The educated ‘elite’ were influenced by a eugenic discourse that identified unwed mothers and their children as racially inferior, therefore population policy focused on the assimilation of infants with white, married, employed couples.

The Commonwealth population policy was implemented at the state level by doctors, medical staff and social workers guided by an internal Health Department Policy coordinated and controlled by the Federal Health Department.
Eugenic control of unwed, unsupported mothers did not conclude until 1982 when the Health Department finally sent around a circular (Health Commission Circular: 1982) stating that medical and social work staff were breaking the law in taking newborns by force for adoption.

The history of unwed motherhood in Australia during the 20th Century shows a shameful collusion, between Commonwealth and state governments. As outlined above there was collusion between parliamentarians, child welfare and health departments, social workers, religious and non-religious mother and baby homes, and public and private hospitals.
CHAPTER 10
The Crown Street Women’s Hospital

It must be considered as reprehensible conduct to refrain from giving healthy children to the nation … the egoistic desires of the individual count for nothing and will have to give way before the ruling of the state (Hitler, Mein Kemp: 1925-1926 translated by James Murphy: 1939).

Introduction

This Chapter will focus on the practices of one hospital in particular: the Crown Street Women’s Hospital. This hospital has a particularly dark history with respect to its treatment of unmarried mothers. The hospital operated from 1873-1983 and thousands of mothers had their babies taken whilst in its care (Crown Street Centenary Committee: 2007). Pamela Hayes, Senior Midwife (1963-1983) stated that, “The hospital initially cared for Sydney’s mothers and babies, but soon after for those from throughout NSW and then from inter-state and overseas. Crown St. became a centre of learning, a centre of excellence, for thousands of midwives, medical and paramedical health professionals who took their skills to all corners of the earth” (Hayes: 1994 cited in Crown Street Centenary Committee: 2007, p. 5). Unfortunately that included depriving unwed mothers of their infants at the birth and the forcible removal of infants for the purpose of adoption (Rickarby: 2004).

By the 1960s the abuse of unwed mothers at Crown St. was systemic (Chisholm cited in Report 21: 2000, p. 188). These practices included the use of sedating barbiturates; the removal of the infant immediately after the birth; and the removal of the mother to an annex, miles away from the infant’s nursery where no visitors were allowed; no access to a telephone; and no way of having contact with the infant (Rickarby cited in Report 17: 1998; Final Report 22: 2000). The hospital was more like a ‘baby farm’ for infertile couples than a maternity hospital caring for the needs of Australia’s citizens. The abusive treatment involved the collusion of child welfare officers, medical and social work staff and federal and state health officials.
This situation did not happen overnight. I would suggest that it took decades and proceeded incrementally, but with the indoctrination of new staff became more entrenched and brutal. Over the last few chapters it has been argued that demand for babies by infertile couples impacted on policies and legislation which became more draconian as government was lobbied to cut down waiting times and make more infants available for adoption. Media campaigns were undertaken by social and welfare departments to ‘sell’ adoption by stigmatising single mothers and labelling their infants as ‘unwanted.’ The community became desensitised to the distress of mothers and empathised with the plight of ‘wonderful’ couples who would ‘take on’ the responsibility of ‘unwanted’ children. Hence adoption agents were put in god-like positions (Mather: 1978, p. 108; Daily Mirror: 1967, Oct 17; Yeomans: 1967) where they decided ‘who was going to parent and what child they were given’. They felt entitled, even ‘morally righteous’ in their positions of power where they could prey on vulnerable unwed mothers to supply, married, white, ‘moral’ couples with infants (Mather: 1978; Popenoe: 1929, p. 247).


**The Dual Forces of Pronatalism and Eugenics**

In Germany there was a social policy of promoting those deemed ‘racially superior’ to breed and to reduce its ‘unfit’ numbers. Like Australia, in Germany there were two converging forces: pronatalism and eugenics. The majority of the German ‘elite’, considered unwed mothers feebleminded and their infants ‘racially inferior’
(Pine: 1997, pp. 42-43), but they also wanted to increase their population for military and imperial purposes (Pine: 1997, pp. 38-39; Hillel & Henry: 1976, p. 83). So they began what was known as the ‘Lebensborn Experiment’ (Hillel & Henry: 1976). They used young German, unwed women, as ‘breeders’ to provide infants for adoption. Blond haired, blue eyed infants were preferred, mainly for SS soldiers, but also for respectable infertile German couples, the intention being to increase the population of ‘desirables’ (Hillel & Henry: 1976, p. 78; Pine: 1997, p. 41). In Australia the preferred child was also a blond, blue eyed girl (Rigg: 1966, The Australian, March 4) as was the case in the US (Popenoe: 1929, p. 244).

It is not commonly known that adoption was part of the overall Nazi’s eugenic programme. Like all such programmes Nazi family policy combined both positive and negative eugenic solutions to social problems (Pine: 1997; Popenoe & Johnson: 1920). Eugenic adoption in Australia served the purpose of identifying ‘mental deficients’, adopting out only those deemed perfect, usually fair skinned, and segregating those who were not in institutions. Children with very mild disabilities or dark skin were labelled as ‘hard to place’ or ‘special needs’ and often were institutionalised, or at best, fostered. This was euphemistically labelled as ‘deferred adoptions’ (Final Report 22: 2000, pp. 25-26; Crown St Archives: 1958). Just as Drs Davenport and Goddard in the US collected family histories and kept files on the social and medical history of thousands of people for eugenic purposes, so too did Australian adoption agents keep files on the social and medical history of not just the mother and father, but their extended families (Final Report 22: 2000, p. 26). Information such as whether or not anyone in the family had epilepsy or nervous complaints, or medical defects such as hearing loss or eye problems were all documented. This procedure of gathering social and medical data was euphemistically described as ‘matching’. It was deemed an essential and necessary function to ‘match’ the child with the adopter (Final Report 22: 2000, p. 5). Those receiving the child did not have to provide any such detailed information. They may have attended an interview or two, but in some cases no screening was done at all and according to one adoptive couple:

At the time when we adopted, we thought the inquiry into our background made by the welfare people was superficial … adopting two years later we did not go through any re-
investigation. There was no follow-up to see if we were fit to have a second child. I think this is a weak link in the adoption system (Mr. & Mrs J cited in the Daily Mirror: 1967, Oct 17; Auld, Akerman, Cummins, McGettrick & Turvey: 1972, The Australian, Feb 3).

Usually receiving a child was based on two factors: infertility and having a marriage licence (Rickarby cited in Report 17: 1998, p. 70).

Many eugenics’ organisations in the early part of the 20th Century, focussed on the eradication of venereal disease which they saw as a major contributing factor to racial degeneration. The perception of unwed mothers as ‘contaminating’ was a continuing theme as even in the 1960s and 1970s unwed mothers and their infants were given a mandatory Wasserman Test to identify if either had the disease (Research Participant: 1967, Marie’s Files; Personal Files: 1969).

At Crown St. after their baby was removed and the mother forced to sign an adoption consent, at the bottom of her medical file the words: ‘socially cleared’ were written. Pat Rogan M.P. when calling for a NSW Inquiry into past practices in adoption posed the question: “Was this some sort of Nazi social cleansing exercise”? (Rogan: 1997)

This chapter will further explore the Commonwealth project as it was enacted in a major Sydney maternity hospital. To do that the foundational ideology on which Crown St. was set up is discussed, key people and their associations examined and assertions further substantiated by an account of the practices in the hospital and two case studies of women who gave birth there. One of the case studies is based on my access to a complete set of social and medical work files of both the mother and her infant. Additionally, to support the data provided by my respondents, I have included short extracts of interviews I conducted with two former members of staff.

Receiving House for Babies Born in a ‘Vale of Tears’

Lady Windeyer was a Chairperson of the Crown Street Board 1895-1896 (Crown Street Centenary Committee: 1994, p. 106), and had been instrumental in setting up the Crown Street Women’s Hospital in 1893 (Lorne-Johnson: 2001, p. 38).
Both she and her husband, Judge Windeyer, were ‘much in favour of boarding-out’, both being influenced by the Hill sisters, social reformers from England who had visited Australia in 1873. Mrs Windeyer was secretary of the Infants Home, Ashfield, and had been ‘agitating behind the scenes’ to begin the boarding-out system. She states in a letter to Henry Parkes (1879):

> When are we to have any thing done about boarding-out? I am anxious to adopt the system in our institutions. The ‘Infants’ Home might be made a sort of Receiving house for children whose unauthorised entrance into this vale of tears is a bore to the parents and their continuing to live here, a puzzle to their paternal governments. I am single handed in a committee which does not know any thing of the subject. I hope to enlighten some of them in time … I should however like the proposition of initiating boarding-out in connection with the Infants’ Home to come from some one in authority (Windeyer letter to Henry Parkes: 1879 cited in Lorne-Johnston: 2001, p. 38).

