The role of the Commonwealth Government in relation to Adoption in Australia

Submission to Senate Community Affairs Reference Committee Inquiry into the Commonwealth contribution to former forced adoption policies and practices

from

The Royal Women's Hospital, Victoria

January 23, 2012

In 2009, the Royal Women's Hospital (RWH) in Melbourne was contacted by women claiming that they were coerced into signing adoption paper for babies born at the hospital some thirty to sixty years ago.

In response, the RWH commissioned Professor Shurlee Swain of the Australian Catholic University to produce an independent report that would assist management to understand the hospital's historical role in adoption, specifically with respect to single women birthing at the hospital, from 1945 to 1975.

The objective of Professor Swain's study was to examine the policies, practices, and staff attitudes of the RWH in order to understand how these affected the experiences of single mothers who gave birth at the hospital.

The researchers were provided unlimited access to the RWH archives and, assisted by the Hospital Archivist, reviewed medical and corporate records of the time. They also interviewed former staff and relinquishing mothers.

While Professor Swain's report does not address the terms of reference of the Inquiry, the RWH makes this submission in the hope that a comprehensive review of documentary evidence and the recollections of single mothers and staff at this hospital might further inform the Committee's deliberations.

Professor Swain's report, *Confinement and Delivery Practices in Relation to Single Women Confined at the Royal Women's Hospital 1945 -1975,* found no evidence of illegal practices at

the women's
the royal women's hospital
victoria australia

the RWH and no evidence of hospital-wide policies that discriminated specifically against single mothers. However, it is clear that many single mothers suffered as a result of the practices conducted at the hospital and the attitudes of some of the staff.

The past practices at the RWH, and elsewhere in the nation, were in keeping with social attitudes, available financial support, and medical and social work knowledge and beliefs of the time. Some of these practices, such as the immediate removal of the baby following birth to prevent bonding, were thought at the time to be in the best interests of the mother's emotional and mental health post-relinquishment. Others, such as the belief that a couple was better suited than a single mother to bring up a child, were reflective of both the era's societal attitudes towards illegitimacy and the then extremely limited social and financial support available to single mothers. When considered by today's standards, these past adoption practices were clearly misguided.

The Royal Women's Hospital acknowledges that, whatever the intentions and beliefs of the time, past adoption practices caused lasting consequences for many relinquishing mothers, and sometimes also for their children and their extended families.

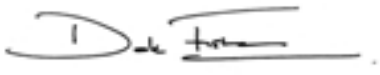
On behalf of the staff, past and present, of the Hospital, I apologise to every woman who felt she had no choice but to relinquish her baby for adoption while in our care.

I understand that many relinquishing mothers experienced, and continue to experience, feelings of grief, pain, anger, helplessness and loss, and for this I apologise unreservedly.

I also offer an unreserved apology to any adoptees and other family members who have also experienced, and continue to experience, feelings of grief, pain, anger and loss.

I hope the Hospital's efforts towards uncovering our role in past adoption practices, our sincere apologies and our acknowledgement of pain and loss will bring some comfort to relinquishing mothers and their families, and be accepted as evidence of the regret and sorrow we feel for our involvement in past adoption practices.

Yours sincerely,



Dale Fisher

Chief Executive

CONFINEMENT & DELIVERY PRACTICES IN RELATION TO SINGLE WOMEN CONFINED AT THE ROYAL WOMEN'S HOSPITAL 1945-1975

AUGUST 2011

TABLE OF CONTENTS

EXECUTIVE SUMMARY

Up to forty-five per cent of Victorian unmarried mothers relinquished their babies for adoption between 1945 and 1975, a period often referred to as the 'heyday of adoption'. The dilemma facing the single mother was exacerbated by community attitudes and social values that embraced adoption as the solution to illegitimacy and infertility, and failed to provide viable alternatives. Contemporary debate surrounding former forced adoption practices provides an important backdrop, not only for the timing of this report, but in emphasising the need to improve the empirical evidence base on which to develop an appropriate policy response. The current Senate Inquiry into former forced adoption practices has publicised an extensive list of accusations. This report will address allegations of discriminatory treatment towards single mothers and claims that the RWH did not comply with legislative requirements by investigating the following accusations:

- Failure to provide equal treatment to married mothers (discrimination based on marital status)
- Failure to provide counselling (pre and post-adoption)
- Failure to provide information and assistance to obtain Special Benefits and/or other welfare payments
- Non-consensual use of drugs (for sedation during labour; to induce submissiveness; to impede lactation)
- Forbidding contact between mother and child
- Overt and covert forms of duress to obtain consent

The belief of social workers that the obstacles facing the single mother were insurmountable and that adoption provided the best possible solution was, almost unanimously, upheld by the woman's family. This position was further supported by the staff (and ethos) of maternity homes, as well as families in the community who provided alternative accommodation. Notes from patient case files indicate that adoption was most often suggested by the patient herself, but the social worker rarely discouraged this plan of action—unless the patient appeared medically or socially unfit. Questions remain as to the accuracy of such documentary evidence, as none of the women interviewed recall making such a request, nor any discussions in which she was offered an alternative solution.

Giving birth as a first time mother at the RWH was a frightening experience: the labour ward was noisy and chaotic, and most women remained ignorant about the mechanics of childbirth. Single mothers endured additional pain, as they were often left to labour longer in an attempt to avoid a caesarean section. Single mothers were also treated differently from their married counterparts in that their medical charts were distinctly marked, leading to an assumed intention to relinquish, as well as being discouraged—or even forbidden from seeing their baby. Sometimes separated on the postnatal wards, unmarried mothers silently suffered while married mothers cared for their newborn infants. In hindsight, these women feel that they were coerced into signing consent: being told that the only alternative to adoption was for their child to grow up in an orphanage. Single mothers were further humiliated when told that it was not permitted for the father's name to appear on the birth registration of their illegitimate child.

The experience of single pregnant women between 1945 and 1975 was characterised by secrecy, shame, guilt and invisibility. Most often their families, and the women themselves, were motivated by fear: of being discovered, of being judged, and of losing control. Single mothers consistently recall a time when their voice was silenced in regards to decision-making. Women were powerless to speak up and challenge social norms that venerated the nuclear family and scorned the single mother. As such, there is a great deal of anger directed towards the hospital which, in the minds of these women, was responsible for not only protecting their rights, but advocating on their behalf. If families and religious-based maternity homes weren't supporting the single mother, than surely a public institution with modern and professional social workers should be. Today, relinquishing mothers are fighting to right the wrongs of the past. In the words of one mother providing evidence at the Senate Inquiry, 'the fact was that no-one had the right to take our babies.'[1]

[1] June Smith, Senate Community Affairs References Committee, *Proof Hansard (Uncorrected Proof)*, Melbourne Public Hearing, (20 April 2011), 38.

LIST OF TABLES, ILLUSTRATIONS & DIAGRAMS

LIST OF APPENDICES

ABBREVIATIONS

AASW	Australian Association of Social Workers
ACOSS	Australian Council of Social Services
AIFS	Australian Institute of Family Studies
ALAS	Adoption Loss Adult Support
ARC	Australian Research Council
ARMS	Association of Relinquishing Mothers
CDSMC	Community and Disability Services Ministers' Conference
CFWB	Catholic Family Welfare Bureau
CSMC	Council for the Single Mother and her Child
CSV	Community Services Victoria
CWD	Children's Welfare Department
DES	Diethylstilboestrol or Stilboestrol
MCM	Melbourne City Mission
RWH	Royal Women's Hospital
SWD	Social Welfare Department
VCOSS	Victorian Council of Social Services

CHAPTER ONE
INTRODUCTION

In the state of Victoria a total of 45,458 adoptions were legalised between 1945 and 1975.[2] During this time, the demand for adoptable babies was at its peak across Australia. Adoption was seen as a mutually advantageous solution that guaranteed the moral and social redemption of mother and child, with adoptive parents cast as benevolent and sympathetic.[3] Within this context, single mothers were marginalised, stigmatised and unable to acknowledge their loss and grief. Recently, it has been suggested that this resulted in, not only a growing illegal trade, but unethical and illegal practices by hospitals, social workers and private adoption agencies.[4] As such, questions must be asked in regards to the free and informed consent of mothers who relinquished their babies for adoption; the lack (and knowledge) of financially viable alternatives; and the accusations of 'brutal and dehumanising' treatment at the hands of those who acted on their behalf.[5] In finding and deciding 'the best solution to [the unmarried mother's] problem',[6] clergy, counsellors, family members and the wider community cooperated to perpetuate the stigma attached to single motherhood by encouraging silence, secrecy and relinquishment.

As the largest maternity hospital in Victoria, the Royal Women's Hospital (RWH) was responsible for the arrangement of over 5000 adoptions between 1940 and 1987, at

[2] Australian Bureau of Census, *Victorian Year Book*, ed. Australian Bureau of Statistics, Victorian Office (Melbourne: By Authority: A.C. Brooks, Government Printer, 1942-1994). This total includes 8794 legitimations, but does not provide any information on adoptions by relatives, nor does it consider private adoptions that were not sanctioned by the court. See Appendix 1.
[3] Shurlee Swain and Renate Howe, *Single Mothers and Their Children: Disposal, Punishment and Survival in Australia* (Melbourne: Cambridge University Press, 1995), 140.
[4] NSW Law Commission, "*Releasing the Past: Adoption Practices 1950-1998*," ed. Standing Committee on Social Issues (2000), 186; See also Dian Wellfare, "Overview of Adoption in Australia," Origins Inc., http://www.dianwellfare.com/id22.html. (accessed 04.11.09) and Swain and Howe, *Single Mothers and Their Children: Disposal, Punishment and Survival in Australia*, 144.
[5] Christine Cole, ed. Releasing the Past: Mothers' Stories of Their Stolen Babies (Sydney: Sasko Veljanov, 2008), 5.
[6] Victorian Council of Social Service (VCOSS), "The Service of Adoption," pamphlet, (Melbourne: Victorian Council of Social Service, c.1960).

which point its involvement in adoption ceased.[7] Government statistics from 1963 reveal that the hospital managed ten per cent of all adoptions in the state, while other agencies, consisting predominantly of religious-based maternity homes, were responsible for almost fifty per cent of arrangements.[8] By 1971, the hospital responsibility had increased to nineteen per cent of the state total.[9] This coincided with a peak number of twenty-seven per cent of all confinements of single mothers at the RWH resulting in a hospital-arranged adoption.[10] Aside from the RWH, there were an additional twenty-one approved agencies operating in Victoria.[11]

The RWH fostered and developed vital relationships with individuals and organisations prepared to provide care, accommodation and adoption arrangements for unmarried mothers.[12] This network of agencies managed the referral of single pregnant women to and from a range of services, including other hospitals, maternity homes and the Social Welfare Department (SWD).[13] Hospital reports reveal that as many as thirty per cent of unmarried mothers who presented at the hospital were referred to an outside organisation which often facilitated the adoption arrangements, while the RWH maintained responsibility for the medical care and delivery of the patient.[14] Equally, women were being referred from maternity homes to the RWH, representing up to twenty-two per cent of the hospital's confinements of unmarried mothers.[15] Still other women were referred to less formal living arrangements during their pregnancy.

---

[7] Aggregated total from *Annual Reports* and Social Work Department statistical records: 1940-1987. This date range represents the entire period in which RWH acted as an adoption agency and information service.

[8] The committee appointed by the Chief Secretary of Victoria Hon. A.G. Rylah M.L.A., *Survey of Child Care in Victoria, 1962-1964* (Melbourne: A.C. Brooks, Govt. Printer, 1964), 34.

[9] Calculation based on number of adoptions reported in the Royal Women's Hospital *Annual Report* (1971) and the total adoptions legalised in Victoria, see *Victorian Year Book* (1976).

[10] Calculation based on data provided in the RWH Annual Report (1970). Numbers representing 'single girls' correspond to those who were seen in the Social Work Department.

[11] Social Work Department, "List of Approved Adoption Agencies in Victoria," (Melbourne: The Royal Women's Hospital Archives, c.1972).

[12] Annual reports indicate that no less than fourteen Homes cooperated with the hospital, as well as many more societies, government departments and other hospitals, see Royal Women's Hospital, "Annual Reports", (1934-75).

[13] For example, in 1945, of 473 single girls who presented at RWH, 39 were referred to a maternity home and 159 had been referred from, see Ibid., (1945). Others were referred to the Social Welfare Department and even other (unspecified) hospitals, see "Social Work Department Patient Cards," (Melbourne: The Royal Women's Hospital Archives, 1935-1975).

[14] Royal Women's Hospital, *Annual Report* (1940). While this was the most common arrangement, on occasion the maternity home only maintained responsibility for accommodation, while the adoption was still facilitated by the hospital.

[15] Medical Social Work Department, "Report Prepared for Medical Social Work Sub-Committee " (Melbourne: Royal Women's Hospital, December 1968).

Table 1, below, provides a rudimentary statistical overview for the confinement of single mothers at the RWH as well as hospital-arranged adoptions. Of particular note is the marked increase in the number of single mother confinements resulting in a hospital-arranged adoption between 1953 and 1956; and again after 1965. The graph also reveals a rapid decrease in adoptions, as well as ex-nuptial confinements, after 1971.

