Terms of Reference

That the following matters be referred to the Community Affairs References Committee for inquiry and report **by 30 June 2011**:

(a) the role, if any, of the Commonwealth Government, its policies and practices in contributing to forced adoptions; and

(b) the potential role of the Commonwealth in developing a national framework to assist states and territories to address the consequences for the mothers, their families and children who were subject to forced adoption policies.

My name is Linda Graham-Tetley. I was born in Sydney, New South Wales, Australia and I am a citizen of this country.
As a citizen of the Commonwealth of Australia I had and still do have an inalienable right to protection under the Australian Constitution, Rule of Law and the Common Law of this country.
As an Australian citizen, the Commonwealth should have afforded me protection from the unlawful and harmful actions that threaten my right to life, liberty and justice from those who denied me these rights, within and without, the borders of Australia.

I hold the Commonwealth Government of Australia, the New South Wales Government and the Anglican Church responsible for the theft of my son.

It is my fundamental human right when going into hospital to have a baby, to be given my baby at birth and to hold him, to make eye contact with him and to continue the bonding, which began in utero forty weeks prior. It is my basic human right to be allowed to breast feed him, to be informed if he is sick and to be consulted with regards to his treatment and to take him home with me when I am discharged. As his sole legal guardian I had the right to have access to him whenever I wanted and to determine who else had access to him including social workers, hospital staff and doctors. His father had those same rights in the event of my death. If I, as the mother and his father agreed to adoption then I still had sole legal guardianship of my baby until the court endorsed an adoption application.
Under the Crimes Act of this country, it is illegal to deny access between mother and child and is akin to kidnap and baby stealing.

Our baby had the right to be held by his mother, to smell his mother's breast milk and be fed by his mother, to hear the sounds of his mother's voice and to be nurtured and loved and cared for by his mother. However, none of this happened. The constitutional rights of my baby and myself to be given protection were breached and our fundamental human rights were stripped from us in New South Wales in 1972.

The United Nations Declaration of Unmarried Mothers Status, signed off by The Australian Commonwealth Government was breached according to the Rule of Law and the Constitution of the Commonwealth of Australia.

The 1965 NSW Adoption Act states that all children (regardless of the marital status of the mother) in the eyes of the law had the same status. All mothers and their babies had the same rights to ante and post natal medical care from the doctor. They had to receive the same courtesy and acceptance from all members of the staff as other patients. Alternatives to adoption had to be given and only when a mother insists should adoption papers be presented. Temporary foster care was supposed to be explored and counseling carried out. The only counseling I received was pro adoption indoctrination. Adopters were clearly the clients of the social workers and their needs were paramount. The best interests of the child were never addressed. If they had been, I would not be writing this submission.

Financial assistance in the form of a widow's pension and later unmarried mother's benefit were available and had to be offered but never was.

Not only were these laws breached but the perpetrators of these crimes also ignored their own handbook on Social Work procedure and policy.

I have never recovered. It is my opinion that neither has my son.

Pregnancy

It was early 1972 when my boyfriend and I realized I was pregnant. We were both still at school in Year 12, I was 17 and he was 18 and whilst we hadn't planned for this pregnancy, we were in love and when we finally accepted the reality of the situation we planned to get married. By the time we told our mothers I was four months pregnant. We both left school and got jobs, as a laborer and I as a punch tape operator in the city. We started collecting things for our new home and family, small purchases but we had begun our nesting.

mother was shocked but supportive of our plans and offered us her house to live in while she was indefinitely living interstate. My mother was shocked and confused. Her response was to keep it from my father and siblings and seek counseling.

Enter Hornsby Hospital as a protagonist into the beginning of the tragedy of my life.

Social workers took control of "the problem" and I was admitted into Carramar Anglican Home for Unmarried Mothers in Boomerang Street, Turramurra- a co-protagonist that shaped the devastating conclusion to my 'story'. At no time was I asked what I wanted to do. It was decided for me and I did what the adults and professionals told me to. I was made to feel that I had caused enough trouble already and wanting to be seen as a "good girl", I became passive and obedient. After all, I had no experience of the world and they were the adults, the professionals.

continued to support me but his contact with me in the home was limited by the Matron's rules. He didn't understand how our marriage plans were suddenly curtailed and his involvement in our baby's and my life diminished. I saw it as a temporary arrangement until we could sort it all out. I used to talk to my baby every night as I cried myself to sleep. I used to tell him not to worry, that Daddy would come and get us and take us home. was working and saving hard.

CARRAMAR ANGLICAN HOME FOR UNMARRIED MOTHERS

Life in Carramar was punctuated by punitive and judgmental treatment veiled as benevolence metered out by the 'Christian' personnel who ran the place. They held themselves in a superior position to the teenage inmates of this institution, always softly spoken while they manipulated the girls into believing they had our best interests at heart. Matron and Sister practised a method of indoctrination under the guise of taking care of us 'fallen women'. I now understand that they were following social worker guidelines for the treatment of unmarried mothers as a means to procure newborns to supply the growing demand. Now as a mature woman I recognize this treatment as programming. Subtly, we were conditioned to think of ourselves as "bad girls; unfit mothers; selfish; unworthy; lowlife". So successful were these practices that we young confused and vulnerable women felt that we should not inflict ourselves on a poor wee baby who deserved better. These feelings of inadequacy and low self-esteem were to continue throughout my life affecting everything I have ever done.

The social workers would ask closed questions that usually required an affirmative reply. For instance:
"You love the infant don't you?" Yes!
"You want what's best for it don't you?" Yes!
"You would want it to have a good life, wouldn't you?" Yes!
"You care about the infant's future, don't you?" Yes!
"You can go away, get on with your life and later you can have a baby ***of your own***. As many babies as you like. You'd like that wouldn't you?" Yes!
" There are some wonderful people who can't have a baby just waiting for the chance to be the best parents for any illegitimate child lucky enough to have them. You would want them to have that chance wouldn't you? Yes!