The Windeyer’s did garner the support of Henry Parkes, Premier of NSW and Colonial Secretary in 1880. They began placing children into ‘respectable, professional middle class homes’ (Lorne-Johnston: 2001, p. 39), in an experiment, Mrs Windeyer later referred to as the ‘kidnapping of some children from the Benevolent Asylum with the cooperation of Arthur Renwick’. Renwick was President of the Benevolent Society and Director of the State Children Relief Department at the time (Lorne-Johnston: 2001, p. 39).

By 1882, because of Mrs Windeyer’s insistence to enforce boarding-out at the Ashfield Home for Infants, the Home’s committee, who were initially against it, made a compromise resolution: “No child to be boarded-out, who has a parent, without consent” (Lorne-Johnston: 2001, p. 39). By the mid 1880s the benefits of adoption and boarding-out were being lauded by the board and there had obviously been a change of heart: “It is the wish of the committee that more of the little ones, for whose care they are responsible, may be adopted by worthy foster parents amongst the industrial classes; that they may then be absorbed into the mass of the population” (Ashfield Committee Report cited in Lorne-Johnston: 2001, p. 40). Since Mrs Windeyer was an avid supporter of boarding-out, and it was unmarried mothers that brought children into ‘a vale of tears’ it could be argued that she would have encouraged boarding-out at the hospital she helped set up: Crown St. It also could be argued that Crown St. was transformed into a Receiving Home for babies
 earmarked for adoption, as Mrs Windeyer had previously wanted to establish at the Infant’s Home Ashfield.

**Matron Shaw (1891-1974)**

Matron Edith Shaw’s involvement in the removal of newborns from their mothers seems to go back to the very early history of Crown Street. In 1919, Shaw was Matron for one month, until Matron Clarke arrived, but she remained assistant matron until 1936, when she once more took over the role of Matron (1936-1952). In the early 1930s, William Hughes visited the hospital, and with Matron Shaw watched a parade of nursing staff carrying babies (Crown Street Centenary Committee: 1994, p. 117). It seems the Commonwealth Government had a particular interest in Crown St.

Shaw gained her mothercraft certificate in 1927, from the Tresillian Mothercraft Training School, run by the Royal Society for the Welfare of Mothers and Babies (Fulloon: 1988). According to Fulloon (1988, pp. 584-585) she arranged hundreds of adoptions annually. She also instructed trainee nurses. Shaw was an active member of the Australian Nurses’ Christian Movement and a member of the
Australasian Trained Nurses’ Association and served on its council (1938-1952). She was a nominee to the health committee of the National Council of Women of New South Wales from 1941 (Fullon: 1988). The National Council of Women consisted of hundreds of women’s groups across Australia and feeblemindedness was discussed at all their national meetings between the 1920s and 1930s (Carey: 2007, p. 166). According to Carey (2007, p. 163), elite women appropriated racial discourses and many women’s groups had eugenic agendas: “Since eugenics was primarily concerned with reproductive protocols and with child rearing, this was an area in which elite white women could, and did, assert authority”. Lillie Goodisson (1860-1947) was a nurse and a medical eugenicist (Wyndham: 1996, p. 4) who was also an active and outspoken executive member of the National Council of Women (Foley: 1983, pp. 47-48).

In 1928 the Racial Hygiene Association (RHA) affiliated itself with the National Council of Women with Lillie Goodisson acting as the Convenor of the Council’s Equal Moral Standards Committee (Wyndham: 1996, p. 112). Goodisson was one of the founding members along with Ruby Rich (1888-1988) and Marion Piddington (1869-1950) of the RHA. The RHA was focused on promoting eugenics and stopping the unfit from reproducing. Elite women like Goodisson, Piddington and Shaw did not believe in ‘irregular unions’ (Wyndham: 1996, p. 263; Reekie: 1998, p. 81; Carey: 2007). Goodisson (1927) stating: “The RHA had realised that it was useless to try and stop prostitution, and that the greater danger to society was posed by the young promiscuous girl” (cited in Wyndham: 1996, p. 263).

It was the intention of groups of upper-middle-class reformers that single mothers be stigmatised (Brechen: 1996, p. 237). Dr. Sydney Morris (1888-1957), Director-General of Public Health, in agreement with Dr. Robert Storer, Macquarie Street doctor and vice-president of the RHA stated at the Australian Racial Hygiene Congress (1929, p. 71): “It was considered laying the foundation stone for the future when sexually loose women will be regarded as a blot on the escutcheon of society” (Aust. Racial Hygiene Congress: 1929, p. 71). Morris was involved in the re-drafting

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32 Galton stated that eugenics and racial hygiene were synonymous terms. These terms used in the German language were not only interchangeable, but racial hygiene was taken to be the German translation for eugenics (see Schreiber, The Men behind Hitler, translated by Liz Toolan http://www.desireerover.nl/wp-content/uploads/2011/10/THE-MEN-BEHIND-HITLER.pdf
of the 1920 Mental Deficiency Act (TAS) along with Professor Edmund Morris Miller, whilst he was Tasmania’s Director of Public Health (Wyndham: 1996, p. 318; Gillespie: 2000, pp. 411-412). In 1924 Morris settled in Sydney and became Senior Medical Officer and Director of Maternal and Baby Health. In 1934 he was promoted to Director General of Health. He was also a member of the NHMRC from 1936-1952 (Gillespie: 2000). According to Wyndham, Morris played a ‘crucial part in the establishment of the state’s role in the provision of public health and social medicine’ (1996, p. cccxliii). He was a medical eugenicist and associate of Marion Piddington (Wyndham: 1996, p. 68) and being a member of the NHMRC, a colleague of Dr. Cumpston. His State and Commonwealth roles certainly would have enhanced the collaboration between State and Federal Health Departments. In 1939 Morris stated in a Medical Science and National Health ANZS Report that the State was continuing to increase its responsibility for managing the whole of an individual’s physical life (Wyndham: 1996, p. cccxxxi). A concept also promoted by US eugenicist and ardent adoption promoter, Dr. Arnold Gesell (1926, p. 571). This certainly was the case at Crown St. It could be argued that Matron Shaw would be imbued with the same eugenic discourse of the organisations and colleagues with whom she interacted. Certainly her position in society and the role she undertook substantiates that fact. It also reveals the deep eugenic undertones of the health and hospital system in Sydney and throughout the Commonwealth in the early 20th Century.

‘Dead Babies’ at Crown Street?

Many unwed mothers were informed that their newborns had died, but in fact they were taken for adoption. This probably came about because of a practice that was labelled ‘breast feeding adoptions’. This involved giving the healthy infant of an unwed mother to a married woman who had just given birth to a stillborn, to breast feed. Matron Shaw publicly admitted that she engaged in this practice. In 1953 Shaw stated in an interview with the Australian Women’s Weekly that:

If a married mother had lost several babies and was considered a ‘very worthy case’ she would be given an illegitimate newborn to nurse and an agreement would be made with the NSW CWD so it could
immediately be adopted: all paper work concluded before the mother left with the baby (cited in Final Report 22: 2000, p. 109).

According to Margaret McDonald, former consent taker for the Catholic Adoption Agency, the practice was “Certainly accepted and in some cases promoted” (Final Report 22: 2000, p. 109).