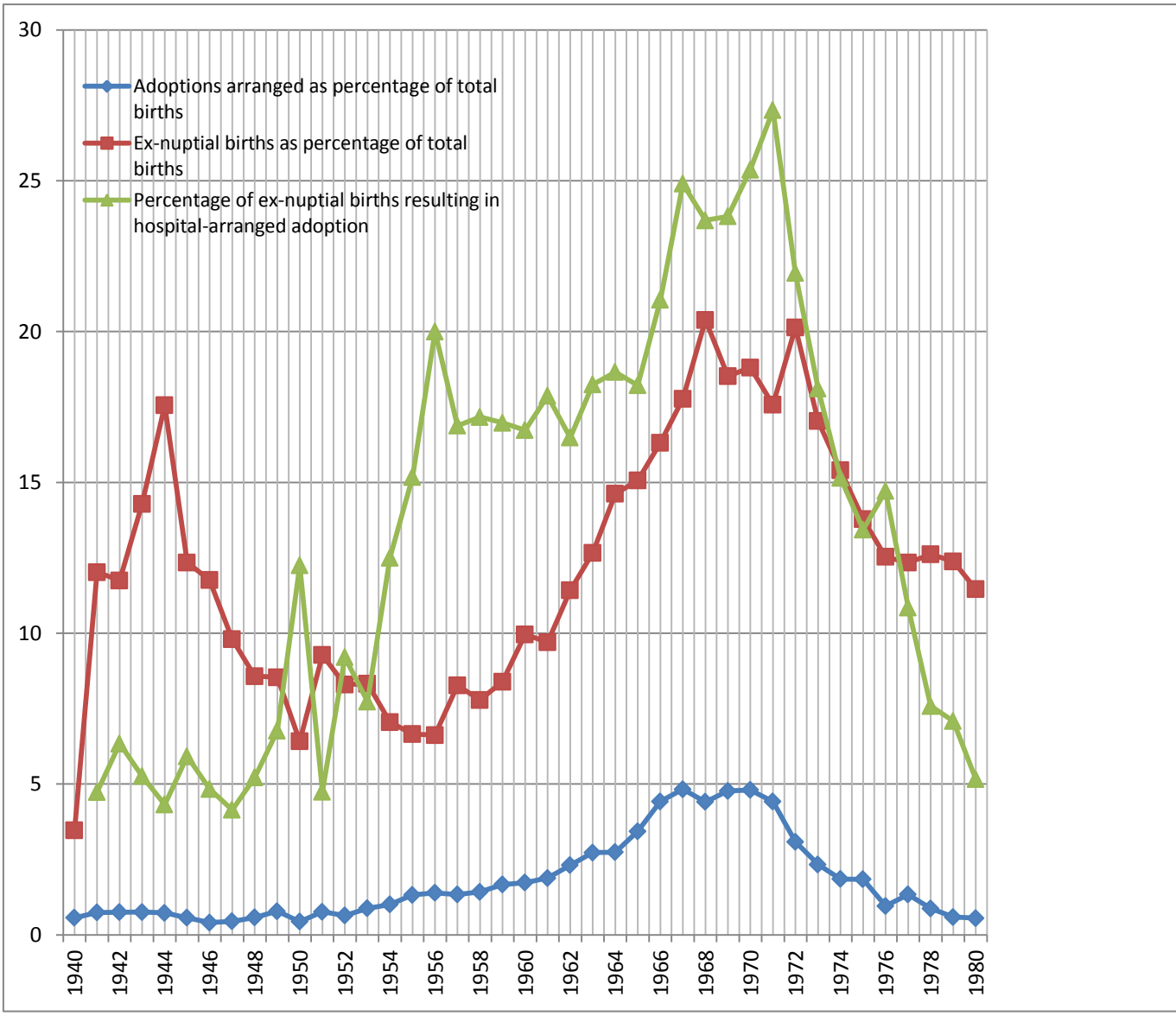


Table 1:
Adoption and Confinement Statistics for Single Women at the RWH (1940-1980)[16]

[16] Data for this table was gathered from the following sources: the total number of babies born per calendar year as recorded in the Birth Registry; adoptions arranged per calendar year as recorded in Social Work Department Reports and Records; and single mothers (Almoner only) per calender year after 1955, also in Social Work Department Reports and Records. Unfortunately, prior to 1955 there is a paucity of records and of those, it is impossible to determine if the single mother numbers have been recorded per calendar or per financial year.

Up to forty-five per cent of Victorian unmarried mothers relinquished their babies for adoption between 1945 and 1975, a period often referred to as the 'heyday of adoption'.[17] In order to understand the dilemma facing the single mother, community attitudes and social values that promoted this solution must be outlined within the historical framework in which they developed and were transmitted. Additionally, however, the contemporary debate surrounding former forced adoption practice provides an important backdrop, not only for the timing of this report, but in emphasising the need to improve the empirical evidence base on which to develop an appropriate policy response. The accusations of relinquishing mothers are not new, but they have been given a greater authority in the submissions to the current Senate Inquiry.[18]

HISTORICAL FRAMEWORK

In the years following World War II, government concerns with post-war nation building placed the value of an idealised family at the forefront of population policy and practice, that is: married, white and of Christian faith. Families were urged to 'Populate of Perish' in the face of fears of invasion and in order to replenish the population after the devastation of war. At this time, Australians were 'constantly reminded by political, commercial and religious leaders of the existence of a population "problem"'.[19] In 1944, Dr Norman Haire expressed these concerns on an ABC radio programme. He proposed a baby bonus to encourage the production of children of 'good stock' and warned of the potential encumbrance of children of 'bad stock'.

> It is not only the quantity of births that matters. We must also consider the quality of the children born, and the likelihood of their growing up as healthy, happy and useful citizens ... It is obviously stupid to offer the same baby bonus

[17] Based on the ex-nuptial birth rate and legally registered adoptions in 1970/1971; the Australian average for relinquishment was slightly lower at forty-two per cent.
[18] Parliament of Australia and Senate Community Affairs Committee, "Commonwealth Contribution to Former Forced Adoption Policies and Practices," www.aph.gov.au/senate/committee/clac_ctte/comm_contrib_former_forced_adoption/index.htm. Accessed 10 February 2011.
[19] W. D. Borrie, Population Trends and Policies: A Study in Australian and World Demography (Sydney: Australasian Pub. Co., 1948), xiii.

> to parents of bad stock to provide us with healthy children ...We should be as careful to dissuade parents of bad stock from producing children who are likely to be a burden on the community as we are to induce parents of good stock to provide healthy children who are likely to be an asset.[20]

The attainment of this goal was hindered by an increased rate of infertility amongst returning servicemen, ready to begin their families. At the same time the increased rate of illegitimacy was seen as threatening the moral fabric of society. Adoption appeared to provide a perfect solution to these joint social problems.[21] More importantly, it relieved the government of financial responsibility for alleviating the poverty entrenched in single parent families.

As a result of her 'moral bad luck'[22] the single pregnant woman would become 'the object of moral lessons for the "good" girls from whom she was irrevocably separated'.[23] It was an issue of preserving her family's moral standing within the community: there was no doubt as to the embarrassment her condition would cause. Under the guise of a 'holiday', 'work program' or 'further study', she was often removed from her family and friends and sent to a maternity home or a distant relative in order effectively to conceal her condition. But ultimately her salvation was to be offered through the sacrifice of adoption. Swain and Howe have argued that relinquishment was seen not only as 'a necessary pain', but 'the only way in which she could regain her respectability'.[24] It also required the single mother to be complicit in her own punishment, as her absolute silence—about her pregnancy and relinquishment—was essential for her redemption, and indeed for her to 'get on with her life'.

---

[20] Dr Norman Haire (sexologist), 'Population Unlimited?' The Nation's Forum of the Air, vol.1, no.2, Australian Broadcasting Commission, 23 August 1944, in Katie Holmes and Marilyn Lake, eds., *Freedom Bound II: Documents on Women in Modern Australia* (St. Leonards, NSW, Australia: Allen & Unwin,1995), 104.

[21] Audrey Marshall and Margaret McDonald, *The Many-Sided Triangle* (Melbourne University Press, 2001), 1-17; Swain and Howe, *Single Mothers and Their Children: Disposal*, Punishment and Survival in Australia 1-11; T. R. Frame, *Binding Ties: An Experience of Adoption and Reunion in Australia* (Sydney: Hale and Iremonger, 1999), 7-8.

[22] David Howe, Phillida Sawbridge, and Diana Hinings, *Half a Million Women: Mothers Who Lose Their Children by Adoption* (London: Penguin Books, 1992), 25-28.

[23] K. Inglis, *Living Mistakes: Mothers Who Consented to Adoption* (Sydney: Allen & Unwin, 1984), 9.

[24] Swain and Howe, *Single Mothers and Their Children: Disposal, Punishment and Survival in Australia*, 140.

The question was never asked of a single woman as to her desire or willingness to keep her child; but the answer always revolved around her perceived ability to adequately care for it. Doctors, lawyers and social workers held firm in their beliefs that the raising of children was best achieved by two parents: namely a married couple. As such the options available to the single expectant woman were limited, as is illustrated by the following courtroom exchange in the late 1960s:

> **Villeneuve-Smith:** Dr Guerin, as a matter of fact, if you take a single pregnant girl, she has got three choices open to her, has she not? Let me enumerate them and see if you can add any more. She can marry the boy; she can have the child adopted out; or she can terminate the pregnancy?
>
> **Guerin:** Or she may perhaps have the child if there is interest in the family.
>
> **Villeneuve-Smith:** She has got to have a sympathetic mum and dad...?
>
> **Guerin:** Yes.
>
> **Villeneuve-Smith:** Who will take it in...?
>
> **Guerin:** Right.[25]

The foregone conclusion of contemporary professionals was one in which a single woman's ability to keep her illegitimate child was entirely dependent on her family's support.

It is a modern contention that intercourse, contraception, induced abortion, marriage and adoption are matter of choice. And it has been acknowledged that 'in practice a woman's freedom to choose may be limited by social, religious and personal considerations'.[26] Operating within the strict social values of post-war Australia, the issue of choice is problematic: many women believe that none existed and that adoption was the predetermined path for the single pregnant woman. Unsurprisingly the availability and legality of other options, particularly in regards to contraception and abortion, made these unlikely. A woman's freedom to choose might equally be limited by a naïve lack of knowledge due to youth and inexperience, or the authoritarian influence of family, partners or professionals whose foremost interests were not

[25] Transcript of *R v Heath*, Cairns Villeneuve-Smith examining Dr Michael Guerin GP, in Gideon Haigh, *The Racket : How Abortion Became Legal in Australia* (Carlton, Vic.: Melbourne University Press, 2008), 139.

[26] Rosemary Anne Kiely, "Single Mothers in Society : A Study of the Causes and Consequences of Single Motherhood for a Melbourne Sample of Single Mothers Who Kept Their Children" (Melbourne University, 1979), 146.

necessarily those of the single mother. For the most part, decision-making was removed from the hands of the single mother. A harsh reality was evident: an unmarried pregnant woman had few potential options open to her: a hasty marriage, abortion—or adoption.

CONTRACEPTION

Reliable contraception was not available in Australia until the introduction of the contraceptive pill. By the late 1960s some commentators assumed that contraceptive knowledge had become commonplace and could now allow the 'widespread indulgence in sex without resulting in pregnancy'.[27] But such assertions were invalidated by counter claims that these methods were not available to single women: 'oral contraceptives require a doctors' prescription and need to be taken regularly, and intra-uterine devices need expert medical fitting. Thus neither of these prophylactics is likely to be relevant to youthful, unstable relationships.'[28] Prescriptions for birth control were limited to married women, but could occasionally be obtained by single women who could prove their engagement.[29] The continued incidence of unplanned pregnancies and the increase in babies available for adoption after 1968 suggests that the knowledge and use of contraception was far from common.

ABORTION

In 1956, the RWH Almoner Department undertook a three month study into the incidence of admission for abortion among its patients. Records from the previous three years indicated that one woman was admitted for abortion for every seven live births. While abortion is also the medical term used to refer to spontaneous miscarriage, hospital authorities felt that the rate of admission was alarmingly high and it was subsequently recognised that 'a great proportion of these abortions was artificially induced'.[30] Four hundred and four patients were interviewed for this project with almost half openly admitting to interference. Gruber concluded (citing the London Minority Report on abortion) that '"…every normal woman seems to assume this right (to

[27] K.G. Basavarajappa, "Pre-Marital Pregnancies and Ex-Nuptial Births in Australia, 1911-1966," *The Australian and New Zealand Journal of Sociology* 4 (1968): 126.
[28] Geraldine Spencer, "Pre-Marital Pregnancies and Ex-Nuptial Births in Australia, 1911-1966 — a Comment," *The Australian and New Zealand Journal of Sociology* 5 (1969): 124.
[29] H. Cook, *The Long Sexual Revolution: English Women, Sex, and Contraception 1800-1975* (Oxford: Oxford University Press, 2004), 272.
[30] ———, "Social Study of Patients Admitted for Abortions: Royal Women's Hospital 1 March - 31 May 1956," Almoner Department (Melbourne: The Royal Women's Hospital Archive, 22.08.56).

achieve motherhood and to renounce motherhood) emotionally, whether it is legal or not"; and that "women, law-abiding by temperament and up-bringing, faced with the dreadful dilemma of an unwanted pregnancy or breaking the law, do not hesitate to break the law and in doing so, do not feel they are acting immorally"'.[31]

Prior to the landmark Menhennitt ruling on 26 May 1969, abortion had been illegal in Victoria.[32] Despite this, a number of qualified and 'backyard' abortionists practised throughout Melbourne with a varying degree of success.[33] As a result of the covert ways in which it was performed, the procedure had the potential to be dangerous, even in the most capable hands. Consequently, many victims of botched attempts were admitted to the RWH. Limits on how late in the pregnancy practitioners would terminate and the amount charged varied considerably in this unregulated line of work. After the ruling, the increased 'legal' availability was reflected in the establishment of the RWH Family Planning Clinic in 1971, where abortions were practised within the constraints of the Menhennitt ruling. Rosemary Kiely concluded, 'abortion seems to have been a particularly middle-class solution'.[34] Legality and cost aside, strict religious upbringing and personal beliefs dictated that abortion was not an option for many women.

MARRIAGE

A 'shot-gun', or even a forced marriage was often considered as the first possible solution to an unplanned pregnancy. Annual Reports from the RWH indicate that marriage arrangements were one of the services offered through the Almoner Department in its early years: this 'assistance and advice to pregnant single girls' was even provided without cost.[35] Basavarajappa has shown that the incidence of already-pregnant brides increased between 1940 and 1962-63 when it levelled off and began showing signs of decline.[36] By 1971, statistics revealed that seventy-four per cent of marriages of women under the age of nineteen involved a pregnant bride.[37] Despite such

[31] Ibid., 31 which quotes the findings of the Minority Report by Mrs. D. Thurtle: *Report of the Interdeptl. Committee on Abortion*, (London, 1939).
[32] Menhennitt, "R V Davidson," *VR667*, Supreme Court (1969).
[33] Haigh, *The Racket : How Abortion Became Legal in Australia*.
[34] Kiely, "Single Mothers in Society : A Study of the Causes and Consequences of Single Motherhood for a Melbourne Sample of Single Mothers Who Kept Their Children", 183.
[35] Royal Women's Hospital, *Annual Report* (1938).
[36] Basavarajappa, "Pre-Marital Pregnancies and Ex-Nuptial Births in Australia, 1911-1966," 141.
[37] Sandra Fitts, "The Single Mother and Her Child," Council of the Single Mother and Her Child (CSMC) pamphlet (Melbourne, c.1972).

numbers, it remains difficult to ascertain 'to what extent pre-marital conceptions have been a cause of marriage rather than a result of intercouse in anticipation of marriages that were alredy planned'.[38] While being forced to marry was one solution; some young women may not have been legally allowed to exercise this option as a result of age and consent requirements.[39]

ILLEGITIMACY

The stigma of illegitimacy was intended to deter women from engaging in extra-marital intercourse. Hence, when the illegitimacy rate began to rise, the change was attributed to 'declines in religious or economic sanctions against unwed mothers'.[40] To a degree, this commonly held belief explains the importance of religious-based maternity homes in the segregation of unmarried mothers, as well as the lack of widely available government benefits in maintaining the shame of illegitimacy. At a time when the social norm was represented by an idealised family, fears abounded that the increasing incidence of illegitimacy would dissolve the moral foundations of society. In 1966, Shirley M. Hartley reasoned:

> If the family is the prime instrumental agency through which institutional needs are met, and if a high individual or family commitment to a given norm such as legitimacy is dependent on social integration—the commitment of the community to the cultural norm and the strength of its social controls—it hardly seems possible to eliminate the stigma attached to illegitimacy without at the same time weakening the family as a social institution.[41]