Thesaurus synonyms for *illegitimate* are: *unlawful, illegal, illicit, dishonest, criminal.* Did I produce one of those?

This kind of manipulative language was persuasive enough for a traumatized girl in crisis to question her ability to parent her own child. They used our tender years against us like a weapon, no one ever

pointing out that we wouldn't stay 17 but would mature, along with our children.

They were always careful to de-personalise or objectify our babies and distance them from us by referring to them as "it"; "the infant"; "the child" but never *your baby* or *your child*.

It has taken a lifetime for me, with the help of therapy to de-program but unfortunately too late for me to have another baby "of my own". Even now, I have to consciously remind myself that I am entitled to my rights and not to be fearful of authority.

We, the unmarried mothers of the home were not encouraged to get too close to each other and actively discouraged from knowing each other's surnames. My take on this is they wanted us to be isolated after the inevitable adoption so we couldn't confer about our feelings of loss and grief and perhaps feel normal in that grief after losing our children. Had we realized we were not abnormal or freaks when we didn't 'get over it'; through solidarity, validation and mutual support, we might have made a noise loud enough to change the course of our damaged lives.

I remember Carramar having a string of spasmodic visitors from the Anglican community; usually middleclass women/couples who would come to check out the local gene pool and ear mark our future offspring for themselves. My observation was confirmed twenty years later by my son's adoptive mother who told me of this practice how she and others would visit the home and check out the pregnant residents. She declared how she used to think of us girls as "lowlife" until she realized that some of us were "quite sweet little things"- sweet enough in fact for her to take my baby and call herself his mother. Then two years later to do the same with some other poor vulnerable girl's baby. She later announced to me "God **meant** me to have _____!" My child! I still wonder what she thinks God **meant** for me- a lifetime of loss? Why? So, does she mean I was meant to be punished? For what? For being young, in love, unmarried and fertile? She and others like her waited for a crisis in a young vulnerable girl's life and she swooped in with the right credentials i.e. the funds and the marriage status were enough, to benefit from my crisis. She and her husband were strangers to me and yet in the eyes of the social workers they qualified to take my baby and raise him more than I did. How can this arrangement possibly be legal or ethical or moral? You don't allow a stranger or even a registered baby sitter

you don't know anywhere near your child for 5 minutes let alone a lifetime.

Did the government **mean** her to have my child? Was it supply and demand? Of course it was! The government saves itself a single mother's benefit/pension that social workers knew about but kept well hidden from the very people it would benefit.
Did the church also **mean** her to have my child? Of course it did! The church gets itself a healthy donation for their trouble and shields from societal view the single mothers who bring shame to the sensibility of the community. Furthermore, infertile respectable married couples that are regular church attendees get instant families and a cure for their infertility. It would appear that they had it all sewn up!

But this was late 1972. Society had grown more liberal in its attitude to illegitimate children. Three of my high school peers were pregnant around the same period and none of them lost their baby. None of them lost their baby because none of them came in contact with social workers.

HORNSBY HOSPITAL

I was admitted into Hornsby Hospital in late November 1972 before my due date because I was suffering from stress and dangerously high blood pressure.

I had now turned 18, an adult in the eyes of the law. I was not informed what I was being medicated with or for what reason but here began a steady diet of drugs. I had always thought that pregnant women or mothers in labor could not take any medication in case it harmed the baby. My medical records show that since being admitted the day before I gave birth I was kept topped up with a barbiturate called Pentobarbitone. This continued for the duration of my stay in hospital, that is, eight days.

American Heritage Stedman's Medical Dictionary:

pen·to·bar·bi·tal sodium

Medical Dictionary

(pĕn'tə-bär'bĭ-tôl', -tăl')
n.

A white crystalline or powdery barbiturate used as a hypnotic, a sedative, and an anticonvulsive drug. **Also called *pentobarbitone***.

The *noun* has one meaning:

Meaning #1: a barbiturate (trade name Nembutal) used as a sedative and hypnotic and anti-spasmodic
Synonyms: pentobarbital, Nembutal, yellow jacket

Oxford Dictionary of Biochemistry:

pentobarbital

Pentobarbitone is a short acting hypnotic barbiturate, which slows the activity of the brain and the nervous system, impairing thinking and reactions. It has memory altering effects and as a depressant can cause suicide tendencies. It has been used in human euthanasia, physician assisted suicide. It is used in the US state of Oregon for this purpose and is also used by the Swiss euthanasia group Dignitas. Pentobarbital was also used for this purpose in the Northern Territory of Australia, prior to euthanasia becoming illegal in that region. Pentobarbital has been approved for use in executions in the U.S. state of Oklahoma. On December 16, 2010, John David Duty of Oklahoma became the first American to be executed by pentobarbital among other drugs. On March 10, 2011, also in Ohio, convicted murderer Johnnie Baston became the first person in the United States executed with the single-dose drug pentobarbital. On March 16, 2011 Michelle Lyons, spokeswoman for the Texas Department of Criminal Justice, said the new drug will be used for the first time in the nation's busiest execution chamber in the scheduled April 5 execution of convicted murderer Clive Foster.
It is also used in animal euthanasia.

My hospital records also show that they intended to induce me but I went into labor naturally and for 19 hours I was left largely to my own

devices. I was alone and scared. I didn't know what to expect. A paper bag was shoved into my face when I started hyperventilating. There was no encouragement or even a kind word from anyone. I breathed into the bag over and over but it made little difference. Then I was alone again. I was told not to ring the buzzer for any reason. We had been versed at Carramar not to scream and draw attention to ourselves so I kept that paper bag close and I hardly made a sound. I wept quietly. I still wanted them to think I was a good girl.
But I WAS a good girl; such was the potency of their brainwashing.

I remember being reprimanded for pushing but I couldn't help it. I was exhausted and in an altered state of consciousness. At the moment of birth I felt a wave of elation rush through me and I asked to see my baby. What I remember then was blankness in front of me, either a sheet or a pillow had been held in front of my face so I couldn't see my baby. For the first time since entering the home or the hospital I heard my own voice raised, strong and decisive as I demanded then begged to see him and for someone to tell me if I had a girl or a boy. No one answered. They talked amongst themselves.