The practice of informing unwed mothers that their babies had died was not uncommon (Report 21: 2000, p. 227; Final Report 22: 2000, pp. 145-146). It must have started in the early 20th Century as two members of Adoption Jigsaw W.A. discovered in 1980 that their babies had not died, but had been adopted and were now ‘proud grandparents’ (Elphnic & Dees: 2000, pp. 43-44). One of the participants in this research project, Dorothy, worked at Crown St. for about three years (1942-1945), as a Nurse’s Aide. She was part of a Red Cross programme that enlisted young women to assist nursing staff whose numbers had been depleted by the war effort. She states that along with other aides she was informed by medical staff that unwed mothers were kept apart from married women in a ward in the basement of the hospital. She was told that they did not see their babies at the birth and their babies were kept in a locked nursery they were not permitted to enter. She was informed that it was ‘routine practice’ to tell unwed mothers that were unsupported - no partner or family - that their babies had died because it was presumed the babies were better off being adopted. Dorothy said that she often had to walk past the windows, situated at pavement level, of the basement where the unwed mothers were kept. She said: “I felt great sadness knowing that these new mothers were mourning the loss of their babies” (Interview Participant: 2007, Dorothy). Under the 1939 Child Welfare Act (NSW), that regulated adoptions at this time, mothers had the right to revoke their consent up until the Adoption Order was made, maybe months, or even years later (McHutchison: 1984). If all the legal documents pertaining to the adoption had been concluded prior to the married mother leaving the hospital, then it would have been impossible for the unmarried mother to exercise her right to revoke her consent. Hence the most likely solution lay in telling her the infant had died. The practice was not restricted to Crown St., it was Australia wide as the following articles evidences.33

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33 See Appendix, Vol 2 p. 232.
The Australian (1996, pp. 5, 12) reported uncovering a national scandal where unwed mothers had been tricked by hospital staff who had told them their newborns had died when in fact they had been taken for adoption. Government officials in both West Australia and Victoria confirmed they had been informed about women who had been contacted years later by their ‘supposedly’ dead children. There were calls for an Inquiry, but rejected by the Minister of Health. Other agencies contacted by mothers with similar stories were: Adoption Triangle (ACT); Jigsaw (SA); Jigsaw (Qld) and Adoption Information Services (Tasmania) which stated, ‘Fifty ‘dead’ children had subsequently made contact with their mothers’. The Tasmanian mothers had given birth between the 1930s and the 1970s (Clausen: 1997, The Times, June 24, p. 79).

A young Greek immigrant who gave birth in Sydney in 1964 was told her baby died only to find out years later it had been adopted and she had been sterilised (Critchley: 2006, Herald Sun, Dec 9, p. 113). A representative of the Aboriginal organisation Link-Up stated that she had been contacted by two mothers who tried to revoke their consents and when they went back to Crown St. they were told their babies had died. Their ‘dead babies’ turned up on their doorsteps 20 years later (Wendy Hermeston cited Report 21: 2000, pp. 227-228). Graeme Gregory, Principal Adoption Officer at Victoria’s Methodist Adoption Agency from 1966-1978, recounted what a doctor working in the 1960s had told him: ‘it was common practice to take a baby from an unmarried mother and place it at the breast of a married woman whose baby had just died’. The doctor boasted: “And that was adoption and we didn’t need any social workers to do it” (Gregory cited in Clausen: 1996, The Times, June 24).

‘Breast-feeding Adoptions’ continued until the late 1960s and their pros and cons were discussed at a conference held to herald in the Adoption Act 1965 when it was implemented in 1967. The concern though was not with the grief of the unmarried mother, but that the married woman would have to make a ‘hurried decision’. Or that being given an ‘alien child’ might interfere with her mourning process. Dr. Blow states: “One wonders how rationally a decision at this time can be
made” (Blow: 1967, pp. 24-25). An earlier document (Crown St. Archives: 1956) also discusses the downside of this form of adoption:

‘Breast-feeding adoptions’ may be satisfying to mother and baby however mother is often very disturbed by loss of her own and the re-adjustment of the hormonal balance. Royal Hospital for Women Paddington disapproves of breast feeding adoptions.

The mental health problems associated with not allowing a mother to grieve for her stillborn is well discussed in the literature. Little thought, though, is given to the effect on the child given to a mother who has just lost a baby, or can’t have one:

A childless woman yearning for a baby inevitably elaborates strong conscious or unconscious fantasies of her own child. The real baby cannot compete with the fantasy one, the women feels sudden bewilderment and disappointment with the real baby … Essentially similar dynamics may apply to the woman who has lost a beloved child and seeks to restore it through adoption, whereby the new baby is irrationally expected to resemble the child who died (Bernard: 1945, p. 236).

There was no consideration about the unmarried mother’s decision making capacity after the forced removal of her newborn, or her potential life-long pain, even when it was known that taking a child for adoption caused a ‘Grief … worse than after death’ (McDonald cited in Woman’s Day: 1986, April 21, p. 58).

Other forms of trickery used when mothers refused to sign consents was to threaten them with police action, having their infant institutionalised or if that didn’t work, forging signatures on consent forms, or being told they were signing discharge documents which were in fact Adoption Consents (Cheater: 2009, p. 192; CARCR: 2012; Final Report 22: 2000; Cooke v State of NSW & Anor [2006] NSWSC 655).

**Single Mothers as ‘Breeders’ for the ‘Better Classes’**

The focus on environmental eugenics in the US was conceptualised by Professor R. S. Woodworth, of Columbia University in a report prepared for the Committee on Social Adjustment (1941, p. 33). He stated that the demand for children exceeded supply. The majority of adopters were from the ‘educated
sections’ of society. If they could be guaranteed children without defect, who with the right education and training could take their place amongst their class, it would be ‘a positive step for society’. He concluded that “instead of seeking to minimise the fecundity of feebleminded women, utilise them as breeders of children for adoption into high-level homes”. A similar ideology was apparent in Australia.

Adoption was seen by many as a ‘cure’ for infertility for a number of reasons. It provided a family for couples (Crown St Archives: 1956; Marshall: 1984, p. 8; Harper & Aitken: 1981; Roberts cited in Kennett: 1970, Sunday Telegraph, Dec 12; The Australian Catholic Social Welfare Commission 1991, p. 19), and it acted as a fertility tool (Humphrey: 1969; Kraus cited in Daily Telegraph: 1977, Sept 3), as the belief was if a couple adopted there was a very good chance they would have ‘children of their own’ (Orr: 1941; Grotjahn: 1943).


Matron Shaw ‘welcomed the establishment of … the Sterility Clinic’ which began in 1938 (Fulloon: 1988; Crown St Centenary Committee: 2007, p. 147), where it seems by the 1950s both artificial insemination and adoption were the prescribed ways of dealing with infertility. According to Roberts the Sterility Clinic sat ‘cheek to jowl’ with the Almoners’ Department (Crown St Archives: 1975). She discusses her impressions of the patients of the two departments when she began working as an Almoner in 1965 at Crown St.:

Here were my colleagues and myself seeing girls and women who were anxious and mostly desperately unhappy because they were pregnant. Sitting next to them in the waiting-room were equally unhappy and anxious women who wanted to be pregnant. The irony of this only served to strengthen my conviction that one of the most important, if not the most important thing for a baby was to be wanted (underlining in the original) (Crown St Archives: 1975).

The following archival material indicates that the Sterility Clinic was engaged in experimental work such as assisted reproduction for women who suffered from psychogenic infertility by providing them with a child for adoption. The sheet (1956: April 17) is headed: ‘Adoptions’, the sub-heading: ‘Sterility Clinic’. The
Overall figures show that only a very small percentage (e.g. 5%) of women cannot conceive and give birth to a live infant … The causation of 95% of infertility is psychosomatic … adoption may result in pregnancy’. The author of the document though is highly critical of adoption as a practice, stating:

Majority who become AP’s [adoptive parents] seem unsuitable as parents due to emotional instability. Many who adopt or become pregnant reject child as a hindrance. Child Welfare Department verify that many adoptions do not work out. Child wanted because:

- Neighbour has many
- Feel their role unfulfilled
- Feel they must look like others

Later [the adoptive parents become] resentful … Dr. G disapproves of adoption. Prefers artificial insemination. Emphasises mental inhibition. Older couples (e.g. 35) better without. Dr. M keen and refers unsuitable parents.

It is unsurprising that the CWD continued to promote adoption even though as the above notes ‘Many adoptions do not work out’ as there was a strong belief that being childless caused female neuroticism and divorce (Groves: 1925, p. 235; McLelland: 1967, p. 42; Blow: 1967, pp. 24-25). Or neuroticism caused childlessness (Deutsch: 1945; Crown St Archives: 1956) either way medical and social work staff endeavoured to ‘cure’ both via adoption, in order to save marriages (Rickarby: cited in Report 17: 1998, pp. 63, 70-71; Crown St Archives: 1956). Adoptions then were not simply being conducted in ‘the best interests of the child’ and certainly not for the unwanted, unmarried mother (Crown St Archives: 1975; Royal Commission: 1977).