'Positive' suggestions to help abolish the incidence, but not the stigma, of illegitimacy centred on punitive measures including fines to prevent extra-marital intercourse or, at the very least, its potential result.[42] While the father remained anonymous and unscathed by the scandalous behaviour that led to conception, mother and child were subject not only to dishonour, but legal disabilities. By the 1970s however, community attitudes to

[38] Spencer, "Pre-Marital Pregnancies and Ex-Nuptial Births in Australia, 1911-1966 — a Comment," 121.
[39] Commonwealth of Australia, "Marriage Act 1961," *Act no.12 of 1961*.
[40] Phillips Cutright, "Illegitimacy: Myths, Causes and Cures: A Family Planning Perspectives Special Feature," *Family Planning Perspectives* 3, no. 1 (1971): 28.
[41] Shirley M. Hartley, "The Amazing Rise of Illegitimacy in Great Britain," *Social Forces* 44, no. 4 (1966): 545.
[42] From Kingsley Davis, "Illegitimacy and the Social Structure," *American Journal of Sociology*, no. 45 (September 1939): 215-233 quoted in Hartley, "The Amazing Rise of Illegitimacy in Great Britain," 544.

extra-marital intercourse began to relax. As a result, single mothers became more visible suggesting that they and their families had become less concerned with the disgrace previously associated with illegitimacy. By March 1975, the legal disabilities of ex-nuptial children were 'ostensibly' removed by the Victorian Status of Children Act 1974.[43] However, proponents of the change believed that attitudes would be more difficult to change than the law, claiming that 'even after the passing of the Act, the ex-nuptial child may still be disadvantaged in ways which no Act of Parliament can entirely abolish'.[44]

SINGLE MOTHERS

In the late 1960s and early 1970s, with the growing public acceptance of single mothers, the Council of the Single Mother and her Child (CSMC) was formed. Founding member Rosemary Kiely has argued that this more permissive attitude also corresponded with 'the liberalization of sex mores and the growing independence of women in modern industrialized societies'.[45] The establishment of CSMC would have been impossible while the stigma attached to illegitimacy and single motherhood remained strong. But once in existence, the organisation created a strong voice to pressure for change: in particular statutory changes like the abolition of illegitimacy and the introduction of government benefits.[46] CSMC was both evidence for and a cause of these changes that occurred simultaneously with the trend towards more single mothers keeping their babies.[47] Annual Reports from the RWH confirm a sharp decline in babies available for adoption after 1971-72,[48] which is consistent with declines Australia-wide.[49] Hospital

[43] S. Charlesworth, "The Impact of the Victorian Status of Children Act 1974 on the Legal and Social Rights of Children Born to Unmarried Parents," *University of Tasmania Law Review* 8, no. 2 (1985): 206-207.
[44] Marcia Neave, "The Position of Ex-Nuptial Children in Victoria," *Melbourne University Law Review* 10 (1976): 348.
[45] R. Kiely, "Single Mothers and Supermyths," *Australian Journal of Social Issues* 17, no. 2 (May 1982): 155. See also Swain Swain and Howe, *Single Mothers and Their Children: Disposal, Punishment and Survival in Australia*, that argues that 'radical changes in attitudes to sexuality, the family and the status of women enabled single mothers to move from a position of negotiation within the system to one of greater social and economic independence', 196.
[46] Swain and Howe, *Single Mothers and Their Children: Disposal, Punishment and Survival in Australia*, 200-206.
[47] See Neave, "The Position of Ex-Nuptial Children in Victoria." for a discussion of how the Victorian Status of Children Act and the Supporting Mothers' Benefit reflected changing community attitudes towards illegitimacy and coincided with a trend towards more single women keeping their babies.
[48] Royal Women's Hospital, *Annual Reports* (1934-88).
[49] Australian Institute of Health and Welfare, "Adoptions Australia 2007-08," in *Child Welfare Series No.46* (Canberra: AIHW, 2009).

Social Worker KL estimated that by 1975, approximately eighty per cent of single mothers were keeping their babies: a trend that was apparent as early as 1973.[50]

GOVERNMENT BENEFITS

Social welfare researchers agree that Australia has lagged behind the world in welcoming 'the concept of universal social provision based on the social rights of citizenship'.[51] Prior to the expansion of social services in the mid to late twentieth century, support and services were based on charitable relief. Kewley has argued that these principles were conditioned by 'the belief that direct social provision by the State, and especially cash benefits, undermined self-reliance and initiative on the part of the individual and encouraged "pauperism"'.[52] While the one-off payment provided by the Maternity Allowance (1912) was available to all women; subsequent Commonwealth legislation for unsupported mothers (widowed, deserted and divorced) deliberately excluded the unmarried mother. These measures included the 1941 Child Endowment (for which the first born child was ineligible) and the 1942 Widow's Pension.[53] Although, the Unemployment and Sickness Benefits Act 1944 provided benefits by statute (and available to all), payments under these time-limited provisions were a paltry 15s a week for an unmarried minor.[54]

The introduction of the Commonwealth Supporting Mothers' Benefit in 1973 marked a new era of egalitarian provision of social security. While unmarried mothers had been included (in principle) in the State Grants (deserted wives) Act of 1968, acceptance for these stop-gap benefits was not guaranteed as the Minister had discretionary power.[55] Neither was the provision on equal terms with other unsupported mothers: compared to widows and deserted wives, unmarried women 'receive less money, have an absurdly harsh means test, and in general any income by way of maintenance and earnings is

[50] Royal Women's Hospital, *Annual Report* (1975), 24.
[51] From P. Saunders, "Social policy in Australia: An introduction and overview of recent developments, " *Working Paper No. 303*, (Sydney: Social Welfare and Research Centre, University of New South Wales, 1989) quoted in Jennifer E. De Voe and Stephanie D. Short, "A Shift in the Historical Trajectory of Medical Dominance: The Case of Medibank and the Australian Doctors' Lobby," *Social Sciences and Medicine* 57, no. 2 (July 2003): 343.
[52] T.H. Kewley, *Social Security in Australia, 1900-1972* (Sydney,1973), 4.
[53] Child endowment was extended to the first child in 1950.
[54] See also Kiely, "Single Mothers and Supermyths." Kiely argues that there were no social welfare payments for a single mother who kept her child in Victoria until 1969 (State Grants deserted wives Act), unless she was sick, unemployed (and looking for work) or breastfeeding.
[55] For example see Swain and Howe, *Single Mothers and Their Children: Disposal, Punishment and Survival in Australia*, 196.

deducted directly from her allowance'.[56] In a 1972 submission to the Australian Council of Social Services (ACOSS), Rosemary Kiely argued that 'a single mother who is without family support and who is unable to live cheaply in a housekeeping position is unable to afford independent accommodation at the present rate of benefits'.[57] These restricted financial provisions made self-sufficiency a near impossibility.

ADOPTION

The 1928 Adoption of Children Act established the first legal recognition of adoption in Victoria. The focus of this legislation was firmly centred on the adopter's right to bestow inheritance and succession on their adopted child. The Act also established prohibitions in relation to degrees of consanguinity and incest in the adoption relationship that apply to an adopted child 'both as respects its relations by adoption and as respects its relations by blood'.[58] Amendments in the 1936 Act further entrenched a sense of ownership over adopted children by introducing penalties for stealing or harbouring an adopted child, as well as increasing secrecy provisions through restrictions on the inspection of entries in the birth registry which had been marked 'Adopted'.[59] Greater inter-state recognition of adoption orders was secured by the 1942 Act.[60] But it was the 1958 Act that first considered the issue of a mother's right to revoke her consent, granting her thirty days, plus an additional seven in which to deliver a notice of revocation to the registrar.

While formal adoptions were first recorded in Victoria in 1929, it was not until the post-war period that the idea of adoption achieved greater acceptance in the community. A 1953 public appeal for foster-parents to care for state wards illustrates the degree to which adoption had already gained public support: noting that people 'didn't want a child unless they could adopt him'.[61] Increasingly, families refused to foster children on the grounds that the government subsidy was insufficient incentive to care for an ill-behaved older child. Couples were longing for a newborn baby that they could rear as their own, without the risk of having the child removed. Childless couples were willing

[56] Fitts, "The Single Mother and Her Child."
[57] R Kiely, "Disadvantages of the Present Scheme for Assisting Single Mothers," in *The Council for the Single Mother and her Child (Vic.) pamphlet,* (Melbourne, c.1972). Kiely's emphasis.
[58] s.7, Victorian Government, "Adoption of Children Act 1928," *Act no.3605* (1928).
[59] ———, "Adoption of Children Act 1936," *Act no 4381* (1936).
[60] ———, "Adoption of Children Act 1942," *Act no 4903* (1942).
[61] Lawrence Kerr, "Children Must Have Homes: Don't Let Miss X Miss out in Life,"*Argus* 4 September 1953.

to provide such care, as well as absorbing the full cost—with no further financial expenditure from the government.

The 1964 Adoption of Children Act, which commenced operation on 1 January 1966, dramatically tightened and rewrote the existing legislation.[62] With the aim that 'the welfare and interests of the child concerned shall be regarded as the paramount consideration',[63] this Act had been informed in part by the ACT Adoption of Children Ordinance 1965, as well as other collaborative efforts on the part of social workers working in adoption.[64] The Act attempted to abolish a growing illegal trade by limiting the arrangement of adoptions to registered agencies (s.17), while also granting guardianship to the Principal Officer of any such agency upon the signing of consent (s.31). The period of revocation for a relinquishing mother was reduced by seven days (s.26), as she now had only thirty days in which to sign and deliver the documents. At this time, adoption irrevocably severed the relationship between mother and child: a new birth certificate was issued and from that time forward it would be 'as if the child had been born to the adopter or adopters in lawful wedlock'.[65]

[62] Victorian Government, "Adoption of Children Act 1958," *Act no 6192* (Melbourne: By Authority, 1958) and the Adoption of Children (Property) Act 1962 were both repealed by the ———, "Adoption of Children Act 1964," *Act no 7147* (1964).
[63] Victorian Government, "Adoption of Children Act 1964," s.8.
[64] Submission 224 received by the Committee of the Senate Inquiry into the Commonwealth Contribution to Former Forced Adoption Policies and Practices ", www.aph.gov.au/senate/committee/clac_ctte/comm_contrib_former_forced_adoption/submissions.htm. Accessed 10 June 2011.
[65] Victorian Government, "Adoption of Children Act 1964," s.32. Although this section appears to also apply to a single adopter, provisions in s. 10 curtailed single adoption, unless under 'exceptional circumstances'.

CONTEMPORARY DEBATE

In the last year, the media has responded to a renewed interest in the plight of mothers separated from their children by adoption.[66] Numerous articles that expose the 'lingering pain'[67] and 'psychological trauma'[68] of mothers who were pressured to relinquish their babies have appeared.[69] The language of such reports is deliberately emotive, with sensational headlines that exploit the suffering of the relinquishing mother. While these articles are effective in raising awareness in regards to past adoption practice, as well as giving voice to the women involved, they do little in the way of presenting a balanced story to a cynical audience. Interestingly, it is often the same voices that continue to speak on behalf of what they claim to be the silent majority.[70]

The Tasmanian and New South Wales (NSW) Governments responded to concerns over past adoption practices some ten years ago, with the conduct of state inquiries. Only the NSW investigation resulted in 'some form of apology [being] issued by several organisations involved in adoptions'.[71] The Tasmanian report recognised that the women who shared their stories in these inquiries were motivated by the need 'to express their sense of lifelong injury from the standards and values of a society that placed female virginity before marriage as being of higher value than the bond between mother and baby, or the kinship of grandchild and grandparents'.[72] Both reports documented a range of unethical and illegal practices by hospital staff and adoption workers.

---

[66] This interest appears to be cyclical in nature and follows government interest in past adoption practice: Tony Abbott's 'reunion' with his son in 2005 sparked a flurry of stories; a series of articles appeared in 1998 as NSW and Tasmania initiated state inquiries and in 1988 there was another string of articles following the raid on the Hamilton-Byrne compound.

[67] Carol Nader, "Decades on, Pain of Forced Adoption Lingers," *Age* 20 February 10.

[68] Peter Kirkwood, "Staying Mum on the Pain of Adoption," *Australian* 17 April 2010.

[69] See also Adele Horin, "Don't Airbrush Cruelties of Adoption," *Sydney Morning Herald* 26 February 2005, "Adoption Scandal," (Channel 7, 7 June 2009); Clair Weaver, "How Could You Keep *This* a Secret?," *Madison* March 2011; Carol Nader, "The Trauma of Forced Adoption for Shamed Single Mothers," *Age*, 7 May 2011; "2 of Us," *Age: Good Weekend Magazine*, 28 May 2011.

[70] See a range of articles that appeared in 1998, for example: Cheryl Critchley, "Adopt Families Urged to Pay," *Herald Sun*, 16 February 1998;———, "Adoptions Records Destroyed," *Herald Sun*, 3 February 1998; P Carlyon, "Adoption 1961: A System of Shame," *Doncaster Templestowe News*, 4 March 1998, ———, "Seeking Their Origins," *Doncaster Templestowe News*, 4 March 1998. These same voices can all be found in the submissions to the Senate Inquiry.

[71] NSW Law Commission, "Releasing the Past: Adoption Practices 1950-1998," 183.

[72] Parliament of Tasmania Joint Select Committee, "Adoption and Related Services 1950-1988," (1999), 3.

In June 2009, Professor Ian Jones, on behalf of the Royal Brisbane and Women's Hospital, acknowledged 'the hurt and suffering [single women] have described and sincerely apologised for any ill treatment experienced by you as single women during your pregnancy and confinement' in a letter to the Adoption Loss Adult Support (ALAS) group.[73] And on 18 October 2010, the West Australian government made an apology on behalf of state institutions which engaged in adopting out babies, under past governments. In the interim, disparate support groups for relinquishing mothers have continued to call for a formal apology from the Commonwealth Government, as well as a Royal Commission. While the 'Apology Alliance' has campaigned for the former,[74] Origins Inc., advocates the latter, citing the 'litany of major crimes and human rights abuses [that] were committed against 150 000 mothers and their children across this country'.[75]

Earlier this year, the Australian Institute of Family Studies (AIFS) published the report *Impact of Past Adoption Practices* in response to concerns that past policies and practices of hospitals, social workers and private adoption agencies were misguided, unethical and illegal in relation to the arrangement of adoptions.[76] This government-commissioned document reported that 'there is insufficient evidence on which to build a policy response', but recognised the emergence of consistent themes across the existing literature: grief and loss; secrecy and silence; blame and responsibility.[77] The report concluded by acknowledging the need to expand the current research base, specifically in regards to the impact, variability and extent of past adoption practices.

---

[73] Adoption Loss Adult Support (Queensland), "Apology on Behalf of RBWH," www.alasqld.com/ Accessed 18 January 2010.