Then, from the side of the sheet or pillow I saw a uniformed back with shoulders bent inward hurrying out the door. A nurse left the room with my baby. My immediate fears were that there was something wrong with my newborn babe. I now understand that this practice was widespread in hospitals to prevent unmarried mother/child bonding. They created the myth that it was a kindness to the mother making it easier for her to relinquish. I believe it was meant more as a kindness to the adoptive mother to make it easier for her to bond.

My baby was stolen from me. Kidnapped! Removed from his legal guardian without permission.

More than twenty years later I learnt through the adoptive father's own admission that my son's adoptive mother worked as a nurse in the labor and maternity wards of Hornsby Hospital at the time of my son's birth. I find myself wondering if she was the very nurse who berated me for pushing and then unceremoniously snatched my baby from my uterus. I question if it was her hunched shoulders I have imprinted in my memory, carrying my newborn baby out of my life forever. With him she took my motherhood, my grand motherhood, my heart and my soul.

I was then immediately injected with something I now know to be Stilboestrol to prevent lactation.

Diethylstilbestrol (DES) is a synthetic nonsteroidal estrogen that was first synthesized in 1938. Human exposure to DES has allegedly occurred through diverse sources, such as dietary ingestion from supplemented cattle feed and medical treatment for certain conditions, including breast and prostate cancers.

From 1940 to 1970, DES was actually given to pregnant women in the belief that it would reduce the risk of pregnancy complications and losses. In 1971, DES was shown to cause a rare vaginal tumour in girls and young women who had been exposed to this drug in utero and the US FDA subsequently withdrew DES from use in pregnant women.

Diethylstilbestrol is an orally active non-steroidal estrogen first made in 1938 and originally approved for use in gonorrheal vaginitis, atrophic vaginitis, for menopausal symptoms, and in postpartum lactation suppression to prevent breast engorgement.

However, in 1971 it was found to be a teratogen – causing birth defects – when given to pregnant women and later a carcinogen. Researchers found that women who were exposed to DES before they were born are more likely to get a certain kind of cancer of the vagina and cervix (called clear cell adenocarcinoma, or CCA). These women are called "DES daughters."

Has Des Caused Any Other Problems?

Yes. Women who took DES during pregnancy have about a 30% higher risk of getting breast cancer.

Up to one-third of DES daughters have reproductive tract problems. These problems increase their risk of not being able to get pregnant, losing a baby or having a baby too early. The sons of women who took DES during pregnancy (called "DES sons") have a higher risk of some reproductive tract problems. However, they seem to have normal fertility.

It is currently used only in veterinary practice at very low (hypo carcinogenic) doses for treating female canine incontinence.

Doctor-reviewed article from RightHealth and American Academy of Family Physicians

I was not asked permission for this drug to be administered to me and I was not informed that it was going to happen nor was I advised of the risks involved in taking this drug. Someone had decided to dry up my milk, pre-empting a decision to adopt and not to breastfeed but it

certainly wasn't me! I was my son's legal guardian and had made no decision to relinquish him. Even if I'd wanted to relinquish him and even if I was under 18, it was illegal for anyone to make that assumption at that time. I had signed nothing to say I had decided on adoption and in fact no adoption papers can legally be signed until a minimum of 5 days after the birth but then only if the mother insists. The decision that I would not leave hospital with my baby was already made by the social workers of Hornsby Hospital and Carramar Anglican Home for Unwed Mothers.

I was still lying in the labor ward naked from the waist down and my legs high in stirrups when what seemed like a lifetime but was probably about 20 minutes or half an hour later a young doctor came in to the empty room. He sat between my legs to stitch the episiotomy wound and tearing and said not one word to me. I tried to talk to him, to get some information about my baby from him but he did his work without a single utterance. I don't know whether it was due to his perception of my shame or to his own.

My boyfriend made his way to the hospital to see us but for some reason I don't recall, he had to walk the distance from Carlingford to Hornsby. He was tired when he arrived, anxious and excited to see us. However he was forbidden to step into the hospital let alone see our baby or me. It is impossible for me to fathom how anyone could treat a person in this way, a new father wanting to see his son and girlfriend. I am incredulous also that he didn't tell them where to get off. But you have to remember we were by now both used to being told what to do by adults, particularly these professionals in authority. He was also feeling guilty about the whole situation, i.e. getting me pregnant without intercourse. I think he still does. Nursing staff informed him he was not allowed in to the maternity ward but if he wanted to make an appointment to see a social worker he could. He duly made the appointment for another day but as he didn't have a car and was relying on public transport, he was slightly late for the appointment. Social worker records state no other information about and their interview apart from "putative father is unreliable." In the space on our son's birth certificate where it should show 'Father's Name:' there is a dash.

To have a blank where the father's name should be was another method used by social workers to demean the young mother's reputation and present a profile that she slept around and didn't even know who the father was. They could also make the adopters feel

more benevolent in rescuing an unwanted baby from the sluttish mother who would probably end up in the gutter. “In the best interests of the child” is a phrase social workers liked to bandy about to indoctrinate the general public into believing that these newborns were unwanted and were being rescued by these ‘perfect parents’, but that was another myth. It has always been more paramount to look after the best interests of the adopters.

A third reason for omitting the father’s name was because a signature on consent to adoption papers would have to be sought from mother and father, the legal guardians and that would be more difficult. It would be more problematic also to drug and coerce a young man not incarcerated in a home or hospital.

Hornsby Hospital reserved a verandah annexe for the young mothers of Carramar, isolated from the rest of the maternity ward. Our medical charts and those of our babies were marked with the code ‘BFA’ i.e. Baby For Adoption. This alerted nursing staff to our unmarried status and commanded the kind of treatment we were to be given. I remember one nurse speaking kindly to me. That ordinary gesture made me cry. I think it was through her that I found out I had had a son. Most nurses were cruel and judgmental. Comments such as “You’ve made your bed now you just have to lie in it!” and “ You should have thought about it before you got yourself pregnant!” Whenever I hear this phrase it occurs to me how amazing it is that single mothers have a habit of “getting themselves pregnant” and married ones rely on someone else to help and then everyone celebrates it. In the case of adopters, they just put in an order and when a young unmarried pregnant girl comes into contact with a social worker, hey presto- instant family and order filled.