Piddington (Reekie: 1998, p. 81) like Matron Shaw and women of their class strongly promoted marriage (Carey: 2007, p. 166; Crook: 2002, p. 367). For instance, Mrs. Angela Booth, addressing the 1929 Racial Hygiene Congress stated: “The best of a stock of all nations will always seek marriage” (1929, p. 25). Piddington argued society had to “be saved from the dysgenic effects of a high rate of ex-nuptial unions” (Piddington: 1923, p. 11 cited in Reekie: 1998, p. 81). Piddington was an influential eugenicist and ran courses for social workers and hence would have had an effect on those working in the area of adoption:

34 Dr. Cumpston was invited, but sent his apologies
[She] ran courses when she set up her Institute of Family Relations in 1931. A pamphlet she produced stated: ‘to arrest … racial decay … a group of social workers who propose to carry out, under the direction of Mrs Marion Piddington, a campaign against the dangers of promiscuity’ (Wyndham: 1996, p. 88).

Paul Popenoe, leader in the US field of eugenics, corresponded regularly with Piddington (Wyndham: 1996, p. 89). He promoted adoption for those who must forego parenthood on eugenic grounds (1945, p. 108), and as a means to elevate the status of the child (Popenoe: 1929, p. 246) but, most importantly for Popenoe (Mr. Marriage) its use as a device for ‘saving marriages’.

**Self Service Babies**

When participant Henrietta (Participant Research: 2007, July 30), who gave birth at Crown Street in 1964, expressed a desire to keep her infant she was threatened with having to pay all her own obstetric costs and told that:

> If you really love your baby, you will give it up to be raised by a respectable married couple. This was after breaking the news to me that the prospective adoptive parents were a GP and his social-worker wife.

Matron Shaw was involved in giving babies (1943) to selected members of her own family (Chick: 1994, pp. 6-10, 25). She provided her brother with two children, and neither he, nor his wife, was ever screened to assess their competency to be adoptive parents. Margaret Watson, who gave oral testimony at the New South Wales Inquiry into Past Practices in Adoption (Report 21: 2000, p. 58), declared that she was chosen by a Crown St. social worker for friends and was given the role of godmother “as a reward for her procuring me for my adoptive family”. Margaret grew up having to call the social worker Grandmother (Cole: 2008, p. 61).

The underlying ideology that it was acceptable to take infants from their unwed mothers, as mentioned previously, probably went back to the founding of the hospital. A memo written on Crown St. letterhead, dated July 18, 1949, signed by the Medical Superintendent is a directive to the head social worker that states:
Would you please tell me if you see any particularly handsome baby for adoption that could be kept at ‘Scarba’ for 6 months for a doctor … who has made an application to adopt a baby in the next 9 months (Crown St Archives: 1949).

The use of the letterhead indicates selecting infants for colleagues, friends and relatives may well have been standard practice. In the above instance the baby would be kept, as an orphan, at an institution that was connected to the hospital until the doctor desirous of adopting, was ready to pick it up. It was well known through the attachment work of Bowlby (1940; 1944) and others that children kept in institutions for months, could be permanently damaged, both physically and psychologically (Backwin: 1942; Spitz: 1945a & b). The adoption industry publicly justified its action of taking a baby at the birth so it would have the security of a permanent placement with its new parents as quickly as possible. The memo tells a very different story. As does the practice of labelling a child unfit for adoption or deferred: which meant the baby may be adopted only after a paediatrician gave his guarantee that the baby had no physical or mental defect.

**Deferred Adoptions**

The Head of the Adoption Branch of the Child Welfare Department defined ‘Deferred Adoptions’ as:

A policy which had the effect that only healthy babies were placed for adoption. Adoption action was deferred where the child was affected by any appreciable physical disability; if she was aged over 12 months, if there was a history of mental illness in the parents (O’Mara: 1978 cited in Marshall: 1984, p. 9).

Hence examination of babies was undertaken to ensure that adoptive parents were given only infants in excellent physical and mental condition: ‘Babies constituting a poor developmental risk are not approved. Others have their final examination deferred for varying periods so that a more accurate prognosis can be made’ (Crown St Archives, Social Work Department: 1958, p. 2). Hence, if babies did not meet the individual and subjective standard of the examining paediatrician they were classed as ‘deferred or rejected completely’.
Nowhere more than in the area of deferred adoptions does the eugenic ideology underlying adoption as well as the entrenched rights of adopters over and above the rights of the mother, reveal itself as the key determinants of adoption practice. Dr. John Bowlby (1951) whose work was well known to adoption enthusiasts in Australia advised that infants without parents, in order to psychologically and socially thrive, must be placed with a permanent carer, as soon as possible. He warned of the dangers to child-life of letting a tiny infant languish in an institution. Yet, to ensure the bonding of the adoptive mother with the ‘alien’ infant the New South Wales CWD deprived the mothers’ of any contact with their newborns, which meant that their baby remained without a permanent carer, sometimes for up to a month, before being discharged from the hospital. In the case of deferred babies, or put another way, those who were ‘not approved’ immediately for adoption, they could remain in hospital for up to several months, or be institutionalised until deemed ‘adoptable’. Some babies were deemed unadoptable and fell into the category of ‘Unapproved’.

Most of the babies, classed as ‘deferred’ were fit enough to be discharged medically, but not considered ‘fit’ enough to be adopted. There may have been concerns that the mother was ‘mentally deficient’; there was epilepsy in the family; the infant had a dark complexion; was of mixed descent or the paediatrician thought the infant looked ‘dull’ and wanted to wait and see how he or she developed. The diagnosis was very ‘subjective’ (Crown St Archives: 1958) and created a difficulty as there were not enough foster parents willing to take them. This meant that the adoption worker ‘in many cases has to settle reluctantly for an institution’ (Crown St. Archives, Social Work Department: 1958, p 2). To determine how to solve the problem of infants institutionalised for months, who eventually would be passed for adoption, a group of social workers undertook a study in 1958 of ‘Deferred Adoptions’. They were critical of practices as applied to these infants in four areas:

1. The length of time some babies remain in hospital;
2. The large number of babies going into institutions instead of foster homes;
3. The variable standards applied by paediatricians who must pass the babies for adoption;
4. That only babies going into departmental homes and institutions were being monitored, whilst there was no
ongoing screening of babies placed in foster care or non-government institutions to ensure their fitness for adoption so they were at risk of being ‘lost’ in the system.

Interestingly the social workers make no mention of how the infants were being treated, only that their progress was not being followed to ensure their fitness for adoption. The study revealed that approximately 21% of all babies taken were delayed for some reason. The period investigated was between January to June 1958 with 212 surrendered, 27 deferred and 18 not approved. Hence 21% of the surrendered babies did not go from hospital to their adopting homes. 21 infants went to institutions, six went to foster parents and 11 went to adopting parents. Eight adopting parents took babies who were deferred and three that had not been approved. Of the 21 who went to institutions; six were placed in Child Welfare Department Institutions, the rest in various voluntary places. Several babies remained in hospital for as long as 12 weeks for no medical reason (Crown St. Archives, Social Work Department: 1958, p. 3; Final Report 22: 2000, p. 26). Mothers were never informed if their babies were placed in institutions. Nor did the document they were forced to sign give any indication of that occurring or that they might end up fostered because of not being ‘perfect enough’. The ‘counselling’ process was only ever focussed on convincing them that their babies were better off adopted and placed with a married couple (Reid: 1957, pp. 1-13; Schapiro: 1956, p. 47 McLelland: 1967, p. 42; Block: 1946, pp. 163-169; Clothier: 1941b, p. 581-583).

The most common single reason for deferment or non-approval was medical – this amounted to 70% of the babies, whilst the rest had ‘unsatisfactory social and racial histories’ (Crown St Archives, Social Work Department: 1958, p. 3). The study revealed that practices varied between hospitals, with some paediatricians examining babies several times, others only once; some were seen at four days old, others at five days or later, some were not approved at all if considered immature by a certain period, others deferred for the same reason. The researchers stated that, “It is clear that the number of babies surrendered for adoption, but not immediately available, is great enough for some special attention to be given to their preparation for adoption or their long term care”. The researcher noted: “Of secondary but important consideration is the great demand for adopted children. Everything which can help meet this demand quickly should be examined”.