[74] Calls for an apology from this alliance (which includes Christine Cole & The White Stolen Generation, ARMS, VANISH and Adoption Jigsaw) have also been strengthened by other recent high profile inquiries and apologies, such as the Stolen Generation (*Bringing Them Home*), and the Forgotten Australians and Child Migrants (*Forgotten Australians* and *Lost Innocents*). That of the Stolen Generation prompted one support group for relinquishing mothers to liken Aboriginal child removal policies to the separation suffered by relinquishing mothers during the heyday of adoption, referring to themselves as the white stolen generation, see: Christine Cole, "The White Stolen Generation," www.myspace.com/whitestolengeneration. Accessed 18 January 2010.

[75] Origins Inc, "Senate Inquiry Petition," /www.originsnsw.com/senatepetition.html. Origins originally petitioned for a Senate Inquiry into past , present and future adoption practices. With the launch of the current Senate Inquiry, Origins are now insisting on a Royal Commission. Accessed 24 August 2011.

[76] Australian Institute of Family Studies, "Impact of Past Adoption Practices," (Melbourne: Australian Institute of Family Studies, March 2010), amended 30 April 2010.

[77] Ibid.

Substantial research is currently being undertaken into the history of adoption in Australia. Further to the AIFS report, the Community and Disability Services Ministers' Conference (CDSMC) announced on 4 June 2010 that a joint national research study into past adoption practices would be undertaken by AIFS. The focus of this study will be on 'understanding current needs and information to support improved service responses'.[78] Claiming to be the largest study of past adoption practices ever conducted in this country, research will commence early in 2011 and be completed by mid-2012. An Australian Research Council (ARC) funded project, working from Monash University is covering a similar field.

Finally, on 15 November 2010, the Senate moved to refer the matter to the Community Affairs References Committee for inquiry and report by 30 April 2011. Specifically, the Committee is set to investigate 'the role, if any, of the Commonwealth Government, its policies and practices in contributing to forced adoptions; and 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'.[79] The closing date for submissions to the Inquiry has not yet been set and the committee has been granted an extension of the time for reporting until 21 November 2011. To date, over three hundred submissions have been received and the Committee continues to welcome new contributions.[80]

ACCUSATIONS

The submissions to the Senate Inquiry make several accusations against the Government (federal and state), hospitals (public and private) and their staff, maternity homes, clergy and especially social workers. Mothers describe policies and practices designed to coerce vulnerable young women to relinquish their babies under considerable pressure. The practices include forcible restraint during labour and later to

[78] _____, "National Research Study on the Service Response to Past Adoption Practices," Commonwealth of Australia, www.aifs.gov.au/pastadoptionpractices/index.php. Accessed 10 June 2011.
[79] Senate, *Proof Hansard* Forty-Third Parliament, First Session, first period, 15 November 2010.
[80] Community Affairs References Committee, "Media Release 12 May 2011," www.aph.gov.au/senate/committee/clac_ctte/comm_contrib_former_forced_adoption/media_release/Media_Release_12_05_11.pdf. Accessed 10 June 2011.

prevent contact with the baby; excessive sedation; the unnecessary use of forceps or caesarean delivery; the use of pillows and sheets to shield the baby from view; and falsely being told their baby had died. This report will investigate the policy and practice of the RWH in relation to the following claims:

- Failure to provide equal treatment to married mothers (discrimination based on marital status)
- Failure to provide counselling (pre and post-adoption)
- Failure to provide information and assistance to obtain Special Benefits and/or other welfare payments
- Non-consensual use of drugs (for sedation during labour; to induce submissiveness; to impede lactation)
- Forbidding contact between mother and child
- Overt and covert forms of duress to obtain consent

Concerns have also been raised in relation to the legality of consents to adoption signed by minors. In interpreting the 1964 Adoption of Children Act, Bourke and Fogarty explain that 'the mother of an illegitimate child is recognized by the Act as having the full status of a parent of a child born in wedlock'.[81] The Act clearly stipulates that the consent required in the case of an illegitimate child 'is every person who is the mother or guardian of the child'[82] (effectively dispensing with the consent of the putative father). While the premise on which consent to adoption was taken from a minor was one which upheld the mother's inalienable right to make decisions on behalf of her child, in hindsight the ability of a minor to make such irrevocable decisions in a mature and reasoned fashion is questionable.[83]

---

[81] J. P. Bourke and J. F. Fogarty, *Bourke and Fogarty's Maintenance, Custody and Adoption Law : Comprising Maintenance, Custody and Adoption under the Maintenance Act 1965 of Victoria, Marriage Act 1958 of Victoria and Adoption of Children Act 1964 of Victoria, and Maintenance and Custody under the Commonwealth Matrimonial Causes Act 1959-1966* (Melbourne: Butterworths, 1967), 306. The consent of both parents (regardless of age) is required if the child is born in wedlock. See Conference of Approved Adoption Agencies, *Notes on Adoption—for Distribution to Doctors, Solicitors, Nurses, Ministers and Other Professional Groups*, (North Melbourne: Family Welfare Division, Social Welfare Department, 1968).

[82] Victorian Government, "Adoption of Children Act 1964," s.23.3.

[83] It has also been argued that 'a single mother whatever her age is the sole legal guardian of her child and remains so until a consent to adoption is signed.' See Dr J. Friend, Preamble, *A policy Concerning the Rights of Parents Planning to Surrender a Child for Adoption and Hospital Practices in Regard to Such Parents*, Health Commission of New South Wales, Circular no. 82/297, No. 5659, File no. C108, Issue 1 September 1982, quoted in submission 166 received by the Committee of the Senate Inquiry into the Commonwealth Contribution to Former Forced Adoption Policies and Practices," www.aph.gov.au/senate/committee/clac_ctte/comm_contrib_former_forced_adoption/submissions.htm. Accessed 20 June 2011.

While social workers have been attacked as the prime perpetrators of former forced adoption practices, all members of staff who came into contact with the single mother confined at the hospital contributed to her remembered experience. At the NSW Inquiry, the state branch of the Australian Association of Social Workers (AASW) raised concerns that social workers should not be held solely responsible:

> It was not only social workers that were involved but also doctors, nurses, and midwives. In some ways we are being asked to take on responsibility for the way in which the whole society viewed women and children, particularly unmarried women who were pregnant at the time.[84]

It must always be remembered that the players acted within a socially constructed framework that enabled and encouraged condemnatory attitudes and behaviours. While this does not excuse past practices, perhaps the bigger issue is that it took so long for these to be questioned.

In regards to the RWH, a public hospital catering for economically disadvantaged patients, an overarching concern appears to be the lack of advocacy, especially for the single mother. This expectation stems from a belief that the secular nature of the hospital implied progressive and liberal social attitudes; while in private religious organisations, the adherence to dogmatic approaches to single motherhood were clearly set out and understood by all. In fact, the public hospital was more conservative, being influenced by the full breadth of moral codes; but, in contrast to religious organisations, the hospital's belief system was much less tacit. In light of the unfulfilled expectations of some of its most vulnerable patients, it begs the question: in a public maternity hospital like the RWH, who was considered to be the primary client—the unmarried mother, the baby or the prospective adoptive parents.

[84] Ms Jill Talty, evidence, 27 August 1998, quoted in NSW Law Commission, *Releasing the Past: Adoption Practices 1950-1998*, 183.

SCOPE OF RESEARCH

The objective of this report is to examine the policies, practices, and staff attitudes of the RWH in order to understand how these affected the experiences of unmarried mothers who gave birth at the hospital in the period 1945-1975. In order to properly contextualise these experiences, this research will chart both the external social changes that occurred during this time, as well as those that occurred internally, within the hospital's administration, policy, and practice. It was assumed that in investigating claims that past adoption practices were unethical or even illegal, most would remain undocumented. As such, the qualitative approach applied by oral history was fundamental to this research.[85] In-depth interviews of sixty to ninety minutes were conducted with twenty-one participants in order to reconstruct the experience and document delivery and adoption practices at the RWH. Of the thirteen single mothers, two kept their babies; and of the eight former hospital staff, one doctor, six midwives, and one social worker are represented.[86] The testimony provided by this intimate sample was strengthened by also bringing together relevant stories gathered for the Monash University *History of Adoption* project,[87] as well as the evidence submitted to the Senate Inquiry.[88] The importance of all of these accounts does not lie in their access to the 'truth', but instead it lies in the access it offers to 'that version of the truth which the person providing the information wishes to be told'.[89] These testimonies convey the impact of past adoption practices from those with first-hand experience.

However, the research has also been grounded in extensive archival research at the RWH. These records have provided rich documentary evidence through which to contextualise and corroborate the experiences recounted by staff and mothers alike. While this does not purport to be a comparative study, where possible, the experience of

[85] This study has been approved by the Human Research Ethics Committee at Australian Catholic University (Ethics Application Register No: V2010 07)
[86] While it had been intended to interview twenty-four participants: with a ratio of 3:1 (eighteen relinquishing mothers and six former hospital staff), recruitment of single mothers was difficult. Several potential participants pulled out as a result of their emotional state and others were prevented from participating as a result of distance.
[87] Monash University, "History of Adoption Project," www.arts.monash.edu.au/historyofadoption/ Accessed 24 August 2011.
[88] Parliament of Australia and Senate Community Affairs Committee, *Commonwealth Contribution to Former Forced Adoption Policies and Practices.*
[89] Swain and Howe, *Single Mothers and Their Children: Disposal, Punishment and Survival in Australia*, 7.

single women will be considered alongside that of their married counterparts who attended the hospital. Archival evidence has included Annual Reports, Social Work Department Reports, meeting minutes from the Board of Management and a range of Committees, Medical Directives, Birth Registries, hospital memos and additional correspondence. It has also been possible to access an extremely limited number of (de-identified) patient medical records. With over 7000 births per year for much of the period under investigation, thorough examination of these records (even a small representative sample) would require at least one year full-time attention. The report has also made use of a range of other primary and secondary sources including: autobiography and personal accounts; historical studies that consider social factors; psychological studies that examine, not only factors relating to decision-making, but the psychological impact in regards to ongoing adjustment; social work policy of the time; Government Reports; and legislation.

RECRUITMENT

Recruitment of former staff was accomplished via the hospital and representative associations' newsletters, as well as word of mouth. The sample of single mothers was drawn from advertisements placed with a range of experience-specific support groups including: the Association of Relinquishing Mothers (ARMS), Council for the Single Mother and her Child (CSMC), Origins Inc., Adoption Jigsaw, and VANISH. A call for participants was also placed in the *Journal of Adoption*. Further recruitment was possible as a direct result of media attention for this project which attracted some interest from women not affiliated with these groups, thereby broadening the sample.

The use of support groups may have created a biased sample of women, as it has restricted recruitment to those who have sought help and are willing to speak openly about their experiences.[90] For the most part, the silence, shame and secrecy required of mothers at the time of relinquishment have been maintained over time: many have never spoken of their experience and continue to be reluctant to do so. Feelings of betrayal may have similarly contributed to an unwillingness to come forward: lack of trust has a lasting effect. At the public hearings of the Senate Inquiry, one mother commented:

[90] These constraints were a necessary ethical consideration in order to protect participants. Membership to these groups provides a supportive and compassionate environment where the recollection of these memories can be safely shared.

> We have learned not to trust, suffer from mental anguish and trauma and have had to live with the fact that we were betrayed, and that betrayal continues to this day.[91]

Other studies have faced similar difficulties: if there is indeed a silent majority for whom the adoption experience was not negative, then they are determined to remain silent. Of the numerous submissions to the Senate Inquiry, only one provided a positive account of the relinquishment experience—and this was presented by a third party.[92]

DATA & ANALYSIS

The interview material was initially used to determine differences and similarities in the experiences of single women giving birth at the RWH between 1945 and 1975. The data was categorised with demographic markers such as: age at time of pregnancy, religious affiliation, the involvement of maternity homes, eventual outcome and the year of the experience in order to track changing social values. The impact of the 1964 Adoption of Children Act was of particular interest as hospital policy and procedure was noticeably affected by this legislation. While it was possible to tabulate the data, assessing the degree to which these participants are representative (either in the larger population or in the defined group parameters) was not.[93]

The thematic approach used in the analysis of these interviews has shown that the experiences of single mothers expressed in this group of interviews did conform to the broader historical picture. Existing literature has identified and recognised the common themes of silence, invisibility, shame and guilt. Issues of powerlessness and lack of control also emerged while conducting, reading, and listening to the interviews. The analysis sought to identify the common meanings in the shared experience of the interviewees.[94] The memories of former hospital staff and their experiences of single

---

[91] June Smith in *Proof Hansard (Uncorrected Proof)*, 38.

[92] Submission 30 received by the Committee of the Senate Inquiry into the Commonwealth Contribution to Former Forced Adoption Policies and Practices", www.aph.gov.au/senate/committee/clac_ctte/comm_contrib_former_forced_adoption/submissions.htm. Accessed 10 June 2011.

[93] See Trevor Lummis, "Structure and Validity in Oral Evidence," in *The Oral History Reader*, ed. Robert Perks and Alistair Thomson (London and New York: Routledge, 2006), in which Lummis argues that 'tabulation can provide a means of assessing how representative are a group of interviews, by revealing the level of internal consistency and by demonstrating the degree of conformity to the broader historical picture known from other sources,' 257.

[94] See Valerie Raleigh Yow, *Recording Oral History : A Guide for the Humanities and Social Sciences*, Second Edition (Walnut Creek, CA: AltaMira Press, 2005), 284

mothers were considered in conjunction with the accusations that appear in the submissions to the current Senate Inquiry.

LANGUAGE & DEFINITIONS

Historically, in the treatment of single mothers, as well as throughout the existing adoption literature, the use of specific language has been a contentious issue in portraying women who placed their babies for adoption.[95] In this examination, it is essential to address the varied ways in which such women have been described, as well as establishing the reasons behind the language used in this report. In their submission to the Senate Inquiry, Origins Inc claims the importance in the title of mother: 'we have been mothers from the moment of conception, throughout the birthing experience until infinity'.[96] This simple title does not need to be qualified with the words: birth, first, or natural. The term 'birth mother' can be seen as demeaning by its emphasis on women as breeders; 'first parents' was used briefly, but has a competitive feel to it; and the notion of a 'natural mother' sits in opposition to, and suggests that, motherhood could be unnatural.[97]

Social Work Department records at the RWH make a clear distinction between married *women* and single *girls*. In regards to these, and other hospital documents, it must be noted that the designation of 'single girls' is specific to those who had never been married: a vulnerable and predominantly young group. Divorcees, deserted wives and widows are therefore not included in this group. During the time in question, marriage conferred an imagined maturity on a woman. For all intents and purposes she was considered an adult, regardless of her age. On the other hand the implied immaturity of a 'single girl' was a lifelong affliction.

---

[95] Even the phrase 'placed for adoption' or the term 'relinquished' can create divisions, as it may be assumed to imply consent when this is disputed. This entire report is designed to discover what it meant to be a single expectant mother and explore these women's ability (or inability) to make choices with the social framework of 1945-1975.