I was never allowed to see my baby even though I kept asking. The social worker was sent in to explain to me that it was not possible until I signed the papers. I repeated that I had made no decision to relinquish and she said you cannot see the infant until you sign.

Child Stealing (Crimes Act No 6231 – 1958)
Section 9 -63
(1) Whosoever unlawfully either by force or fraud leads or takes away or decoys or entices away or detains any child under the age of sixteen

years, with intent to deprive any parent or guardian or any other person having the lawful care or charge of such child of the possession of such child or with intent to steal any article upon or about the person of such child and whosoever with any such intent receives or harbours any such child knowing the same to have been by force or fraud led taken decoyed enticed away or detained, shall be guilty of felony, and shall be liable to imprisonment for a term of not more than 5 years."
Felony – Taking away or detaining any child under 16 with the intent to deprive the parent of lawful possession of the child.

The drugging and mental abuse continued and on the eighth day I was supposed to be discharged. I still hadn't seen my baby. A social worker or almoner came to me and explained to me that as I was young and healthy I could have as many children as I liked but the perfect couple who were waiting to take this infant home with them could not have children and how could I be so selfish as to deny them a family they would otherwise never have. She said they had been waiting for a long time and had everything ready for a baby; a lovely home; a beautiful room; a yard for a little boy to play in; lots of toys and the money to give him a much better life than I could ever give him. Again, this manipulation was designed to elicit an affirmative response from the subject.

Somehow, I was responsible for their infertility, these people I had never met or indeed never even heard of. This was the nature of coercion used on me under the influence of 8 days of barbiturates and other medications that I know of. In my mind, these people she spoke of were so perfect that I imagined there was a bright light emanating from them like a saintly halo or aura.

I told them I would sign if I could see my baby. I knew about the revocation period of 30 days. I would come back to get him when they couldn't use these stand over tactics and the drugs were out of my system.

I remember being told to sit down on a chair. Social workers and nurses surrounded me. They were all standing. I don't remember any faces, just the lower fronts of their uniforms in a semi circle around me- probably so I didn't try to bolt once I got my baby. Someone handed me a tiny bundle all wrapped up tightly and I held my son in my arms for the first time since he was born. I breathed in his smell deeply. I gazed into his perfect face and kissed his cheeks. I saw he

had his father's eyes, my nose and my brother's chin. I noticed a tiny skin tag just below his right ear and felt alarmed, as someone had tied black thread around it so it would drop off in time. I went to stand up and walk with him and gently rock him but I was told to sit back down. I started to unwrap him so I could count his tiny fingers and toes and kiss his feet but I was told in no uncertain terms not to.

That was the last time I saw my precious baby boy.

AFTER DISCHARGE

I returned to Hornsby Hospital to collect my baby within the 30-day revocation period. I was informed that he was gone, that his parents had already picked him up and taken him home. I was stunned! I couldn't believe it! This can't be happening! I challenged this information but I was dismissed.

and I both went back because we didn't accept what I had been told but this time we were told that it was too late because we had to submit a form of which none were available at the hospital. My memory now is scratchy but recalls me holding a phone number and running down the street outside the hospital shrieking and screaming like a wounded animal. He had grave fears for my mental well being as I thrashed around in the phone booth trying to make a phone call. Neither one of us remembered what happened then. Needless to say, it didn't result in justice being done with the return of our baby to his rightful mother and father.

Dr Geoff Rickarby Psychiatrist writes in his submission to the NSW Parliamentary Inquiry into Past Adoption Practices:

Young mothers heavily brain-washed (and I use this term in full consideration of those practices which lead to the term becoming part of living english) hardly ever sought legal help, were readily bluffed into thinking these professionals were acting legally, and would have great difficulty in getting the correct papers to the Supreme Court as required.

Two decades later through the Freedom of Information Act I applied for both my son's and my medical records. My already broken heart shattered into tiny pieces as I read that my baby remained in Hornsby Hospital for a further six weeks due to some health difficulties. He was distressed during the birth and born with the cord wrapped around his neck. His APGAR score was very low. He has a small hole in his heart.

On two separate occasions, two different hospital staff lied to me and tricked me out of my baby. I thought that as I was no longer under the influence of the barbiturates it would be impossible for them to dupe me but I was wrong. The process was systematic and like a well oiled machine hospital personnel knew their role in assuring that newborns were harvested for the adoption market and in 1972, the year they stole my baby, they had, in the words taken from a Social Workers Journal publication, a “bumper year”.

LIFE AFTER ADOPTION

I don’t know if anyone can know exactly when the splitting off of my mind occurred but I think you could probably say that it started when I was told it was too late to get him back.

I was discouraged from talking about my baby and after a while of seeing faces wincing at my mention of his name and irritated voices telling me to “lighten up” and “Just get on with it” I realized that people grieve with you if you are married and your baby dies but no-one acknowledges the loss of a baby to adoption. “AT least he’s not dead and he is with wonderful people who love him and look after him. You should be happy about that.”

How do they know he’s alive? How do they know they are wonderful people? How do they know they love him? Why does society make these assumptions? Platitudes make it more comfortable for them to deal with it. The adopters are strangers. I was not permitted any information about them even though they knew who I was. Why is it assumed that just because they adopted him that they would be good parents? They are less qualified than me to parent. If “God meant them to have a baby” why were they infertile? If I believed in God, as they know him, I would deduce that he made his plans for them quite clear in making them incapable of conceiving their own baby.

It is a sad irony that mothers were tarred with the mythical brush as being promiscuous when the cause of infertility in adoptive parents was very often due to Chlamydia.