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The researchers were most concerned that deferred babies were placed unnecessarily in institutions or that those in the foster system had too many changes of homes (Crown St Archives, Social Work Department: 1958). The risks of multiple placements to the physical and mental development of the baby, was well known (Bowlby: 1951).

The reasons for being deferred or not approved (Crown St Archives: 1958):

<table>
<thead>
<tr>
<th>Total</th>
<th>Deferred</th>
<th>Not Approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>24</td>
<td>15</td>
</tr>
<tr>
<td>Social</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>Racial</td>
<td>4</td>
<td>2</td>
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<tr>
<td>Medico-social</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Medico-racial</td>
<td>3</td>
<td>2</td>
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<tr>
<td>Total</td>
<td>43</td>
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The State also had expectation of adopters: they were to train their adopted children to grow up to be industrious and efficient citizens (Kerr: 2000, p. 4). It was considered to be a ‘waste of valuable resources’ if adoptive parents’ energy was consumed rearing a child that was ‘inferior’ or in some way ‘defective’. So children deemed ‘defective’ were thought not to benefit from the advantages of adoptive parents, and the eugenic ideology underlying the process remained the same as it had since its inception. If ‘defective’ children were constrained in an institution they could not ‘contaminate’ society or be able to breed others like themselves (Popenoe: 1929, p. 243, Gesell: 1923, p.138; Goddard: 1913; Herman: 2001, p. 685; Brooks & Brooks: 1939, p. 31).

**Crown Street circa 1960: The Drug Regime**

Dr. Geoff Rickarby, psychiatrist, adoption historian and expert, states that mothers’ files at Crown St. had more in common with Chelmsford Hospital psychiatric patients’ files than those one would expect of normal birthing mothers. Chelmsford was a hospital that used ‘deep sleep therapy’ that was directly responsible for 24 deaths and 24 suicides and countless numbers of brain injuries (Green Left: 1996; Parliament of NSW: 1991 (Chelmsford); Chiarella: 2002, p. 126). It was run by the notorious Dr. Harry Bailey who also happened to be a consulting psychiatrist.
psychiatrist at Crown St. (Crown St Centenary Committee: 2007, pp. 140, 150). The drugs Bailey prescribed for his ‘deep sleep therapy’ patients were the same barbiturate cocktail given to pregnant women, prior to and after birth at Crown St.: Chloral Hydrate; Sodium Amytal and Sodium Pentobarbitone. Rickarby states that the drugs were depressant hypnotics that caused not only sedation, but “a clouding of consciousness and forced unconsciousness in higher dosages” (Rickarby cited in Report 17: 1998; Rickarby: 1998, Submission Part 3). Rickarby states:

I studied a number of Crown St. files and I also had the occasion to study Chelmsford files. The similarity was striking, the barbiturate drugs the same and in similar dosage (although not the same frequency to produce deep-sleep). The senior Psychiatrists at Chelmsford and Crown St. were the same. I was aware of the collusion between the two when I uncovered a letter by Dr. Harry Bailey from microfiche kept at Paddington, ordering the abortion of twin foetuses (close to viability) of a Chelmsford patient by hysterectomy (late term abortion). This was duly carried out without the woman’s consent and she was wondering twenty years later whether her babies were still alive and with somebody else. At Crown St. drugs were also used for control in the ante-natal period, for many days usually, but sometimes drug control went on for many weeks. Chloral Hydrate, Sodium Pentobarbitone, Amytal were all used. A 200 mgm dose of Sodium Pentobarbitone was given intramuscularly within some hours of the birth, this was often repeated during the first five days, but often backed up by oral does of Pentobarbitone or Amytal (Rickarby: 1998, Submission, Part 1)

The types of barbiturates used at Crown St. on pregnant young women had been in use by the military and were ‘mind altering’ in nature, influencing the higher cognitive abilities and impeding the decision making capacity (Sargant & Slater: 1940, p. 105; Sargant: 1942, p. 575; Beard: 2009, p. 25; Debenham, Hill, Sargant & Slater: 1941, p. 108).

Dr. Harry Bailey had used Sodium Amytal regularly to coerce consents from reluctant patients at his Chelmsford Hospital:

If they refused to sign the consent form, then the instruction was that you gave them some medication: ‘I’ll give this little injection now, it will calm you down’. But of course that little injection was Sodium Amytal and then of course they
were off on the sedation (Matron Smith: 1990 cited in Chiarella: 2002, p. 127)

At Chelmsford patients signed forms while semi-conscious or very sedated. The Royal Commission into Chelmsford concluded that there had been lack of informed consent, or no consent at all, and that in relation to giving consent the nursing staff had colluded with the lack of information regarding the nature of the patients’ treatment (Chiarella: 2002, pp. 126-127). The same could be said of the treatment given to unwed mothers by the medical and social work staff at Crown St.

I interviewed a woman who delivered two babies at Crown St. The first baby was born in 1965 whilst the participant was unwed. This baby she was able to keep with the support of her mother. The second baby was born in 1969 when the interviewee was married. This baby was the result of an affair, and the participant and her husband chose to relinquish the infant. The contrast between the way the social work and medical staff treated her in these two instances is illuminating. Following is an extract from an extended interview I conducted with the participant:

**Crown Street Women’s Hospital 1965: Unwed Mother Case Study, Athena**

The social worker did not discuss any other option than adoption, nor did she inform Athena about any financial benefits that were available, in fact she was told there was absolutely no financial support for unwed mothers. Athena’s mother was supportive of her keeping her child and visited daily. She was admitted early with toxaemia and found herself being bullied on a daily basis by the social worker to relinquish her child. Athena states she kept refusing and that on one occasion the Head Social Worker shouted at her in front of the other mothers in the ward, “We will assume then you’re keeping your baby”. According to Athena the other mothers could see she was embarrassed, and they became angry at the social worker and felt sorry for her. She said they were very supportive and that the only stigma she experienced was from the social and medical work staff. One example was when she had got out of bed and an older doctor came into the ward and screamed at her in front of the other patients. She stated: “He gave me a real ‘dressing down’ and screamed at me to go back to bed. I felt like a naughty little girl with no common
sense”. He also threatened that if she did not do what she was told he would sedate her. She believed that he seemed to be concerned for her baby not for her well-being. Medical staff gave her the impression that she was just ‘a womb’ carrying the baby for someone else.

During the birth Athena was left in the room on her own. She did not see her baby at the birth. Even though both Athena and her mother had made clear they were taking the baby home she was still injected with stilboestrol after the birth, to dry up her milk. She kept asking to see her infant, but no-one took any notice of her, until her mother arrived. After her mother left, the social worker continued to hound her about giving up her child up for adoption. She was very weak after the birth and on one occasion she remembered nurses came with a wheelchair and took her to the social worker’s office where the woman continued to harass her about adoption. With her mother’s help Athena was able to finally get out of the hospital, unfortunately the injection of stilboestrol meant that she was unable to feed her first infant, and as she was to discover later, also her subsequent children. Athena said once out in the community she had the support of her family and friends and was not aware of any stigma. She reiterated that the only ones who made her feel worthless were the social workers and the medical staff.

Crown Street Women’s Hospital 1969: Married Mother Case Study, Athena

Athena then related the very different treatment she received as a married woman who had decided on adoption. There was no coercion or duress and she was given her legal rights as prescribed in social work and child welfare manuals (AASW: 1971; Child Welfare in NSW: 1958; McLean: 1956).

Athena returned to give birth to another ex-nuptial child in 1969, but this time as a married woman. Athena wanted to keep the baby, but her husband was against it so she felt it would be best for the baby to be adopted. This time Athena approached the social worker, not the other way round. She stated the attitude of the social worker was markedly different. She was offered a cup of tea, spoken to with kindness, addressed firstly as ‘Mrs’ and then by her first name, was not lectured to,
but had ‘an actual conversation’ with the worker. She states the adoption procedure was explained to her, whereas before when unmarried, the whole focus was on her relinquishing the baby for a married couple. This time, she was informed that she had 30 days to revoke her consent, and was given a pamphlet which explained the steps she needed to take to exercise her right to revoke. This was all done while she was pregnant, so she had quite a few months to consider all the information she had been given. The social worker stated that it would be best for the baby to be brought up with its own mother and urged her to influence her husband to let her take the baby home.