[96] Submission 166 received by the Committee of the Senate Inquiry into the Commonwealth Contribution to Former Forced Adoption Policies and Practices."

[97] See *Why 'Birthmother' means 'Breeder'* by Diane Turski in Ibid. For examples of the usage of 'first parents', see The Committee of the Second Australian Conference on Adoption, *Current Concerns and Alternatives for Child Placement and Parenting: Proceedings of the Second Australian Conference on Adoption*, ed. C. Picton (Melbourne: May1978), 221 and Access Age, "Disregard for People," *Age*, 19 September 1988; for a debate about 'natural' and 'unnatural' motherhood see Suzan G. Kiesel, "Natural and Not: Articulating Mother(Hood) within the Adoption Triad" (Ph.D., Southern Illinois University at Carbondale, 2007).

This report will endeavor to use the more contemporary and respectful designation of 'single mother' (although it is acknowledged that this may also be contentious). CSMC has argued that 'single' is preferable to 'unmarried' as it indicates what women *are*, as opposed to what they are *not*. Sometimes the emphasis on what women are not will be necessary in this report and the term 'unmarried' will be used interchangeably with single. Marital status and the analysis of women's treatment as a result is defined as a primary concern of this research, specifically how these women are positioned in opposition to the ideal married family. When quoting contemporary documents or interview-specific material, it will be necessary to use the terminology of the time, or the words of the participant, but this will provide a clear indication of the motives and bias of the author.

Finally a word on the father who, so far, has been notable by his absence from this discussion. In the instance of an illegitimate birth, the father's name was not recorded on the birth certificate, nor was his signature legally required for the consent to adoption of his child. He was commonly referred to as the putative father, emphasizing his alleged status. Prior to paternity testing, the onus of proof was placed on the mother, and she needed to be willing to support such accusations in court. Long-held assumptions that a single mother's promiscuity precluded her from naming the correct father are false. These women were well aware of the father's identity, but legal obstacles and adoption practices prohibited the recording of his name.

PRESENTATION OF FINDINGS

The introduction to this report has briefly addressed the historical context within which single women placed their babies for adoption in order to outline the more covert forms of duress that were operating in society, and formed the rhetoric which was used against single mothers. It has also outlined the contemporary debate, highlighting the relevance and timing of this research. The current Senate Inquiry into former forced adoption practices has publicised an extensive list of accusations. This report has identified those which are relevant to, and need to be answered in regards to the past practices at the RWH. In order to respond to these accusations, this report will chronologically follow the journey of the single mother: chapter two will explore her pregnancy, chapter three will examine delivery and relinquishment, and chapter four will consider the business of adoption. The availability of choice, overt and covert forms of coercion, and a

comparison in the treatment of married and unmarried mothers at the hospital will consistently be re-addressed in order to determine the role played by the RWH.

CHAPTER 2
PREGNANCY

The RWH has a long history as a landmark Melbourne institution: both notorious and illustrious. From its early days when the majority of births took place in the home, through to the present, the hospital has championed the medicalisation of childbirth and specialised in diseases particular to women. Looking at its practice and patients, Janet McCalman's book *Sex and Suffering* provides 'a window into the private lives and reproductive health of poor women'.[98] She has exposed an authoritarian public hospital: one in which the comfort of *all* women was disregarded. Although, punitive practices specific to the treatment of single mothers have been identified, all women who attended the RWH were subject to the hospital's rough efficiency, where ',the good order of the ward became more important than the comfort of the patients' who were subject to being 'slapped, forbidden to sit up in bed, bullied and abused'.[99]

Prior to the introduction of Medicare in 1984, only fifty-five to sixty-eight per cent of the population was covered by private health insurance which allowed access to a choice of private hospitals and care providers.[100] The remainder were relegated to the public system of hospitals like the RWH, which operated on a foundation of benevolence and charity. A belief that patients should be grateful for the subsidised treatment they received permeated hospital culture. Patients were means tested to determine the level of contribution required based on their financial situation: they often paid little or nothing. It was also necessary for their visitors to pay for the privilege.[101] As such, admission to a public maternity hospital such as the RWH was not the matter of choice it is today: confinements can be characterised as those who were financially unable to arrange private care because of economic disadvantage.

[98] Janet McCalman, *Sex and Suffering: Women's Health and a Women's Hospital* (Baltimore: John Hopkins Paperbacks edition, 1999), vii.
[99] Ibid., 122.
[100] Australian Bureau of Statistics, *Australian Social Trends*, (2001), 81.
[101] While patients were given two cards to provide free visits from their mother and their husband, all other visitors had to pay a shilling. Interview with Midwife MM, 4 August 2010.

Despite a growing reputation as *the* hospital to which unmarried mothers were sent, the RWH equally cared for married women. Although the proportion of single women delivering at the RWH increased steadily between 1955 and 1968, at its peak, unmarried women only represented twenty per cent of the obstetric population.[102] The increase was attributed to the post-war baby boom. The 1968 annual report explained that 'there are significantly more young women in the average peak-age range for unmarried mothers (18-20) as a result of the increase in birthrate following the war'.[103] Exaggerated projections for an ever-increasing population of single mothers, based on the increasing Victorian rates (see Table 2), raised serious concerns among hospital administrators. An extensive publicity campaign designed to attract prospective parents was planned in order to care for the '"crucial number" of illegitimate children awaiting adoption'.[104]

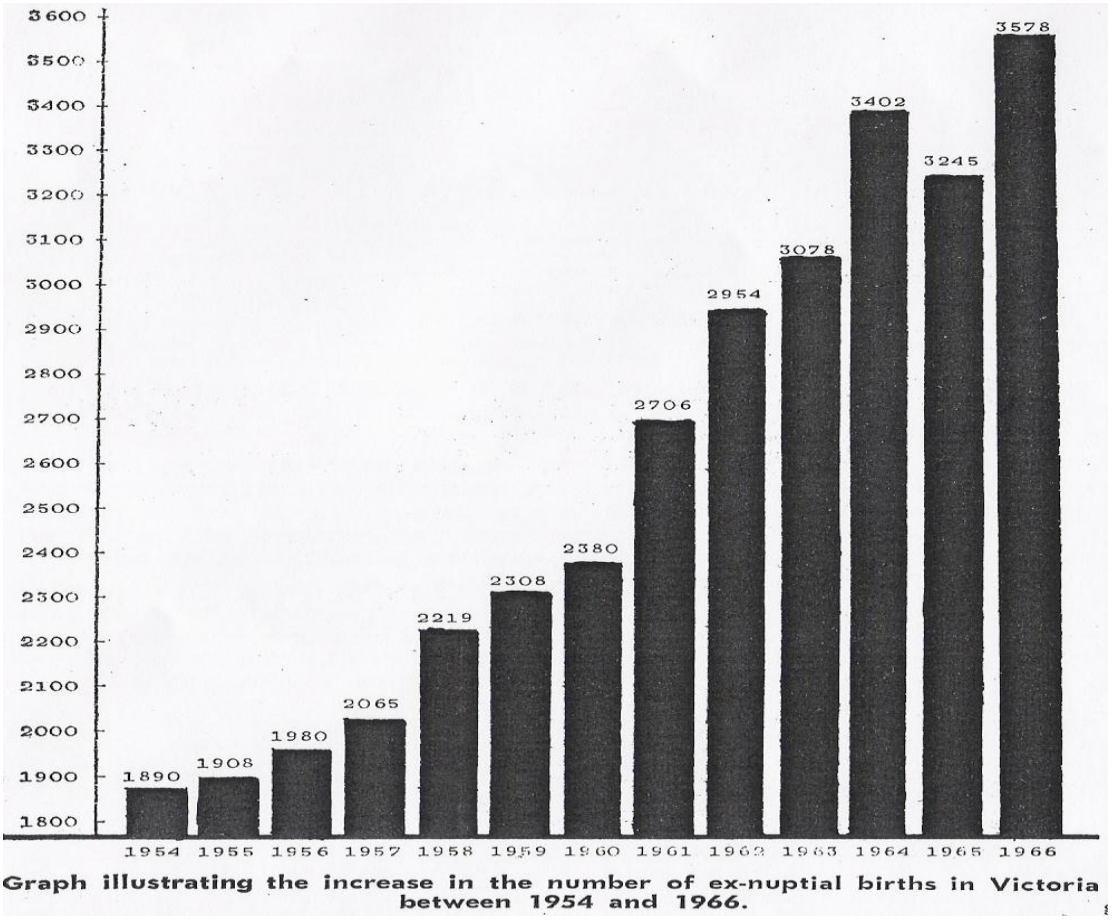


Table 2: Ex-nuptial Births in Victoria (1954-1966) [105]

[102] See Table 1: Adoption and Confinement Statistics for Single Women at RWH (1945-1975).
[103] Royal Women's Hospital, *Annual Report* (1968), 32.
[104] "Illegitimate Births Rise," *Age*, 18 September 1968.
[105] This graph was originally presented in Rev. E. G. Perkins, "Population Changes Affect Adoptions," *Advocate*, 15 February 1968, 9.

THE SINGLE MOTHER

As a group, single mothers have always been, and continue to be, subject to an unwavering stereotype: poor, young and vulnerable. Shurlee Swain has argued that such assumptions fit within a discourse of innocence and seduction in the nineteenth century; which was replaced by one of romantic love in the twentieth: 'the victim of seduction became in turn the product of poor heredity, poor social conditions or neurotic tendencies'.[106] The stereotype is enduring. Rosemary Kiely has claimed that despite ever-evolving social theories, or explanations for their behaviour, the belief that 'single mothers are generally disturbed adolescents in the grip of fantasies which make them unfit mothers has never quite lost its appeal'.[107] The common thread in the way the single mother has been typecast over time is the underlying assumption that she should want to be rid of her own child.

Statistics from the RWH reveal that only five per cent of obstetric patients were under fifteen years of age, with the majority of single mothers falling in the age range of sixteen to nineteen (58.9 per cent) and twenty to twenty-four (29 per cent) which is consistent with the age of first births in their married counterparts.[108] Put more simply: the average age of single mothers at the hospital was 21.72 years.[109] Nor could these women be strictly relegated to a particular social class. In recounting her time at the RWH, Social Worker IS observed that the pattern of the 'typical' single mother changed throughout the war years:

> They now came from every group of society: the idle rich, university students, nurses, social workers, clerks, secretaries, factory workers, Army, Navy, and Air Force personnel and teachers. Up to this time, it had been mainly from the poorer groups that they came.[110]

Single mothers were not all cast from the same mould, a premise that often escaped the attention of professionals working to assist them. The circumstances of each woman

[106] Swain and Howe, *Single Mothers and Their Children: Disposal, Punishment and Survival in Australia*, 15.
[107] Kiely, "Single Mothers and Supermyths," 156.
[108] Medical Social Work Department, "New Patient's Statistics from January '67 - December '67," (The Royal Women's Hospital Archives, c. early 1968).
[109] Almoner Department, "Almoner's Report," (Melbourne: The Royal Women's Hospital Archive), 26 October 1950.
[110] Social Worker IS, "Looking Back: 25 Years of Social Work at the Royal Women's Hospital," (Melbourne: The Royal Women's Hospital Archives, 1966).

varied: ‘there were almost as many “stories” as there were women pregnant without the benefit of marriage’.[111]

CAUSES AND CONSEQUENCES

While the focus of early research on single mothers was firmly placed on their illegitimate offspring’s needs and rescue, after the First World War scrutiny was more clearly placed on the single mother herself. In an analysis of the existing literature during her own research into the health of babies kept by single mothers in 1974, Nan Johns argued that it was the emergence of a ‘new dynamic psychiatry’ that moved the interest away from the child-centred focus. From the 1920s onward, the single mother became the fixed subject.

> For the next 40 years attention was to be focused increasingly on the psychology and later the social background of the unmarried mother herself. Little apparent consideration was given to the father, or more importantly, to the effects of the union on the welfare of the child.[112]

The most enduring of these pseudo-psychiatric analyses of the unmarried mother is found in the work of American social worker Leontine Young.[113] This casework professor asserted that unplanned pregnancies were wilfully premeditated. She maintained that ‘anyone who has observed a considerable number of unmarried mothers can testify to the fact that there is nothing haphazard or accidental in the causation that brought about this specific situation with these specific girls’.[114] Young believed that the act of falling pregnant was an indication of an unwed mother’s dysfunctional family relationships and unfulfilled desires. The conviction in Young’s theory about family disturbance lying at the centre of the unmarried mothers’ problem was prevalent among social workers at the RWH. Mother DG expressed a similar belief in the reasons underlying why she had become an unmarried mother.

---

[111] Swain and Howe, *Single Mothers and Their Children: Disposal, Punishment and Survival in Australia*, 12.
[112] Nan Johns, "The Health of Babies Kept by Their Single Mothers : A Study of the First Years of Life of a Melbourne Sample" (1974), 9.
[113] Leontine Young, *Out of Wedlock; a Study of the Problems of the Unmarried Mother and Her Child* (New York: McGraw-Hill, 1954).
[114] L Young, "Personality Patterns in Unwed Mothers," in *The Unwed Mother* ed. Robert W. Roberts (New York: Harper & Row, 1966), 81.

> So in other words, I had a real need to have a baby because I had no love. There was no love at home. Children who have been very deprived—and where there has been abuse—often the women or female children of that type have a strong desire to have a child because they have something to love and someone to love them.[115]

There is no doubt that the myth of the unmarried mother, and professional response to her treatment, has been perpetuated by a (mis)representation in research. The use of unsatisfactory and biased sampling techniques has been blamed. Much of the research prior to 1960 targeted captive samples from maternity homes and welfare agencies—and were never balanced by the use of control groups.[116] Vincent contends that this method of sampling prolonged the notion that 'the illegitimate child was conceived in a relationship based primarily on force, moral depravity, and exploitation, and that his or her natural mother was a socially, morally, psychologically, and mentally inferior woman.'[117] Vincent goes further and forewarns of the obvious conclusion: that these studies reveal more about the clientele of a specific agency than providing any enlightenment as to the causes of unwed motherhood.[118]

While researchers may have failed to discover any underlying reason for the incidence of unplanned pregnancy among certain unmarried women, professional opinion on their treatment was unanimous. Although social workers were primarily engaged in the individual counselling of the single mother, doctors were equally eager to share their professional (and personal) opinions with their colleagues. On the question of adoption, Dr Lawson of the RWH offered the following advice in 1960:

> The prospect of the unmarried girl or of 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. I believe that in all such cases the obstetrician should urge that the child be adopted. In recommending that a particular child is fit for adoption, we tend to err of the side of overcautiousness.

[115] Interview with Mother DG, 31 August 2010.
[116] Kiely, "Single Mothers in Society : A Study of the Causes and Consequences of Single Motherhood for a Melbourne Sample of Single Mothers Who Kept Their Children", 75.
[117] Clark E. Vincent, *Unmarried Mothers* (New York: Free Press of Glencoe, 1961), 262.
[118] Ibid., 21.