G.A.Rickarby MB BS FRANZCP Member.of the Faculty of Child Psychiatry RANZCP MANZAP Consultant Psychiatrist writes in his submission to the NSW Parliamentary Inquiry:

It is important to discuss, at this stage another myth that was used cruelly against original mothers. In 1997 I was disgusted to hear it still promulgated on a television show by a social worker who had worked in Crown St Hospital during the single mother's holocaust from 1966 to about 1973.

What she said was that the young mother could not readily go to Court to seek support from the father because a man taken there would have half a dozen others to say it could be them just as easily, or words to that effect. This was the myth that the young woman was prematurely sexualised, promiscuous and irresponsible. This myth was widespread and a source of creating a bad role for the pregnant single girl, particularly the teenager.

Having seen a large number of relinquishing mothers by the nineties, there were many instances of first intercourse, (some of it rape), some of seminal spills in the vulva, but most numerous were those of the first boy friend and profound ignorance about sex and contraception.

On the other hand the statistics will show that there was a virtual epidemic of sterility due to what was called Non-specific oophorosalpingitis (inflamation of the tubes and ovaries - and by non-specific they meant it wasn't due to gonorrhoea or syphilis but was later found to be due to the Chlamydia organism spread venereally. The use of high dosage contraceptive pills (the original ones used in the sixties and early seventies) were also a significant cause of sterility when premature menopause occurred.

The tragedy for the original mothers was that they were younger, and this false myth about their sexuality used by those who wished to take their consent, was to upon young women in helpless circumstances render them more powerless, guilty or shamed, and as a frank lever to humiliate them. Their seeking secrecy for their sexual involvement made consent taking easier.

It is important that this section is not seen as an excuse for the flagrant flaunting of the 1965 Act by the behaviour and decisions of those empowered in institutions of public trust, or of cruel and unethical behaviour of Dickensian proportions visited.

It is fair to say here that many adopters were suffering their own kind of grief at their loss of fertility and ability to have a child of their own. This grief often would never be addressed, much less counseled. They may have been duped also into believing that another woman's child would cure their feelings of inadequacy not to mention their infertility. More startling is the implications this would have on the adopted child.

Dr Rickarby discusses:

Taking the Child Psychiatry role for the Inner Western Suburbs of Sydney Burwood, Strathfield, Drummoyne, Ashfield and Croydon in 1976, l was to find that adoptive families were a frequent source of referal. (I put the issue in here as it is pivotal to one illegal practice in the taking of consents of birth parents: that is to idealize adoptive families as necessary and desirable for babies, and to use such images repetitively in promoting adoption to the potential provider of the baby).

The long line of mentally ill, substance addicted, maritally divided couples (over both adoption and other issues), who hadn't grieved their own or their mates sterility whom I saw in trouble during child rearing crises when they didn't have the resources or will to see them through, disabused me of this notion very quickly. My colleagues and I wrote about this after waiting to take a future sample: Adoptive Families in Distress. (the heavily edited version).

I looked around at the adoptive families I knew socially, and there were similar themes occurring there too, partly because the adoptive family had no training in dealing with the inevitable identity disorder of the adoptive child, because, once the adoption was confirmed, they were left to do whatever they would, with no help or guidance about the special difficulties. The cultural myth was that it would be "just like having your own children".

Adoptive parents were given misinformation, in that there was a cultural expectation that the baby would match the family because of a skilled selection of babies, and that affluence and religion based upbringing would override other difficulties.

Adoptive parents were given no help with hard testing behaviours in primary school age, with temperamental issues that might have been expected in the biological family, or differences in style of thinking and problem solving that were innate. They were not helped with their own grief, or their deeper feelings about bringing up somebody else's child except for the myths around the "abandoning" mother implying to the child that he or she was much better off with them.

Overall I have seen more adoptive parents for this variety of help than I have seen relinquishing mothers.

So not only were the young mothers subject to promotion of adoption, but the promotion was in a large number of instances an outright lie, and when there were capable people adopting, they had to deal with a child different in temperament and cognitive style from themselves through an intense identity crisis, not to mention the early damage to a baby who is born into a vacuum figuratively speaking, as there is no mother to hold and suckle, her noises have gone suddenly and there is no breast smell on which to imprint - many consider this separation as primarily damaging.

and I stayed together for about another year. On our son's first birthday we went out for dinner together. I told him of a dream I had had about where our baby was. I dreamt that he was adopted by doctors who lived in Thornleigh- I even dreamt the address. That night we went to the address. In my dream there was a red surgery light out the front of the house but when we got there, there was no such light. We did not go in.

The social workers told me I would forget. They told me I would get on with my life and forget all this sadness. But I didn't. I went back for 'counseling' some time afterwards. I was told it was most unusual that I had not moved on and was assured that all the other ex Carramar girls had. I felt like there was something wrong with me and of course I now understand that this was the social work design, all part of the master plan.

An article by Garland in 1963 discusses how young unmarried mothers who have surrendered their babies for adoption unwillingly often have difficulties in their later personal adjustment and relationships. Another, also from 1963 noted "to part a woman from her child in a violent manner is a most dangerous step to take. It will so unstabilize her that she may emerge from the shattering experience as an entirely different personality." (Ellison)

However a Course for Adoption Workers at Carramar, an unmarried mothers' home in Sydney, in the mid 1960s, indicates that adoption workers were aware of some of the problems suffered by mothers. The list includes depression, anxiety, insomnia or excessive sleep, loss of appetite or excessive appetite, personality disturbances, vague fears and doubts, loss of self-confidence, strong feelings of rejection, regret at having surrendered their baby for adoption, and feeling that they have 'destroyed' their child by surrendering him for adoption. They may have attempted suicide.

Wendy Jacobs, B.Sc., B.A. Sir William Deane, Inaugural Lingiari Lecture, Darwin, 22 August 1996.

Every time I looked into eyes I saw my baby's eyes. Perhaps that was the problem. presence in my life was hindering my ability to be 'normal', to "Lighten up! Forget all about it and get on with it." I began to drift away from him. He would never understand why, we still loved each other.