When Athena was admitted to the hospital she states it was also a very different experience. The medical staff were polite and friendly and she felt none of the discrimination she had as a single mother. She stated the social worker never went near her whilst she was in the ward and there was no harassment to relinquish her baby. When the baby was born she was immediately placed on Athena’s chest and when her daughter had to be taken to be washed and wrapped the medical staff apologised and said they would bring her back shortly. They did and they laid her next to Athena. She could see and hold her baby anytime she wanted and family members were allowed to visit with the baby. Her husband was encouraged to see the baby as the staff thought he might change his mind if he saw her. Athena said she really wanted to keep her daughter, but thought the husband would not have treated her well and this would not have been fair to the baby. She was very distressed so the social worker said she was not in a fit state to sign the ‘Consent to Adopt’ form and that she should go home and see if she could get her husband to reconsider. She was told she had plenty of time and even if she signed she still had another 30 days to revoke. Finally she rang the social work department and said her husband would not change his mind so a social worker arranged to go to her home, where she signed the paper with the support of her family.

The treatment Athena received whilst married was per Child Welfare Guidelines. She was not drugged, no pillow was used, she was given her baby at the birth, she and her family were given access to her child, and because she was distressed about the impending adoption, she was told by the social worker her consent could not be taken (McLean: 1956; Research Participant: 2007, Athena).
During the course of my research I have never come across a single unwed mother who was given a pamphlet on how to revoke her consent. Most single mothers were not even aware that they had to go to the Supreme Court, and many went back to the hospital social worker whose standard response was: ‘Sorry dear you’re too late your baby has already been adopted’. Only to find out years later the baby was still in the hospital (Rickarby: 2007 cited in Cole: 2008, p. 126). Liz, who gave birth at Crown St. (1970) stated: “I was not given any instructions as to what to do or who to contact, it still remains a mystery to me” (Participant Survey: 2007). Jasmine, who also gave birth at Crown St. (1964) explained that even though she was told about the 30 days revocation period the information came with a disclaimer. She was told that since she was unmarried and without any financial support, the court would never allow it so it would be useless for her to even try (Participant Survey: 2007).

Coercive Counseling

A research participant (Rose) who did her social work training at Crown St. in the 1970s stated that she still felt very guilty over having to “railroad women into adoption”. She particularly remembered ‘counselling’ a 24 year old Aboriginal woman who was very determined to keep her infant. She was expected to shame women into feeling disentitled. Adoption social worker trainees were given a script of questions to ask mothers with the specific purpose of making them feel inadequate as mothers and ‘selfish if they kept their baby’. She stated she was never informed of any financial assistance that might have been available to assist keep their infants so therefore did not have that information to pass on. She stated the thinking that permeated the social work department was that “these women had done something wrong, they were having babies without being married ... the underlying belief was they were not fit to be mothers because they were mentally incompetent and the babies were better off with good married couples”. I asked Rose why mothers were not allowed to see their baby at the birth she replied:

I was told by other staff about this practice and I was told it was to stop the mother from putting up a fight to keep her child and making it hard for the doctors and nurses. They felt that if the mother saw her baby it would make it very difficult for them to get the baby off her. And the whole process was about getting the babies. It certainly was not about the mother. I was definitely told that.
I was very interested to find out why social workers always referred to our babies as “the baby”. Rose explained that it was a technique social workers used to “make the mother feel that the baby was not hers; that she was carrying it for someone else … making her feel disentitled to her baby”. Rose explained that they were told mothers would be very distressed, some angry, but all feeling tremendous sadness. She stated: “They were well aware of that, because I was told to expect that the mother might act in that way, we were prepared for that happening”. I asked her: “What would the staff do if a mother became overwhelmed with grief”? She stated that, “They had to continue to insist on adoption because it was the belief the infant would be far better of with a middle class couple”. I asked, “What happened if the mother’s parents were supportive of their daughter keeping her child”? Rose said, “They would do everything to undermine that support”. She explained:

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

Rose said, “The social workers felt the mothers were promiscuous for having an infant out of wedlock, they came from very conservative backgrounds” and that:

The focus was definitely on getting the babies, the questions, the intention behind the questions, separating the mother from the baby psychologically so the mother did not feel that connection to her baby – all to make it easier to remove the babies, stopping the bonding process. The belief that it was in the best interests of the child to be removed – that the unwed mother had to be convinced to accept that. There were definitely notions that the mother was inferior and didn’t have a right to her baby, mentally incompetent really, it didn’t really change until the rights movement forced change.

I asked if she thought that mothers were forced to give up their babies because of stigma and lack of financial assistance. She replied: “No. I can’t say that, they had no choice, and they were pressured into it, it really was a process by stealth”.

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Unwanted Mothers - Wanted Babies

The public presentation of the relationship between the unwed mother and her social worker is in sharp contrast to the experience of this relationship by the mother. Pamela Roberts presented herself to the world as an advocate of single mothers. In the Daily Telegraph (1967, Nov 22) she states:

Our job is to work with her; give sympathy and understanding and the pros and cons of keeping the child … We also need to consider the mother after the birth of the baby. Sometimes she needs more support than she did during pregnancy … A girl must decide herself whether she will keep her baby or sign adoption papers.

However, Roberts’ private papers present a very different attitude. In them, she equates unplanned pregnancy with an unwanted baby. Roberts (1977, p. 1) states:

The last 10 years or so, when I’ve been working in the obstetric field, it has served to strengthen my earlier firm conviction to be wanted by two loving and secure parents, is a child’s greatest asset and start in life … we have still the common situation of an unplanned conception and sadly still the unwanted child … but hopefully with skilled and sufficient help at that time we may be able to prevent further ex-nuptial and adolescent pregnancies (1977: p. 2).

Roberts seems to infer that having one’s child taken will serve as an exemplar to other women that if they become pregnant out of wedlock, they will be punished by having their child taken.

Unfortunately for many mothers the experience was so traumatising that they never went on to have further children, whether they married or not. Isabel Andrews conducted research (2007) on mothers who attended a support group in Perth and found an alarmingly high rate of secondary infertility amongst them. It was between 40-60%, which she states is the same statistic quoted by Nancy Verrier, a US researcher. Andrews states that in the general community the rate is between 13-20% whilst Deakin (1982) claims that amongst women who don’t belong to support groups the number of women who either can’t, or choose not to have another child after having their first taken is ‘30%, or 170 times more than the average’.
Roberts was well aware of the trauma and grief experienced by mothers who had their children taken (1977, pp. 4-5) and publicly advised that they should receive support and counselling for ‘their profound grief and sorrow at this traumatic event, and that they needed assistance to readjust to life in the community again’ (1968, p. 12). Yet, there was no program at Crown St. to assist mothers in mourning their loss. They were told “go home and forget you ever had a child”. If a mother did return some weeks or months later, her distress was dismissed: “Well everybody else has gotten over it, why haven’t you”? (Murray: 1973, p. 83; Lancaster: 1973, p. 64; Roberts: 1973, pp. 97-98; Roberts: 1977, Crown St Archives).

Privately Roberts felt justified in forcibly taking supposedly ‘unwanted’ infants from their unwed mothers, because, she claims, they are the ones most at risk of abuse from their ‘immature adolescent parents’ (1977: p. 3). She knew that parental support was a crucial element in a mother keeping her infant: “70% of those who kept their babies returned home to their own parents” (1977, p. 6), but the counselling she and her staff undertook did everything to undermine that support. If the grandmother supported the mother in bringing the grandchild home, Roberts’, in her private papers, rationalised this support as evidence of neurosis:

If the grandmother was a woman who had reached the end of her child bearing years, but herself only felt fulfilled by caring for a baby she would strangely advance the view that ‘we don’t give away our own flesh and blood’ (Crown St Archives: 1977: p. 7).