> ‘When in doubt don’t’ is part of the wisdom of living; but over adoptions I would suggest that ‘when in doubt, do’ should be the rule.[119]

PREVAILING COMMUNITY ATTITUDES

While the stereotype of the single mother was obvious in the biased sampling methods of the research literature, the community attitudes that these women faced on a daily basis were potentially more ambivalent. A firm belief in the sanctity of marriage and the nuclear family persisted into the 1970s. At the 1988 International Conference on Adoption and Permanent Care, relinquishing mother Deborah Lee discussed the impact of these attitudes.

> In Australia until the early 1970s the nuclear family was held sacrosanct and rules were rigid. Women were expected to be housewives and raise children, whilst their husbands were the financial providers … If a woman was without a breadwinner she was almost by definition poor economically, socially and sexually. Mothers who were not married were stigmatised and considered disgraced by a prejudiced community. They were the most undeserving of the undeserving poor. Child-care facilities, career and educational opportunities, equal pay and public housing were not considered necessary.[120]

The continued stigma attached to single motherhood and illegitimacy was an indication of the way in which single mothers were to be treated: their families refused to support them; they were rejected at the social security office; and they were often not accepted into the maternity wards of private hospitals.[121] The discrimination suffered by single mothers is even more evident in the emotional responses evoked by memories of their personal experience. Mother DG recalls being single and pregnant in 1970.

> In those days it was like that. You are just like a pariah, and no one cared about the man, the father. It was all about this disgusting sight of a woman. And also, you weren't regarded as young, even though you were young. You were still regarded as fully responsible.[122]

---

[119] D.F. Lawson, "The R.H. Fetherston Memorial Lecture: The Anxieties of Pregnancy," *The Medical Journal of Australia* 30 July (1960).
[120] D Lee, "The Growth and Role of Self-Help Groups," in *To Search for Self: The Experience of Access to Adoption Information*, ed. Shurlee Swain and Philip Swain (Sydney: Federation Press, 1992), 19.
[121] Swain and Howe, *Single Mothers and Their Children: Disposal, Punishment and Survival in Australia*, 196-208.
[122] Interview with Mother DG, 31 August 2010.

In his consideration of the prevailing attitudes towards unmarried mothers in the 1950s and 1960s, Dr WC commented on the strict moral code and heartfelt belief in adoption.

> At the time, there was a significant social stigma attached to being a single mother, and I think there was a genuine feeling that they would not cope, neither financially nor emotionally, and that keeping their baby would be a great encumbrance on them for their future life and aspirations, whereas adoption would give the child a better chance of security and welfare.[123]

From this point of view, adoption was seen as a realistic solution; not necessarily intended as punishment. In light of the limited options available, there was a naïve trust in the assumption that adoption would provide the best option for both mother and child.

DISCOVERY & DISCLOSURE

While this study is primarily concerned with the role of the hospital, it is necessary to briefly explore the experiences of the single mother from the time she first suspected the pregnancy through to her presentation at the RWH. The path from conception to birth is not straightforward, especially in the case of an unplanned pregnancy. Contact was often made with a number of organisations; as well as interaction with a range of people in whom the woman confided and who offered her advice. The most common among these included friends, family members, clergy, local doctors, and maternity homes. The hospital was rarely the first port of call. The attitudes faced in these early encounters, combined with the experience at the RWH, interact to shape the overall memory of relinquishment. It is a relationship in which institutional boundaries and interactions become blurred. For these women, the treatment they received from one is often indistinguishable from or contingent on the other.

Prior to the late 1970s, confirmation of pregnancy required a visit to a doctor.[124] Mother MR recalls that visit, ever conscious of the need to conceal her single status.

---

[123] Interview with Dr WC, 1 June 2010.

[124] Home pregnancy tests were not introduced until the late 1970s, see Sarah Abigail Leavitt, ""A Private Little Revolution": The Home Pregnancy Test in American Culture," *Bulletin of the History of Medicine* 80, no. 2 (Summer 2006).

> So, I had a girlfriend who—we went through the phone book, and I was trying to find a female doctor [Laughing] and we went to this lady doctor, and I've gone in there and I don't know, she probably knew. But I had a wedding ring on and everything and just said 'Oh, I've come for a check-up.' She said, 'Oh, you'll be really pleased to know you're four months pregnant.' [Laughing] So I said, 'Really?!'

Most women simply worked out the signs they were pregnant and first turned to a girlfriend for advice, as Mother PS pointed out: 'you know how girls talk'.[125] Another ready source of advice was provided through the problem pages of women's magazines. Shurlee Swain has argued that these actually offered little in the way of practical advice for the single mother—and if anything confused and compounded the problem. 'Indeed by offering inadequate, and at times completely incorrect, information to their readers they often added to the difficulties of the single mothers who society so harshly judged'.[126] Beyond seeking solace in a friend or advice from a problem page, most women eventually turned to their mothers, but generally not until it was absolutely necessary.

HIDING THE PREGNANCY

Most of the women who were interviewed described a sense of shame at learning of their pregnancy and as a result they all attempted to hide their condition. Overcome by embarrassment, denial became a common strategy: if no one noticed, or asked questions, perhaps it would just go away. Mother DG says she 'just wore bigger clothes and sort of hid the fact that I was growing and it got to about five and a half months before it was very noticeable'.[127] Mother MR hid her pregnancy for six and half months, describing how she managed to hide the fact that she suffered from severe morning sickness.[128] These women had effectively internalised society's views of unwed mothers and behaved accordingly. By hiding their pregnancies they were able to postpone the judgments they would inevitably face when their condition became visible.

[125] Interview with Mother PS, 3 September 2010.
[126] Shurlee Swain, "Dear Problem Page, I'm Single, Pregnant And..." *Lilith* (November 1991): 110.
[127] Interview with Mother DG, 31 August 2010.
[128] Interview with Mother MR, 1 September 2010.

Fear was another key motivating factor for not disclosing their condition. At sixteen, Mother SB remembers learning of her pregnancy: 'I kept it to myself because I didn't want to be forced into marriage, which I would've been'.[129] Other women kept their pregnancy secret for fear of being forced to have an abortion. Lack of information about other potential choices (or indeed the availability of choices) is the most often quoted reason for the eventual decision to relinquish. Mother AA guarded her secret out of fear of the embarrassment her condition might cause. Her concern over her family's reputation came at the expense of her ability to choose.

> Yeah, I just sort of got sucked into the system and taken along with it. I don't remember anyone ever discussing any options with me. I think that the idea of bringing shame upon my family back here was too great for me to even consider.[130]

While these women all struggled to maintain a level of autonomy in their decision-making, in the end this was always usurped by an uncompromising system that saw adoption as the only solution.

SHARING THE SECRET

For almost all the women interviewed, the moment of disclosure often resulted in intensely emotional reactions from family members and partners: over the top, irrational and sometimes bizarre. Eighteen-year-old Mother GT recalls the moment her mother and boyfriend learned of her pregnancy. Without discussing the issue with her, each independently took control of the situation by attempting to induce a miscarriage.

> She then took me for a long walk on the beach, which I'm presuming she thought may have had the effect of actually causing me to miscarry or something—because it was hot and we walked for miles. Then she gave me a huge dose of laxatives, none of which worked … The father of the child was 19, the same age as me. When I told him I was pregnant, he tried a similar sort of tactic, but not the same tactic. He—I was having a shower at his place, and he threw a bucket of water over me [Laughing] because someone told him that would cause a miscarriage.[131]

[129] Interview with Mother SB, 31 August 2010.
[130] Interview with Mother AA, 10 November 2010.
[131] Interview with Mother GT, 22 October 2010.

While this example is somewhat extreme, it does illustrate the power with which others, especially the family, managed the pregnancy. In their recollections, single pregnant women were not trusted with the ability to make adequate decisions in regards to their own bodies.

FAMILY NEGOTIATIONS

In her history of the RWH Janet McCalman has argued that 'the decision to adopt most often was driven by the single girl's own family, but it was left to the professionals to take responsibility'.[132] There is no doubt that family negotiations and power plays performed an important role in the elimination of potential choices—marriage, abortion, keeping the baby—with the repeated result that adoption was presented as the final and only solution. It has already been argued that the support of the woman's family was a crucial consideration, especially if living at home. Mother DG found herself in a no-win situation, controlled by her parents' ultimatum.

> I wanted to keep the child. I didn't know how I was going to survive. I knew if I wanted to stay at home, I had to say I'd have an adoption, yes. Otherwise my mother was trying to get me to have an abortion. I was caught. I wanted the child. I didn't want an abortion and I managed to escape that because I was already five and a half months pregnant—it would have been pretty hard to do it at that stage. But, I did feel completely powerless. Like, I had no say in anything. I got out of the abortion, but I wasn't able to get out of the adoption. I got railroaded into it and then I went down to the Sandringham Hospital and spoke to a social worker there. She referred me to the RWH.[133]

At just sixteen, Mother MP was also subject to the strict control of her mother. Despite having concrete plans for a future with her boyfriend (whom she subsequently married) and their baby, her mother was unsympathetic to her plight.

> Mum was just relentless. She was not going to let it happen, but I just sort of went along in my fantasy head that 'Oh, there's nothing they can do'. It was like I just didn't realise what was going on in the background. She must've gone around to the local church, and the priest there had told her 'No, you can't let her have the baby'. And, he must have put her on to this place in Carlton where they

[132] McCalman, *Sex and Suffering: Women's Health and a Women's Hospital*, 273.
[133] Interview with Mother DG, 31 August 2010.

> sent the unmarried mothers. I said 'I'm not going there'. But, because my mother was so strong and strict, it was very hard.[134]

While Mother MP was able to avoid hiding her pregnancy concealed at a maternity home by the grace of being able to stay with an older sister; she was unable to prevent the adoption of her child.

Families maintained ultimate control over the fate of their daughters, effectively endorsing society's message of her wrongdoing and further instilling a sense of guilt and shame. Mother MR recalls finally revealing her pregnancy in 1963.

> Mum was saying how I was going to destroy my father's reputation and his life and my sisters' and brothers' lives and her life and it was like—you'd think I'd murdered somebody—and at this stage [I had only just told them] it was absolutely horrific … And between when I told them, two days later I was taken to Grattan Street.[135]

By sending her to a maternity home, Mother MR's parents ensured that no one would know of their secret. In this particular case, the family's control of their daughter was even more severe. During her stay at St Joseph's[136], MR's mother's set of rules were imposed, above and beyond those of the home, rigorously restricting visitors and contact with the outside world.

MATERNITY HOMES

Shurlee Swain has asserted that the punishment suffered by single mothers could be avoided if she managed to legitimate the pregnancy by quickly marrying or indeed by hiding the evidence of her transgression altogether. This could be achieved by quickly marrying or arranging an abortion—the others would have to hide in a maternity home.

> The women who were able to arrange an abortion or a hasty marriage were largely able to escape punishment, leaving their less fortunate sisters to bear the force of social disapproval. Accepting their fate, they set out alone to make

[134] Interview with Mother MP, 25 August 2010.
[135] Interview with Mother MR, 1 September 2010.
[136] St Joseph's Receiving Home was a catholic Maternity Home in Grattan Street, Carlton, under the management of the Sisters of St Joseph.

> arrangements for their pregnancy and confinement, leaving respectable society to move to that separate space set aside for women who had fallen from grace.[137]

In the 1950s and 1960s, pregnant women were not a visible part of everyday society; this was particularly true of single women. When married women ventured out in public, a knowing glance at her wedding band would secure public approval. Despite a few notable exceptions, once the pregnancy became visible, it was necessary for the single woman to become invisible: hidden from the outside world. Over half of the women who participated in this study were sent to one of Melbourne's maternity homes, while available statistics suggest that thirty to forty per cent of single women in the population as a whole similarly spent some or part of their pregnancy in the period 1940-1975.[138] The exclusion from everyday life enforced the sense of shame and guilt in these young women. They were removed from the familiarity of home and segregated with strangers at one of the most vulnerable times in their lives.

The fear of discovery was a continued concern, even after they were isolated. Antenatal visits offered one of the few opportunities for women to leave the confines of the Maternity Home. Mother PS recalls one such visit where she was almost identified by a former neighbour. In recounting the event to her mother, she was offered the advice, 'Be careful who you see',[139] reinforcing PS's responsibility to remain invisible, not only for her sake, but for the sake of her family's reputation. While residents of Berry Street, the Fairfield Girls Memorial Home and St Joseph's (Grattan Street, Carlton and Broadmeadows) attended the hospital for ante-natal check-ups; residents of Hartnett House, the Haven and the Presbyterian Sisterhood were closely guarded within the limits of the Home. Mother AA recalls the impersonal and assembly-line-like character of the doctors' visit to Hartnett House.

> There was a little room that the doctor went to and then we lined up and he examined us. I have this idea, and I've always held it, that we used to be told to take our underwear off and just put our dress on and stand in the passageway

[137] Swain and Howe, *Single Mothers and Their Children: Disposal, Punishment and Survival in Australia*, 59.
[138] See Ibid., 79 which has drawn figures from Royal Women's Hospital, *Annual Reports* (1941-1946); E Meredith and P Brotherton, "Some Characteristics of a Sample of Melbourne Single Mothers," *Australian Social Work* 27, no. 1 (March 1974): 17; and S. Miller, "Maternity Homes: The Case of a Dying Institution," *Journal of Sociology and Social Welfare* (Fall 1973): 80.
[139] Interview with Mother PS, 3 September 2010.

> and wait to go in. Perhaps this was very convenient as far as getting us in and out in a hurry. I remember being examined, but I don't ever remember being told anything about what was discovered, or what he noticed. I wasn't given any information about the birth.[140]

Daily life varied from home to home, but most were maintained by the work of their residents. Mother SB recalls her confinement—again at Hartnett House.

> When we came to the Home it was also an orphanage, and a place for the wards of state to go—the older toddler children. We had a newborn to look after and a toddler. Most of us were only sort of fifteen, sixteen, seventeen [years old] and we had to feed, bath, dress and play with them. We also had chores to do in the house: sweeping, washing the dishes, washing the floors and all that sort of stuff.[141]

While the denomination of the homes may have differed, their message of sin and damnation was the same. At St Joseph's prayers were compulsory and residents attended chapel daily. Mother NJ recalls being ordered to 'stand up and ask God to forgive our terrible sin that we had committed'.[142] At other homes, sermons were delivered with every meal. For the women who were confined in maternity homes, consistent and unrelenting reminders of their wrongdoing were an inescapable daily occurrence. Furthermore, these women's true identities were distorted and lost with some homes insisting on the use of a pseudonym, while others persuaded their residents to wear a wedding ring.