I drifted away from family members that knew of the birth and adoption of my baby. They acted and talked as if it never happened so

their denial became my denial. This became a defense against the utterly unbearable distress of my loss. I kept wandering in search of something I knew not what.

I became numb emotionally. I went through the motions of life and relationships but never trusted anyone to get close to me. My social interactions were limited and a sense of hyper vigilance dominated my consciousness. I was disinterested in having a sexual relationship with feelings of guilt and shame pervading the experience but I was never able to talk about it or explain why I had these feelings. I didn't know.

I tended to avoid babies and talk of babies and this was apparent to siblings around the birth of their children when I was accused of being disinterested and uncaring.

In time, to all intents and purposes, I did forget I had a child. Something that is too painful to remember can be buried deeply to try to block the untenable pain from consciousness. However, with the pain, normal human emotions are also blocked just like chemo kills off all the bad cells as well as the good stuff.

As time went by my peers would begin to settle down get married and have children. I would move on to other unattached friends often younger than myself, often to another country. My psychosexual development was arrested at 18 and I truly thought I was too young, even at 37, for that kind of settled state of 'older' people. I would just walk away from friendships and relationships if they became too confronting.

I remember a moment when I was home in Australia visiting my mother. I was looking in her linen press for a tablecloth to set the table and out of the blue she said: "You know you can look for him now." It was like a lightening bolt jamming itself into my memory and for a split second I knew what she was talking about. Then just as quickly it disappeared and it was not discussed again.

My younger sister had her first baby about 17 years after I lost mine. We got a call from her husband in the hospital to announce the arrival of their newborn son. Even though the birth was not unexpected, I was at that moment gripped by hysterical sobbing and my mother held onto me in a stiff embrace. She let me cry for a while and then she asked in a voice tainted with disapproval: "I hope these are tears of joy!" I was back in the present in an instant and again, I put it away in the deep recesses of my mind.

At age 38 I experienced something that I call “waking up” from a long, long sleep. At first there were just fleeting flashes of memory and blinding headaches. I had all sorts of tests to rule out brain tumours etc but the specialists found nothing to account for the pain I experienced. The true “awakening” came like an electric shock and I was flooded with the dreadful memories of the horror of losing my baby. It was not a bad dream. It was reality.

Initially I felt the guilt that seems to envelope mothers who have lost children to adoption until I realized much later through talking to other mothers and poring over my medical and social worker records what atrocities and crimes had been committed against my son and myself. I realised that those social workers and hospital staff had done such a complete job of indoctrination on me that I, just like thousands of other mothers like myself, had worn the guilt that never ever belonged to us. All we did was to conceive a child outside marriage. No crime there. Our biggest mistake was to have contact with the perpetrators of the crimes and that too was out of my control.

Much later my psychiatrist with whom I spent once or twice a week for about 10 years diagnosed me with Dissociative Disorder. For many years I had wandered about in the world in a half-life kind of existence. I did have other pregnancies but without a second thought, terminated them. Something in my head told me I was too young and not fit to be a mother.

Dr Rickarby defines Dissociative Disorder.

This serious disorder takes a number of forms. In essence it occurs when consciousness is so overwhelmed by shock and unbearable feeling that there are splits or discontinuity of consciousness. It is sometimes confused with the serious biological illness - Schizophrenia, but it is distinct and quiet unrelated. It is more related to Multiple Personality Disorder, although the split aspects of consciousness do not have their own identity as in MPD.

It is characterised by a total splitting off of the stream of consciousness associated with the untenable events, and the formation of a false self who continues every day amnesiac to the events split off. There is often evidence of a true self co-existent with the false self who is not amnesiac. The false self is usually very limited in function, not in touch with emotional life within the self or in interchanges with others. I have seen the condition also in parents who have lost a child suddenly as a result of accident.

On my return to Australia after many years absence and emerging memories of a baby, I began to research Post Adoption Research Centre (PARC) literature on how to go about finding a lost child. I was advised to access identifying information on my son. My first piece of information was his adopted name and his address. It became real that he existed but not real enough to be sure that he was in fact my son. I was encouraged by a social worker at PARC to make use of their mediation service whereby they make the outreach on my behalf. I went along with it as at this stage I still felt I had no rights. A friend later said to me that "going back to a social worker for mediation is like going back to your rapist for a Pap smear." Twenty years later and they are still controlling my contact with my son.

Through her I received some photographs sent by my boy and for the first time I clapped eyes on my spitting image. There was no mistaking he was my boy. His handwriting was just like his father's. After many months of correspondence we met face to face and my heart was filled with so much love and elation like the moment I gave birth to him- an emotion that had been absent from my world since then.

We spent the next two years getting to know each other, just like a new Mum falling in love with her new born and vice versa. We would ask each other millions of questions about our likes and dislikes, experiences and dreams. We would touch each other as mother and babe would do, we would hold hands, he would sit on my lap (amazing as he was 6'4") and play with my hair. His needs for physical contact were just as real as mine. The more we bonded the more I realized what I had lost. The more I knew of him the more I mourned but always careful not to inflict this state onto him. I would watch him on his skateboard and he would ring me up from parties and we would chat for hours, sometimes putting friends on the phone to me as they passed. We were proud of each other and my world was filling with the love and connectedness we had been denied. We planned to travel to Paris to visit my sister, his aunty to celebrate my 40th birthday.

But then everything went wrong. He became distant and aloof with me, standing me up on dinner arrangements, not returning my calls. He seemed to be testing me. He was still living with his adoptive parents and it was clearly becoming increasingly uncomfortable for him. He would send me a beautiful Mother's Day card with heart felt words that would allay my fears of losing him once again only to stand me up again shortly afterwards. After a while there would be no acknowledgement to the cards and gifts I would send but I kept sending them, every birthday, every anniversary of our reunion and

then, contact between us stopped completely. Fifteen years later he would tell me that he “felt like the meat in the sandwich” between his adoptive parents and me.