In social work journals, Roberts discussed her feelings about illegitimacy. She described unwed motherhood as a problem and believed that for some mothers: ‘Their problems will be such that they will need the skilled help of a psychiatrist and clinic within the obstetric hospital’ (Roberts: 1968, p. 11). Her beliefs reflected those of the 19th Century Female Reformers:

It must always be remembered that any reference to unmarried mothers and illegitimate children usually brings a strong emotional reaction in most people because these are things seen as a threat to the concept of the family as the unit of our society (Roberts: 1968, p. 13).
Her solution to minimise this threat was adoption, as she states, “Becoming a mature adult person, will depend largely on the processes that now go on and the placement that is made” (Roberts: 1967, p. 14). At a seminar in 1972 Roberts stated:

It would be tempting to say that the answer should be that many single mothers would do well to consider surrendering their babies for adoption … it is very difficult to provide satisfactory substitute experience for children where there is not a father in the family … We have seen that in many ways to be born illegitimate is to be born disadvantaged.

**Crown Street 1967 - Case Study: Maria & Peter**

To satisfy the regulations outlined under the Adoption of Children Act (NSW) 1965, detailed criteria had to be met. Most importantly no decision to adopt could be made before at least five days (AASW: 1971, p. 5). The mother had to state she wanted to relinquish her child. She was then to be informed of all alternatives to adoption, including available financial benefits (McLean: 1956, pp 53-54; Progress: 1964, pp. 15-16). Benefits were available from 1923 – it was presumed that poverty should not be the reason a mother was forced to relinquish (McHutchison: 1984, pp. 6-7; Joint Select Committee: 1999, p. 8). Only after all alternatives to adoption had been explained, including the psychological impact on the mother, and she insisted (Child Welfare in New South Wales: 1958, p. 30; Progress: 1964, p. 16) on adoption, was the form: ‘Consent to make arrangements for the adoption of a child’ to be brought to her. The document was then supposedly witnessed by a person duly authorised to do so by the Child Welfare Department (AASW: 1971, p. 7). If the mother was in any way unsure (McLean: 1956, p. 54) or seemed to be distressed, no consent was to be taken (NSW CWD: 1957, p. 25).

I was contacted by a woman, Maria, on October 13, 2008. She had been referred by the NSW Post Adoption Resource Centre (PARC). She was in a highly distressed state. She claimed that three months earlier, she had been contacted by her ‘supposedly’ dead son, who was furious because he had been lead to believe she had abandoned him because of a medical condition. Maria’s account was not unfamiliar.
A number of years previously I sighted another mother’s file, who coincidently had the same social worker as Maria. She had given birth to a baby girl with a life threatening medical condition in 1967. She was in a stable de facto relationship, and the couple had every intention of bringing their baby home. The mother was informed that her daughter needed a very expensive operation to save her life. If she did not have the money the hospital would perform the operation, but only if she agreed to relinquish her baby for adoption. The mother attempted to leave the hospital without being medically discharged or ‘socially cleared.’ Not being ‘socially cleared’ meant she had not signed any consent for adoption. She explained to the social worker that she wanted time to see if she or her partner could raise the money. The social worker threatened that if she did not return within a day or so the police would be called and she would be charged with abandoning her baby. She promised to return after the weekend. Her medical notes reflect the conversation:

Patient leaving hospital without social and medical clearance.

She returned as promised, but devastated that neither she nor her partner had time to raise the money. So she was forced to make a ‘Sophie’s choice’ and sign the consent to save her daughter’s life. Being a public hospital her baby was entitled to have the operation irrespective of whether or not the parents had the money to pay for it. A few months later the couple found this out and realised they had been lied to and tricked. The mother immediately revoked her consent. The couple waged a very long and very public legal battle, desperately trying to reclaim their daughter; unfortunately they were unsuccessful (Bonheur: 1972; Cole: 2008, p. 242).

The following are the details of Maria’s (mother) and Peter’s (son) (pseudonyms) case, supported by their medical and social work files. I have numbered both files for my own ease of access. The original file names remain the same.

Peter was born in May 1967 at the Crown St. Women’s Hospital (Peter’s Birth Certificate) Surry Hills, New South Wales. The name of his mother on his
original birth certificate is incorrect as both Christian names are misspelt. The
correct spelling of Peter’s mother’s name is evidenced on her birth certificate.
Maria believes that the incorrect spelling on her son’s birth certificate and the
incorrect spelling of her signature, displayed on all the forms pertaining to the
relinquishment of her son, originated from her own doctor’s referral letter, because
he had inadvertently misspelt her name (Dr. K to Crown St: 1967). Maria only
became aware of the misspelling in the referral letter when she requested her medical
files, after finding out her son was alive, and the referral letter was amongst them.
Maria denies ever signing forms to relinquish her son and states that besides the
misspelling the signature on all the forms does not resemble her handwriting.

No decision to adopt out a baby was legally allowed until five days after the
birth, yet all Maria’s medical files from the time she was admitted into the hospital in
the days prior to the birth (Crown St. Treatment Record: 1967) are marked with the
code: ‘UB- ‘unmarried, baby for adoption’ (Crown Street Nursing Notes; Nursing
Reports; Continuation Sheets: 1967). Maria was unaware of this until sighting her
files. Marking the files in this manner presumes that she consented to adoption whilst
still pregnant.

Maria was kept at Crown St.’s Lady Wakehurst annex awaiting the birth of
her infant. She had no access to money or clothes, the annex was kept locked and no
visitors were allowed. According to her impact statement she went into labour and
was taken to Crown St. to deliver her baby. She states that a doctor was called and
he and a nurse discussed the fact that she may be in labour for many hours.
Apparently there was a function on for medical staff that evening and they wished to
attend, so they decided to delay the birth by injecting her with Pethidine. She was
then returned to Lady Wakehurst. The removal of Maria from Lady Wakehurst to
Crown St. and the Pethidine injection are all recorded on her medical files.

Maria states that whilst a patient at Lady Wakehurst she continued to demand
to be allowed to visit her son, but was told that she was not well enough to do so.
She was told that her baby was getting sicker, and similarly to the case discussed
above, told that unless she signed adoption papers her son would not get the
necessary medical treatment (Maria’s Impact Statement: 2009, p. 1). Maria
continued to refuse to sign any papers and stated she knew her rights and her son was in a public hospital and entitled to be appropriately treated (Maria’s Impact Statement: 2009). Maria claims she was then asked: “Are you intending on becoming a prostitute to support your son”? Her medical files record on May 14, 1967, that she is ‘very miserable and wishing to die’, and the word Emotional is written followed by two crosses - ++ (Crown St. Nursing Report: 1967, p. 95).

There is a notation on Maria’s medical files that she requested not to be sedated (Crown Street Nursing Report, p. 82). However her files reveal that she was systematically and heavily drugged. She was given the usual drugs administered to unwed mothers at Crown St.: Sodium Amytal, Chloral Hydrate and Sodium Pentobarbitone (Crown St. Treatment Record; Nursing Notes; Nursing Report Continuation Sheet: 1967: pp. 80-97).

When Maria finally gave birth she was heavily sedated with Pethidine and 200 mg of Sodium Pentobarbitone (Nursing Report; Treatment Record: 1967). The sedation continued until she was discharged, as is evidenced by her hospital medical files and the Hospital Discharge Summary (Obstetric Service: 1967). Stilboestrol was also administered immediately after the birth (Nursing Report: 1967, p. 89). No consent for the administration of these drugs was ever sought from Maria, nor is consent evidenced in any of her medical sheets.

Finally, after repeated and increasingly ever louder demands for her son to be brought to her, she was informed that he had been taken to the Royal Alexandria Hospital for Children at Camperdown (RAHC) because of his medical problem (Maria’s Impact Statement: 2009). Peter’s notes reveal that neither his mother, social worker, or any medical practitioner referred him to RACH; his file includes a sheet that states he was referred by a building: Crown Street Hospital (RACH: 1967, p. 9).

A letter accompanying the above sheet, dated the day after Peter’s birth, addressed to the Medical Superintendent of RAHC from the Medical Superintendent of Crown St., states that because Peter is the son of a single mother he is to be adopted (Letter from Crown St. to RAHC: 1967). It is apparent from this
correspondence that from the moment of Peter’s birth, his guardianship was taken away from his mother. Not only was Maria’s consent for the removal of her son to the children’s hospital not sought, neither was it for a number of medical procedures undertaken in the days after Peter’s birth (RAHC Nursing Notes: 1967, pp. 13-21). When Peter is transferred to RAHC his nursery notes (Crown St. Nursery Notes: 1967) state that the Crown St. ‘social worker has been notified’. There is no mention that his mother was informed.