HOSPITAL HOSTEL

In 1953, Social Worker IS pleaded for the establishment of a hospital-run hostel 'where we can place the girls who do not fit into these [maternity home] surroundings'.[143] IS was referring not only to the practices described above, but was concerned by situations in which the unwed mother returned with and breast fed her baby for a period. With the exception of the St. Joseph's Homes and the Methodist Babies' Home, this was

[140] Interview with Mother AA, 10 November 2010.
[141] Interview with Mother SB, 31 August 2010.
[142] Interview with Mother NJ, 23 June 2010.
[143] Almoner Department, "Suggestions re Care of Single Girls at Henry Pride Wing," (21 October 1953); See also Royal Women's Hospital, *Annual Report* (1954).

common practice that continued into the 1950s. The abandonment of this requirement was consistent with a discursive shift 'which saw relinquishment replace maternal care as the ultimate expression of both the punishment and the love of the single mother and her child'.[144] The postwar trend was for early separation. Social Worker IS's desire was for a hostel which could accommodate patients from the country and outer areas, as well as being used to provide maternity home accommodation for patients awaiting confinement. The proposal was again canvassed in 1964, 1967 and 1970, but never eventuated.

The concept of a hostel had been inspired by the precedent of other hospital's ventures in this area.[145] Crown Street Sydney had two 'successful' maternity homes: Wakehurst and Cannonbury. [146] Both homes were situated away from the main hospital and both catered for unmarried mothers; but the latter specifically for those who were keeping the baby. Senate Inquiry submissions have challenged the notion that such homes were successfully providing care for the single mother. At Wakehurst, it has been alleged that women were drugged, told their babies had been stillborn and tricked into signing consent (believing it was a discharge notice). It has also been claimed that unmarried mothers were segregated in a 'dark and frightening place' under the hospital itself.[147]

PRIVATE ACCOMMODATION

Another common practice involved the coordination of less formal living arrangements for the unwed mother. Loving and supposedly altruistic couples advertised their services in the newspaper. For a reasonable fee, 'to suit the financial circumstances of the girls and of their parents', one advertisement read, unwed mothers could spend the final weeks of their pregnancy in private and homely surroundings in the Dandenong Mountains.[148] But more often than not, accommodation was provided in exchange for

[144] Swain and Howe, *Single Mothers and Their Children: Disposal, Punishment and Survival in Australia*, 140.
[145] The Royal Newcastle Hospital and Crown Street Sydney both operated hostels.
[146] Medical Social Work Department, "General Report," November 1967, (The Royal Women's Hospital Archives).
[147] Submission 15 received by the Committee of the Senate Inquiry into the Commonwealth Contribution to Former Forced Adoption Policies and Practices", www.aph.gov.au/senate/committee/clac_ctte/comm_contrib_former_forced_adoption/submissions.htm. Accessed 10 June 2011.
[148] "A Haven for Unwed Mothers," *Melbourne Truth*, Saturday 10 June 1967 and "Haven for Girl in Trouble," *Melbourne Truth*, Saturday 1 July 1967.

housekeeping services.[149] Social Worker IS reported that 'hospital almoners have a list of families who, every year, take unmarried, pregnant girls into their homes, treat them as one of the family, ask for nothing, and look after then for a while'.[150] These arrangements sometimes also had the result of encouraging the young woman to place her child for adoption, arriving at this conclusion quite independently of her family's belief—or the advice of the social worker.

> Some of these [adopting] couples have also proved most helpful in caring for an unmarried mother while waiting to come into hospital. In the instance they are people who have already adopted one or two children so that there is no temptation for them to feel that they would like to have the baby. I find them most helpful and sympathetic to these girls. Recently a girl who felt that she had to have her baby adopted because of her parents' attitude, stayed with such a couple. She said that actually being in a household with an adopted child and seeing how much she was loved and how beautifully cared for, had helped her to arrive at her decision with less unhappiness.[151]

ATTENDING THE HOSPITAL

When these women finally presented at the hospital, their behaviour had already been regulated by the attitudes of their family and potentially compounded by their treatment at a maternity home. The harsh judgments and crushing expectations of others had already led some women to the brink of suicide—others knew of women who had succumbed when faced with similar circumstances.[152] Mother DG recalled the intense pressure of the situation.

> I felt I had no recourse. I felt so guilty and so ashamed that I felt like I was lucky to have lived, because I had a second cousin who jumped off —when she found that she was pregnant—she jumped off a bridge and killed herself.[153]

---

[149] See Almoner Department, "Nurses' Lecture," (c.1955) where it is claimed that such arrangements are 'very often helping on both sides. Families with children find it difficult to get domestic help and it is better for these girls to be working if they are fit.'
[150] Social Worker IS quoted in *New Idea*, 29 November 1961 in Swain and Howe, Single Mothers and Their Children: Disposal, Punishment and Survival in Australia, 67.
[151] Almoner Department, "Almoner's Report" (July 1957).
[152] Interview with Mother MR, 1 September 2010.
[153] Interview with Mother DG, 31 August 2010.

Once the women entered the hospital's domain they were subject to its expectations. Doctors at the RWH were known to provide the highest quality medical care, with patients from private hospitals being transferred in cases of complication. Their authority on all matters, including social—despite no real expertise in this area—was not to be questioned. "M," a student midwife, recalls the atmosphere in 1971 being 'really all medical. [Patients] were all supposed to comply with orders, the patient was supposed to do what they're told, when they are told.'[154] The lack of consideration for the patient's feelings has been well documented by Janet McCalman who concluded that, 'however efficient and skilful the hospital was in dealing with the body, many staff, both nursing and medical, had no aptitude in dealing with feelings'.[155]

OUTPATIENTS DEPARTMENT

The RWH has always been an overcrowded and overworked hospital with its services constantly in demand. But between 1945 and 1955, the accommodation crisis became acute with the total annual admissions doubling from 8000 to 16000. The rapid increase has been described as a two-step process in which the first phase (between 1945 and 1948) 'reflected the returning war servicemen and women starting their families, whereas the second from 1951 to 1954 was the coming of the migrants'.[156] Mother DG remembers the systematic and animal-like way in which patients were processed.

> You lined up with all these women. You had your card or something. There were lots and lots of Greeks, Italians, all sorts of different cultures and they'd call out. It was like a production, like cows, you know you wait out there in the waiting room with your card and then you go like that: blood test, dah, dah dah.[157]

Mother MR was equally taken aback by the treatment, which seemed to disconnect completely the treatment from the person.

> I'd never been to a hospital like that where they give you a number and there are rows and rows of people. All you had was a little cubicle and you never saw the same doctor. Each time I went, it was a different doctor. It was like a check-up

[154] Interview with "M," 2 June 2010.
[155] McCalman, *Sex and Suffering: Women's Health and a Women's Hospital*, 278.
[156] Ibid., 257.
[157] Interview with Mother DG, 31 August 2010.

> sort of thing. So, it was all very, very ordinary really. You know, you felt sort of —I'd be sitting there and I'd be number 200 or something[158]

Many explanations have been offered as justification for a system of numbering patients. In the late 1970s, the new Director of Nursing recalled being told that patients were given numbers because the names were too difficult to pronounce,[159] while midwife MJ insists that it had more to do with anonymity and privacy.

> One of the things you'd find in the outpatient department, everybody was called by a number rather than a name, and everybody was called 'Mrs'. It didn't really matter who they were or what they were: they will always be Mrs Brown, Mrs Jones, Mrs Smith and so really, you didn't know. Although everyone complained about being called by a number, it was so other people who were waiting in the antenatal clinic who may have known them didn't know that they were there. They were all called by a number and everybody, when they were admitted, were called 'Mrs'.[160]

ANTE-NATAL CARE

Despite any pretence of treating women equally by identifying everyone as 'Mrs', Mother GT recalls her care quite differently. The condescending attitude of doctors reinforced a sense of worthlessness during her antenatal check-ups.

> So, although they called you 'Mrs' it was marked on your chart [that you were unmarried] and they treated you as such. When they examined you, they always had other students there. They never asked your permission, but they had them there. [The message] that no one else will ever want you just kept going. I remember when the doctor looked to me and said, 'Aren't you doing anything about those stretchmarks?' I said 'Well, they're just happening anyway' and he said 'You know, no one will ever want you when you've got stretchmarks, you'd better try a bit harder.' That was constantly reinforced.[161]

An obstetric examination was (and continues to be) an extremely intimate experience between doctor and patient. In the period 1945-1975, sex was not discussed in polite

[158] Interview with Mother MR, 1 September 2010.
[159] McCalman, *Sex and Suffering: Women's Health and a Women's Hospital*, 343-44.
[160] Interview with Midwife MJ, 4 August 2010.
[161] Interview with Mother GT, 22 October 2010.

company and the authority of doctors was not questioned. Social worker VD claimed that 'the honoraries, at that stage, were perceived by their patients as almost gods—because you can't get more personal than gynae with a woman'.[162] It was not until the early 1970s as health information became more readily available that women were more willing and able to speak up in regards to their treatment. American historian David Rothman has argued that this was a time when 'docile obedience was to give way to wary consumerism'.[163]

From 1948, the RWH offered ante-natal or 'relaxation' classes for booked patients.[164] These were more focused on exercises to assist during labour, rather than providing any information on the mechanics of child birth—of which most women remained completely ignorant. And while unmarried mothers were not explicitly excluded from these classes; they did not feel included.

> The first thing I remember in regards to there was attending some prenatal classes, and I stopped going very quickly because they were going on and on about how important it was for the husbands to be there as well, and that made me feel extremely uncomfortable. I stopped going.[165]

Another single mother found the classes to be rather helpful, stating that after the completion of the classes she felt 'very knowledgeable and quite capable on my own'.[166] However she remembered her other hospital examinations as more confronting.

> I had to go into hospital about—I think I was about six months. I must have had high blood pressure or something like that. I had a doctor who just yelled at me and examined me really forcefully in the ward. Even the nurse that was standing there when he left said, 'What a bastard'. And I cried because he was so rough. I think he was giving me a pelvic examination or something and it felt like he was up to his armpits, just pressing into me, and it was really distressful. Then he asked me something and I said I didn't know and he said, 'You're 16, you ought to know'. And, he just wiped his hands on the bedspread and stomped out. That was pretty horrible.

[162] Interview with Social Worker VD, 19 August 2010.
[163] David Rothman quoted in Linda Bryder, *A History of the 'Unfortunate Experiment' at National Women's Hospital* (Auckland, N.Z.: Auckland University Press, 2009), 109.
[164] McCalman, Sex and Suffering: Women's Health and a Women's Hospital, 250.
[165] Interview with Mother LS, 9 November 2010.
[166] Interview with Mother LK, 27 September 2010.

Notwithstanding an overriding belief in the stigma of illegitimacy, there was no single way in which staff attitudes were manifest. The treatment of unmarried women—and the treatment of all other patients—depended more on individual values that may have resulted in inequitable practice. Condemnation of the single mother occurred regardless of her intention to keep or relinquish the baby. Mother MC, a single mother who kept her child recalls the' mixed bag' of attitudes from doctors, nurses & allied staff when she attended the hospital for checkups during her pregnancy.

> Some of the clinic staff's comments and body language clearly showed their disapproval when it was realised that I was keeping our child. Other staff just got on with examining and attending the endless line of pregnant women.[167]

While many of the staff members expressed a sympathetic and caring attitude towards their patients, some were completely indifferent, and yet others maintained a strict authoritarianism. The 1970 Annual report reproached staff for these 'old' attitudes—especially the idea 'that patients were being done a big favour by being seen at the Hospital'.[168]

THE ALMONER

The Almoner Department of the RWH opened its doors in 1934. Based on the British system, the almoner's primary function was to assess the patient's ability to pay for hospital treatment. By 1955, the almoners at the RWH had successfully challenged their role in fee assessment, as they were the only ones in the world who continued to do so.[169] The almoners saw a greater scope in the services they could provide to their clients; one in which they could 'maximise her benefit from hospital treatment'.[170] Whereas this often involved providing supplementary charity help, finding clothes and layettes, organising child care and negotiation with sustenance offices, the almoner also

[167] Mother MC, "Personal Communication to Author," (2011).
[168] Royal Women's Hospital, *Annual Report*, (1970).
[169] Almoner Department, "Almoner's Report," 3 November 1955.
[170] McCalman, *Sex and Suffering: Women's Health and a Women's Hospital*, 204.; see also Royal Women's Hospital, *Annual Report* (1949).

assumed a duty to 'help single girls to make suitable plans'.[171] The first hospital adoption was arranged in 1941.

Initially, it was standard procedure for all ante-natal patients to be interviewed on the first visit to the RWH.[172] But the busy department, its insufficient staff besieged as a result of the increasing volume of work, as well as the practical difficulties of recruitment and retention of workers, needed to better prioritise its time.[173] By 1962, preference was given to never married women, who were the only patients to be routinely interviewed on the first visit. The almoners' time was unevenly allocated with the midwifery patients receiving a 3:2 preference over the gynaecological patients who consisted mainly of women receiving radio-surgical treatment for cancer.[174] Although married midwifery patients were still assisted by the department, they would have to make the approach and request help themselves.

The Almoner Department appears to have run as a quite independent unit within the hospital. Almoners had yet to convince the medical staff of the usefulness of their services and the way in which a patient's social problems may in fact affect their physical well-being. As such, the early work of the department was only outlined in a brief annual report to the Board of Management. In 1950, the House Committee stipulated three-monthly reporting and requested that these be personally delivered at meetings.[175] The contents of existing archival material suggest that this was not strictly adhered to and reports continued to be written sporadically, varying both in style and frequency. Legislative changes to adoption in the mid-1960s drastically transformed the department and its accountability.

McCalman has argued that this was 'a time in which social work changed in its focus',[176] and indeed the department had long since shifted its emphasis from 'patients in need of care because of poverty, when a great deal of material aid has been needed, to

[171] Almoner Department, "Duties of the Almoner," (The Royal Women's Hospital Archives, c.1950)
[172] Royal Women's Hospital, *Annual Report* (1949).
[173] See *Annual Report* (1951) when the department was in the process of moving offices; and also Almoner Department, "Almoner's Report," (July 1957).
[174] Based on statistics from the Royal Women's Hospital, *Annual Report* (1960).
[175] Manager, "Intra-Hospital Memo to [….]," (Melbourne: The Royal Women's Hospital Archives, 28 March 1950).
[176] McCalman, *Sex and Suffering: Women's Health and a Women's Hospital*, 271.

patient in need of guidance and advice with problems'.[177] The department was renamed the Medical Social Work Department, and staff worked hard to establish the professional credentials of social workers amongst the doctors. Social Worker VD was adamant that she was a social worker—not an almoner.