I lost him for the second time but this time I was allowed to grieve and it poured from me with the force of an erupting volcano. It came in constant waves of unbearable sorrow. This finally turned to white-hot anger and I was stuck in this stage of grief with no means of escape. I was angry that I could allow myself to be manipulated by social workers and hospital staff. I was angry and wracked by feelings of despair. I functioned overtly for the sake of my job as I had no other means of support but when I came home from work I would sit in a dark room in an almost catatonic state. My headaches returned and I didn’t eat or sleep well.

I became hostile with family members’ incapacity to empathise, particularly those family members who knew what had happened to me. I was angry that they were allowed to keep their children. I do not think that I have ever had the opportunity to tell any of them exactly what happened, one because I would become extremely agitated and emotional in the telling and thus wouldn’t get very far, and two because they would inevitably try to distract me from the memories to placate me or try to see a silver lining or become annoyed and angry with me for dwelling on the past. Also there was some blame on my part attributed to my mother who had exposed me in my vulnerability to social workers and their systematic removal of babies from unwed mothers and that was not acceptable to my siblings. To support me in my pathological grief was to side with me against my mother and that was never going to happen.

I isolated myself from my family. Not being able to make them understand was excruciating for me and my anger and volatility was intolerable for them. I then began the process of mourning the loss of them in conjunction with the loss of my son for the second time.

I used to be driving in my car and imagine myself swerving off a cliff or into a tree. I tried to commit suicide on two occasions. The thing that prevented me succeeding was the concern that my son may feel responsible for my death. He was already carrying the responsibility of his adopters’ fulfillment, as parents and I did not wish to add to that burden.

I became obsessed with adoption related literature, films, television programs, documentaries and I would cry for all the people effected by

adoption. My social circle became even smaller as my conversation revolved around adoption and nothing much else. I threw myself into counseling and research but by the time the NSW Parliamentary Inquiry came to a close, I was exhausted and ill. When the findings of the Inquiry, that some practices of adoption were unethical and illegal were revealed I suffered a mental breakdown. Not long after this I was diagnosed with Melanoma.

Nothing followed these findings but the very victims of the illegal and unethical practices of adoption were left, again, to deal with it. Or not.

The following is an excerpt of Dr Geoff Rickarby's submission to the Inquiry.

Pathological Grief.

Normal grief is facilitated when the loss is timely, not of high ambivalence and where the needs of the bereaved are well enough met and there is adequate social support available. Even in major loss there is an early acceptance that the loss is final and the implications of the loss and the feelings engendered are eventually bearable, leading to the mourning process, the going over piece by piece of the nature of the changes in the bereaved's relating, expectations and orientation to new directions. Eventually comes some degree of acceptance when the lost one can be thought of without inhibition and the bereaved is future oriented. This usually takes about three to six months.

Note: Where stages of grief are used, these are not necessarily progressive; there is reversion or hovering between them, cyclic traps between them occur, and mourning may be commenced briefly only to regress and go through earlier phases all over again.

Pathological grief refers to distinct and major failure of this process. After loss of the baby, the first stage of shock, numbness and disbelief may persist because the mother cannot face the finality of loss of her baby and the feelings of rage, guilt, depression that might overwhelm her. The numbness and disbelief are protective against this emotional second stage of grief. This may persist for a long time and may be associated with naive beliefs that the baby will be returned or some `nice' social worker will appear to help the return.

Many find the next stage, which they enter after they accept finality of the loss, produces such anger and despair they revert to the first stage, and I have seen this see-saw between the two occur over two or three decades, and associated with decompensation in Major Depression.

Others stay in the second stage of major feelings: they cannot accept the implications of their loss and thus cannot mourn. This arrest is not understood and people readily become irritated with them as they return to the issues of their arrested grief. At The Inquiry there will be many with this type of damage and their presentations will represent for them the first attempts to look at implications of their loss in the social world. Such damage is to be seen in the context that when a mother loses a child from babyhood to middle age, and the loss is untimely and has other bad outcome features, the most stable and mentally healthy person becomes similarly afflicted.

Others are stuck in the stage of mourning, going back again and again to the same issues where they cannot get satisfactory answers.

There are supra-pathological variations of pathological grief, particularly where grief is totally inhibited and denied, and the grief goes underground coming out in unconscious release, such as in over-protection of other children, binding and intrusive behaviours, irritability, and unexplained depression. The mechanisms of defense become part of the personality. In particular a large proportion go over some elements of blocked grief again and again; sadly the repetitive nature of their talking about the blocked area of their grief is a measure of their damage, but to the listener who has long ago understood the issue from the first telling, it can be tedious or irritating. It is most productive for the listener to ask themselves internal questions as to why the block is there, what alternative is untenable, and how the mother otherwise might develop.

There is suppressed grief where the person keeps their grief in secrecy, but fully conscious, distraught, and has their weeping times when alone, and their breakdowns on anniversaries or special days.

Pathological grief is related to other forms of damage because it frequently decompensates as defences are inadequate and the psychiatric disorders such as Major Depression, Dysthymia and Panic supervene. Pathological Grief is almost universal among these mothers and underlies the other issues of damage discussed below.

2. Personality damage associated with defences.

The defensive style: whether it is alert avoidance of anybody who might take one of their children or otherwise alienate them, or a shut down avoidance of babies full-stop, and inability to experience warm attachment to others in case they lose them, over-protection, rationalisations and continued idealization of authoritative figures such as nuns and social workers, the inability to communicate intimate subjects to others, the inhibition of sexual expression because their loss of the baby was in the very earliest part of their psycho-sexual development, or other defensive patterns: these and others have all become part of their adult personality in a rigid manner. There are heavy restraints against further development or a flexible view of their

own potential and possible roles. These people get by, but in a very limited manner because of their experience of loss. Mostly their defensive positions will inhibit them from coming forward, but they represent a large portion of mothers.

Post-traumatic Stress Disorder.