Nursing notes recorded at RAHC substantiate that Peter was admitted to RAHC on May 12, 1967, and that he was ‘a healthy looking little babe’ (Nursing Notes RAHC: 1967, p. 13). RAHC Discharge Summary notes that Peter ‘was well immediately after birth, but examination revealed a medical problem that needed further exploration’ (RAHC Discharge Summary: 1967, p. 60). The removal of Peter without his mother’s consent, was therefore not the result of a medical emergency, particularly when the exploratory operation did not take place until June 2, 1967 (RAHC Pre-Operative Check List: 1967, pp. 43-46).

Several relinquishment papers were supposedly signed by Maria, May 18, 1967, such as: Child Welfare Act, 1939: Admission to State Control; Adoption of Children Act as amended Social and Medical History; Form 9 Request to make Arrangements for the Adoption of Child; General Consent Form 11: Statement of a parent admitting a child into State Care (1967, pp. 28-37). On May 19, 1967 (RAHC Nursing Notes: 1967, p. 38), Peter’s medical notes report that his mother came and fed him. It is also noted on Maria’s medical sheet that she had informed her social worker at Crown St. that on being discharged, she would immediately be visiting her son. Medical staff were informed as a notation on her medical files makes evident: ‘Miss Maria may see her baby at Camperdown Hospital after discharge’ and that her social worker would visit with her prior to her discharge (Nursing Report: 1967, p. 96). If Maria had signed relinquishment forms on May 18, all her rights to visit her son would have been extinguished and she would have been refused access. The fact that she visited her son either meant she was not fully informed of the legal importance of signing the consent, and/or she never signed any consent documents.
The only document amongst Peter’s files that authorise any medical procedures was written by the Director of the Child Welfare Department on May 25, 1967 (Director of the Child Welfare Dept letter to the Medical Superintendent RAHC: 1967, p. 40). This letter results from a memo sent by a Child Welfare Officer: EM, to the Child Welfare Department Director, stating that she had been contacted by Miss B, a social worker from the Children’s Hospital, and authority was needed for Peter’s operation scheduled for May 26, 1967 (Report Form, from EM Adoptions Branch Child Welfare Dept to Director of the Dept of Child Welfare: 1967, p. 39). There is a notation on the medical files on May 26, 1967: ‘Anaesthetic permission has arrived’ (RAHC Nursing Notes: 1967, p. 41). If any consent form had been signed on May 18, by Maria, then it is surprising that Miss B. was still awaiting authorisation for medical treatment from the Department until May 26.

The form ‘Adoption of Children Act, 1965, as amended Social and Medical History of a Child Surrendered for Adoption’ (RAHC Nursing Notes: 1967, p. 30) and Form 9 (RAHC Nursing Notes: 1967, p. 35) are both witnessed by the Child Welfare Officer: EM. Maria claims she never met the Child Welfare Officer: EM. There is no mention of EM in any of her documents I have sighted, so when these forms were supposedly read by Maria and witnessed by EM is a mystery. EM’s existence is only evidenced in Peter’s files, after she was contacted by the social worker Miss B requesting authority from the Child Welfare Department for medical procedures to proceed, and that was on May 26, 1967.

It was the duty of the hospital social worker to collect all the information about the mother and father so that the baby could be ‘matched’ with suitable adoptive parents. Before the baby’s birth, the social worker would compile a background history. This would contain social and medical details of the mother and the father. The medical details would be passed to the doctor in the antenatal clinic (Child Welfare in NSW: 1958, p. 12). It is therefore surprising that EM filled out the form pertaining to Peter’s social and medical history (RHAC Nursing Notes: 1967, p. 30) with these background details, dated the same day as all the other forms.

The regulations for consent taking were quite formal. The ‘1971 AASW Manual of Adoption Practice’ stipulates the consent taking process as per the
regulations of the NSW Adoption of Children Act 1965. The Welfare Officer was supposed to have met the mother at least once, prior to the consent taking, and given her copies of the Forms 7 and 9 she was expected to sign (AASW: 1971, p. 7). It was also recommended that the consent taker explain to her their legal and psychological implications, such as it would be normal to go through a mourning process and in some cases could be quite severe and long lasting. There was to be a consent-taking interview, the purpose of which was to ensure that the mother understood the meaning, and also the finality and irrevocability of what she is signing. The CWD Officer had to sign an affidavit as to the fitness of the mother to consent to the adoption at the time, and her understanding of the documents she was signing (Roberts: 1994, p. 8). The witness to the mother’s consent must ask if she understands what the paper she is signing means. There were explicit words that were to be used:

You understand, don’t you, that this paper you are signing means that you are giving up your baby for always … and you will never see him or hear of him again? He will … become legally their child just as if he had been born to them and not to you (AASW: 1971, p. 8).

The mother was then supposed to sign the relevant Forms (7 & 9) and Form 11 if required. The witness had to initial all alterations on the forms. The witness had to certify that the mother completely understood the effect ‘of signing the instrument’ (AASW: 1971, pp. 6). The court could discharge the Adoption Order if the mother satisfied the court that she did not understand the full legal implication (not ever seeing her child again) of the consent (AASW: 1971: p. 5). The accuracy of the spelling of the mother’s name on the forms was the duty of the consent taker, and if necessary her birth certificate should be sighted (AASW: 1971, p. 8).

A short time after Maria visited with her son she was contacted and told her son had died. She asked if she could bury him and was informed, “You couldn’t afford to save his life, so you can’t afford to bury him. The state will pay for his burial”. Maria, who lived on the south-coast, was scheduled for a post-natal visit at Crown St., June 26, 1967 (Crown St. Obstetric Department: Post-Natal Examination: 1967, p. 100). So whilst in Sydney she again went to RAHC. She wanted to verify for herself whether her son had really died. She was told only, “He was gone”

Peter has suffered many psychological problems, feeling at times suicidal thinking that his mother had abandoned him because of his medical problem (Peter’s Impact Statement: 2009, pp. 2-3). The effects of deprivation on the social and psychological development of the child, was well known by the Department and was specifically commented on in a 1957 Child Welfare Report:

> Physical separation from the parent figure … has serious and sometimes permanent effects on the functional intelligence and on the general personality development of children so deprived as early as in the first months of life (NSW CWD: 1957, p. 25).

The CWD knew that children with medical problems were hard to place (Child Welfare Manual: 1958, p. 13) and could indeed languish in institutions months, if not years waiting to be adopted. Peter’s adoption was deferred until November 23, 1972 (Peter’s Child Welfare Dept File: 1972, p. 72). They also knew that keeping mothers and babies apart, even for a short time, caused life long problems. Jackson (1948, p. 689) noted with the increase of hospitalisation of maternity cases and the separation of mothers from their infants, even for a short time, left the mother feeling panicky and helpless after going home, and the infants suffered feeding problems,
behavioural disturbances and created ‘unnecessary conflict between mother and child’.

**Conclusion**


Lady Windeyer wanted an institution to be set up as a Receiving House for infants born into a ‘vale of tears’ so that those more deserving could have their selection of infants. It seems that this is what happened at Crown St. The hospital took more than 50% of all infants for adoption in NSW (Stoker: 1985). In 1968 it took 64% of ex-nuptial babies born there; this is not a record to be proud of, but rather one to cry over (Crown St: 1982). So many distressed mothers and infants brutally separated at birth. The workers deluded into believing that married couples - because of a marriage certificate - could love and nurture an infant more than his or her own mother and family. How many adopters remained married? How many infants were brought up in loving families? How many had a better life than they would have had living with their own mothers and kin? We do not know, because no research has been done to answer these questions.
Crown St. was an experimental hospital, using drugs, brain washing and the trauma of interrupting the birth process, to manipulate the powerful maternal bond, to induce in many women an amnesiac state where they disassociated from the pain to survive and were rendered silent. Adoption agents then got the mother to sign a consent that was nothing more than an unconscionable contract, to induce in her a sense that she had made a ‘choice.’ The damage done to so many infants and their mothers is an area in need of further research to ensure exercises in social engineering such as those carried on at Crown St. Hospital are never repeated again in Australia.