In this disorder the trauma of separation or fearful experience of being emotionally isolated during obstetric trauma is so severe that this experience is imprinted and intrudes into dreams and waking experience in an uncontrollable manner. The experience is so aversive and so reinforced by the repeated intrusion that the young woman becomes hyper alert and vigilant to anything where a repetition of the circumstance is possible or is threatened. Elaborate avoidance behaviours develop and some may by symbolic or associative. Some of these avoidance behaviours can become secondary psychiatric conditions such as a phobic avoidance of hospitals as an aspect of their PTSD, or very deep-seated fears of becoming pregnant again.

The avoidance of hospitals is very serious, because these women may neglect their health or be unable to visit a close relative that is seriously sick. If they have a personality problem as well such as 2/ and 3/ above their PTSD may become fixed and still extend decades later. If overwhelmed by PTSD, Major Depression can be precipitated.

After my breakdown and cancer treatment I made a promise to myself that I would start to live. I would try to begin again after the wake –up call and to this end I dropped my wall slightly to let significant others in.

I started having strong thoughts that I was a grandmother and I believed it was a boy. In 2006 after 15 years of no contact or knowledge of my son's whereabouts, I found his name in a white pages telephone directory. Over the years I had tried to keep track of where he might be to no avail. My then partner and now husband, is very supportive of me and has intimate knowledge and understanding of the circumstances and my suffering. He rang the listed number to enquire if it was the right person, my son. It was. He told that he was happy to be found (the same words he had used the first time I found him when he was 20) and told to tell me that I was a grandmother. He was keen for us to meet up with him, his wife and their little baby boy of 7 months.

We arranged a meeting and everything went well despite my fears. He was now 34 and had appeared to have grown into a mature and stable young man. He assured me that he wanted me in his life but could offer no reason for his long absence from mine.

A relationship developed between the 5 of us and we would spend weekends at each other's house and generally seemed to enjoy each other's company. I found that something however was missing from my boy that had been present when we last spent time together. He seemed very troubled but would deny it if I enquired. At first he hid it but it became obvious that he was drinking heavily and smoking pot in extreme amounts. He would become unreasonable in his demands on people and sometimes abusive to someone, his son, his wife but not me. One early morning at my home his wife burst into our bedroom and distraught told us that her husband, my son was going to kill himself by slinging a noose he had made over a tree branch in our back yard.
Later that day, it was though it had never happened. He denied that anything was wrong but when I pushed for him to have counseling, he agreed. I do not think he ever did though.

On the last occasion I saw him, after excess drinking he was abusive to me screaming at me "Why did you ever have sex?" Then "We never wanted you!" 'We' meaning his adopters and him. His wife claimed that there was a problem in our unwillingness to befriend and accept his adoptive parents.

The following day he apologized for his outburst and promised that he didn't mean any of it. He confided that he has wasted his whole life. He said he has always been lost and doesn't know who he is. He promised he would let me help him.

History repeats itself and again he is gone from my life. I make calls, send letters, texts, cards and gifts and all them go unacknowledged. My grandson is growing and I am not a part of their lives. I grieve for the loss of him once again with the added grief of the loss of my grandson.

It is not acceptable that in Australia, a first world country, the crime of unlawful separation of newborns from their mothers is sanctioned by the Commonwealth Government. For over a period of forty years systematic removal of children from their unmarried mothers has gone unchecked and unpunished. The Australian people have been misled and lied to.

I seek recognition of the truth of what was done to me when I was a young mother in the prime of my life and what should have been the most beautiful and fulfilling event of my life. I want acknowledgement of the extent of my suffering- a full and compassionate account of my plight and a detailed and comprehensive description of the treatment to which I was subjected.

My child has been raised on the mythology of my inadequacies, immorality and rejection of my baby and he needs to know the truth, not just from me but also through the findings of a Senate Inquiry. My grandchild needs to know the truth of his heritage also.

Society has been lied to and I need a firm and clear statement to redress these popular attitudes. I need society to be re-educated and to have the truthful history told. I need this to be publicized in popular broadcasts and print media not as a perfunctory snippet on the bottom of the back page of a small publication.

I was determined to keep my baby but I lost him anyway. I have spent my whole life just trying to survive this. I need there to exist competent counseling from people who are not identified with the perpetrators. It is essential for it to be easier to find help from informed mental health practitioners and to this end, funding should be given to their re-education and specialized training. I spent years and a lot of money trying to find someone who could help me who didn't have a vested interest in shutting me up.

This service should also be open to the children who have suffered as a direct consequence of separation from their mother at birth.

I would suggest that pro bono legal assistance be offered to mothers seeking legal representation for the extensive damage and abuse sustained at the hands of key players in the government adoption services. Those key players must be made accountable as in any other crime against humanity.

Negligent practice in a culture of abuse and common law failures of duty of care including the issue of informed consent and the abrogation of the right to use the thirty-day period to revoke consent as was intended must be examined more closely with legal address in mind.

More research needs to be carried out into past adoption practices and the damage sustained by those effected by adoption and this research should be published prominently. To date, it would appear that mothers have been left largely to the task of uncovering research material when they surely have earned the right to rest and to have someone else paid to do this work.

Recompense would need to be addressed on a case-by-case basis. Many mothers were rendered incapable of working or holding down a job of any kind and as a consequence have not had the financial means of proper health care or professional psychiatric help to try to unpack the experience they had resulting in the damage sustained when their babies were forcibly taken from them. Financial assistance would contribute to her attaining and maintaining the semblance of a 'normal' life. Financial assistance is in some cases needed to reunite mothers with their lost children and grandchildren.

Funding should be given to support groups formed to assist and support those affected by harsh adoption practices. Mothers have been known to mortgage their houses and sell their family heirlooms in order to raise awareness of their plight.

Funding for the production of documentaries and books on the subject of illegal practices of adoption would make an enormous difference to mothers and adoptees wishing to embark on the cathartic project of telling their stories. This would also serve in the re-education of society and break down the myths once and for all.

Finally, original birth certificates, that is those that state the original mother's and father's names should be reinstated as legal documents. Amended birth certificates should be that showing the adopters' name.