> It was the Social Work department [….]. Sometimes I threw them things: I took off my white coat. When I had the choice, I took off my white coat and the others took off their white coats. To me that was an assertion of authority, and you didn't want to approach people as if there was a power difference between them and you. They had equal rights as anyone.[178]

TRAINING

Australian Almoners were first established in 1929 and would eventually come to be known as medical social workers. In his history of social work in Australia, Robert Lawrence has argued that the stunted growth of the new profession was 'both a cause and a result of the comparatively slow recognition by the Australian medical profession of social and psychological factors in health and disease'.[179] The structure of the young profession also left much to be desired in terms of teaching in the field as 'even in Sydney and Melbourne by the early 1960s, much of it was still being done by relatively inexperienced social workers'.[180] Nor had the question of registration yet been carefully considered.[181] In Australia, the national social work establishment was made up of a particularly small group. The situation in 1968 was one in which 'those occupying the top positions were still those who had pioneered the profession'.[182]

Regina Kunzel has argued that social work found success as a profession in the management of unmarried mothers, with the amateur philanthropist being replaced by the expert professional. The solution to the problem of the single mother had moved from one of redemption to one of treatment. Kunzel declares that 'in removing

---

[177] Royal Women's Hospital, *Annual Report* (1960).
[178] Interview with Social Worker VD, 19 August 2010.
[179] Robert John Lawrence, *Professional Social Work in Australia* (Canberra: Australian National University, 1965), 156.
[180] Ibid., 144. And while the training of students had long been a part of the hospital, almost since the inception of the department, a dedicated teaching almoner did not exist until 1956, see Almoner Department, "Almoner's Report," 2 August 1956.
[181] Lawrence, *Professional Social Work in Australia*, 98.
[182] Michael Horsburgh, "Personal Reflections on Australian Social Work," *Australian Social Work* 60, no. 4 (2007): 392.

unmarried mothers from the evangelical narrative and placing them within the scientific scripts of feeblemindedness and sex delinquent, social workers had gone a considerable distance towards achieving recognition in the field of illegitimacy'.[183] With the increasing ex-nuptial birthrate and growing problem of the infertility, particularly in the post war period, adoption came to be recognized 'as a field that required specialized worker training'.[184] For those who chose social work as their profession, Social Worker IS argued 'it was not a job; it was a way of life'.[185]

PATTERNS OF REFERRAL

The RWH worked with a range of charitable organisations willing to provide care and accommodation for the single mother. Of the mothers in this sample, seven spent a part of their pregnancy at a maternity home. While Mother AG first presented at the hospital and was then referred to the Presbyterian Sisterhood, Mother DG was referred to the RWH from the Sandringham hospital. Referrals also crossed state boundaries: a 1950 report claimed that 'quite an exchange of patients' was occurring between the almoners at Crown Street, Sydney, and the RWH.[186] When an article appeared in the *Women's Weekly* advising single pregnant women to get in touch with the RWH, the result was 'a spate of letters from all parts of Australia, and even a remote country district of Queensland'.[187]

COUNSELLING AND ADVICE TO SINGLE MOTHERS

From October 1959, social workers at the RWH offered a casework service to single mothers. It was during these counselling sessions that the social worker took it upon herself to challenge the unwed mother to 'recognize and overcome personal and environmental problems' in order to accept the reality of her situation.[188] That she had no means of financial or emotional support, as well as nowhere to live provided the evidence that would lead to a fixed conclusion: adoption. In outlining the adoption procedures practised at the RWH the hospital manager reported that in the ongoing contact with the Social Work Department, the mother is 'fully informed and advised as

[183] Regina G Kunzel, *Fallen Women, Problem Girls: Unmarried Mothers & the Professionalization of Social Work, 1890-1945* (New Haven: Yale University Press, 1993), 63.
[184] J. P. Triseliotis, Joan F. Shireman, and Marion Hundleby, *Adoption : Theory, Policy, and Practice* (London; Herndon, VA: Cassell, 1997), 8.
[185] Social Worker IS, "Looking Back: 25 Years of Social Work at the Royal Women's Hospital."
[186] Almoner Department, "Almoner's Report," (26 October 1950).
[187] Ibid., 25 (July 1958).
[188] Almoner Department, "Almoner's Report," (October 1959).

to the particular social problem involved'.[189] This emotional blackmail involved convincing the single mother that if she loved her child, she would relinquish it.

> Of course I was seeing her every week, for so-called counselling, but it was just complete brain-washing to give the child up. I was told that I had no means of support. I had nowhere to live, and that if I loved the child, had any feeling for the child whatsoever, I'd give him up. The social worker stuck to that line right from the beginning to the end.[190]

The rhetoric used by social workers was echoed in the problem pages of women's magazines such as *Woman's Day* and *New Idea*. Single mothers were advised that their 'baby will go to loving adoptive parents and a good home', and asked to consider the question: 'could you as an unmarried girl, offer as much to the child?[191] This type of response dominated the column throughout the 1960s.[192] Social workers made similar promises.

> You were giving up your child for the best of reasons; you were giving up your child to give it a good happy life, which you couldn't possibly provide for it … Usually they sort of made it sound like the couple who were adopting the child were wealthy, secure marriages, mature people, experienced, loving … Really it seemed like to keep your baby was to be very selfish anyway.[193]

Social workers held an unwavering belief that the obstacles facing the single mother were insurmountable, to such an extent that the professional advice offered was considered to be more appropriate than the single woman's right to make her own decision. With the support of her mother, Mother LS was determined to keep her baby, but the social worker had other ideas about her ability to raise the child. LS recalls her encounter with the RWH social worker.

> The only thing I can remember is that horrible final meeting with her, when she told me that the child would grow up in the gutter and I'd be forced to become a

[189] A.J. Cunningham and (Manager & Secretary), "Letter to Dr J.H. Lindell, Chairman of the Hospitals and Charities Commission Re: Adoptions," (19 November 1964).
[190] Interview with Mother DG, 31 August 2010.
[191] "Problem Page," *New Idea*, 28 March 1962.
[192] Swain, "Dear Problem Page, I'm Single, Pregnant And...": 106.
[193] 'Angela' in Swain and Howe, *Single Mothers and Their Children: Disposal, Punishment and Survival in Australia*, 142-43.

> prostitute to support her. Oh, it was quite horrible. And, she really did get red-faced. I remember it vividly.[194]

While LS did keep her child, she was not provided with any assistance from the hospital. This memory stands in stark contrast to Social Worker IS's claim in 1964 that 'a large number of girls kept their babies and received assistance of one kind or another from us. A great deal of baby clothing was provided.'[195]

Accusations that social workers were not assisting unmarried mothers in accessing available government benefits have been raised in the submissions to the Senate Inquiry. At the RWH, documentary evidence indicates that social workers did assist single mothers in completing and submitting forms for sickness and unemployment benefits that were temporarily available to pregnant and breastfeeding women. Requests for medical certificates to prove the patient's eligibility for benefits were common.[196] While other stop-gap payments may have been available in other states, these did not exist in Victoria. There is also evidence that the department provided small loans.[197]

[194] Interview with Mother LS, 9 November 2010.
[195] Royal Women's Hospital, *Annual Report* (1964).
[196] See Ibid., (1949) and "Social Work Department Patient Cards."
[197] Royal Women's Hospital, *Annual Report* (1960).

CHAPTER 3
DELIVERY AND RELINQUISHMENT

Organisationally the RWH hospital was arranged into a series of units which operated a clinic on a specific day (for which the unit is named). These units operated quite independently in regards to practice and procedure, much like separate hospitals. Each unit, headed by a senior gynaecologist and obstetrician, was responsible for the total care of its own patients. Dr WC claims that this made the RWH unique compared to other hospitals in the country. Starting as a resident in the early 1950s, WC recalls that there was no umbrella policy or procedure in the running of the hospital.

> I do not believe there were specific guidelines or policies that were codified within the hospital. At that stage there were five separate units functioning in the hospital. Each of those units was quite independent and ran their own system as they thought fit. They managed the patients in the mode that they thought fit, so there was no overall hospital plan.[198]

As a result of this complex system, a variety of unwritten policies and practices emerge. These differed within each unit, as did the attitudes of individual doctors, midwives and charge nurses. Unit procedure was dictated by the preferences of the doctor in charge, and everyone claimed to be following the lead of someone above them. With these constantly changing rules, no one questioned the authority by which orders were given, nor did they speak up when they felt something was wrong. In remembering her birthing experience, Mother DG recalls the doctors and nurses she encountered.

> Well, one doctor that delivered the child, he said 'I've never given any one so many stitches', and he looked quite compassionate and I think he looked as if he thought it probably wasn't right. But who was he to say anything? And as for the nurses, I can't say that they were all nasty or anything like that, I mean they just grabbed the child. Everyone just followed the rules. The rules were already stipulated and that was already mapped out, so people just did what they had to do and felt that they had to do.[199]

[198] Interview with Dr WC, 1 June 2010.
[199] Interview with Mother DG, 31 August 2010.

While the attitudes of the older staff were often more rigid towards the treatment of their patients; it was as younger nurses, midwives and doctors entered the hospital that a generational change was being effected by the late 1960s.

> By and large, there were some old timers there who would always be old timers who would never change. But the younger midwives—and especially when you had the chance to talk to midwives during their training (because it was the leading hospital for training and midwifery as well). It was just younger people coming into the hospital, taking charge, and being charge sisters and all the rest of it, and that was generational change in many ways. I don't remember ever—except for one sister in the, of all places, in the delivery room. She was so authoritarian and assertive for politeness' sake, with people who didn't do what she thought they ought to be doing—the patients I mean—she, too, had to retire some day, didn't she?

That the units operated quite independently in their daily practice does not present the entire picture. There also existed a measure of accountability to the overall hospital administration. Positioned at the head of this administrative hierarchy were the Medical Superintendent and the Manager/Secretary. Combined, these two positions functioned much like the Chief Executive Officer (CEO) of the hospital, with the former more concerned with medical matters, and the latter managing the finances.[200] The position of medical superintendent was held by the towering and imposing John Laver from 1951-1969. He has been described as 'a new breed of medical superintendent: hospital administration was his career and superintendency was not a stepping stone to senior private practice'.[201] Laver was dedicated and hands-on in this role: a man who knew what was going on in every corner of his hospital. And while 'the immediate war service of the medical and nursing staff coloured their professional culture' at the time Laver was appointed—his command of the hospital was unquestionable. [202]

[200] In 1978 the positions of Medical Superintendent and Manager/Secretary were abolished and combined in the role of CEO.
[201] McCalman, *Sex and Suffering: Women's Health and a Women's Hospital*, 236.
[202] Ibid.

LABOUR

The labour ward was a particularly frightening place for a first time mother. Noisy and chaotic, few women knew what to expect of the birthing experience because it was not discussed. There were some women who had not even made the connection between intercourse and pregnancy. Prior to the 1960s, there was no childbirth education. One of the midwives recalled the extent of women's ignorance not only about delivery, but about their own bodies.

> I had a woman once and she said to me, 'Am I going to have a very big scar?' And I said, 'No. Why do you think you're going to have a scar?' 'Oh' she said, 'When I have the baby won't I have a big scar?' And I said, 'Well, you tell me what you think is going to happen to you'. She said, 'Well, my tummy when I get the pain comes up to a point and like a carnation it bursts and you pick the baby out and then it all folds up again'. And, we just couldn't believe it. She was married. And, it just was incredible! We had to madly get the birth atlas and take it out and show her this is what's going to happen. She nearly died when she saw what's really going to happen.[203]

On the other hand, the behavioural expectations were very clear: bear your pain in silence. Mother PS recalls her experience in the hospital, particularly 'being told to keep quiet, I was just disturbing the other mothers'.[204] The unwanted noise was alarming and disturbed the military order of the ward. While Australian mothers obeyed instructions to keep quiet, it was the immigrant women who threw caution to the wind and openly expressed their fear and discomfort. They too were reprimanded for their unlady-like outbursts.

> In the labour ward, I had pain, they help with medicine. They done what they had to do, but they don't help me or any kindness. They treat me very strange. They treat me not a friendly. they done their proper job that they have to do, and of course it was the main thing but no one come to me and say 'I'm sorry for you', or some nice kind word. I remember one nurse who say 'Shut up you, you naughty girl', because of I don't care, I was screaming, I don't care. I was a

[203] Interview with Midwife MJ, 4 August 2010.
[204] Interview with Mother PS, 3 September 2010.

> scream because they expect me not to cream. I can't be quiet. I was screaming because I was lonely. I was scared. I did not know anything about labour because we were brought up strictly in a respectable family. We not allowed to talk about these things.[205]

Mother LS was admitted early due to pre-eclampsia. While she wasn't yet in labour, she was placed in the labour ward awaiting induction.

> And the shaving was one thing and the fact that it was done by a lot of giggling student nurses practising, didn't help, and then I went to the labour ward and to a cubicle and all I could hear was screaming. There were lots of Greek and Italian type women in the hospital at the time, who made an awful noise during childbirth and that was going on all around me. That was quite terrifying hearing all the screaming of women giving birth while I was sitting on the side of a bed feeling quite fine. I can remember actually I had some notepaper with me and I got out a pen and paper and wrote a letter to a friend saying, 'hey, I'm writing you this from the labour ward in the hospital'.[206]

For Mother AG, it was the sheer loneliness and isolation while in hospital that made it so harrowing.

> I remember being in this room by myself, and I remember being in an awful lot of pain. I do remember, someone—a nurse—giving me a Cortisone injection for something. I don't know what. I also remember a group of students coming in and poking and prodding and looking and talking and I was absolutely and totally on my own. I felt absolutely and totally on my own. Scared. You've no idea how scared I felt. And now when I look back—I mean what, it's forty-odd years ago. I don't remember a lot of the actual pain, a lot of the—it's almost like a blur, a dream. But, it wasn't. It was an awful time. Horrible. I can't remember actually being in the hospital for that long, but [my medical record] says I was, so I must've been, and then I was sent back to the Sisterhood.[207]

---

[205] 'Gina', twenty-one year old proxy bride quoted in McCalman, *Sex and Suffering: Women's Health and a Women's Hospital*, 262.
[206] Interview with Mother LS, 9 November 2010.
[207] Interview with Mother AG, 28 May 2010.

The experience of labour was consistently frightening for all first time mothers. Lack of knowledge about their own bodies and the process of childbirth contributed to this fear of the unknown. The noise of the open wards clashed with expectations of bearing the pain of childbirth in silence and foreshadowed the excruciating pain lying ahead for the unsuspecting labouring mother. The fact that the RWH was a teaching hospital meant that registrars and pupil midwives clamoured around patients to ensure that delivery quotas were met for the completion of their courses and qualifications. That these younger staff members often lacked a sense of professionalism or bed-side manner goes without saying.

MEDICAL CHARTS

Much has been said about the fact that an unmarried mother's medical chart indicated her intention to adopt, often without her knowledge. In NSW, charts were marked 'BFA' (Baby For Adoption)[208] and at the RWH it has been alleged that charts were marked 'A' for Adoption. Midwives contend that the 'A' simply indicated that the patient was a client of the Almoner Department—and not an automatic indication that the baby was for adoption. 'They were down as Mrs. Smith on your bed list and there would be an 'A' beside the patient indicating it was an Almoner case.'[209]

The reality of the situation was that an overwhelming number of almoner clients were single. Never married women constituted 67 per cent of obstetric patients seen by the Department in 1963, and by the end of 1967 this number was up to 77.6 per cent.[210] The remainder consisted of de facto, separated, divorced, deserted and widowed patients, with married women representing only 6.4 per cent of new patients. That assumptions would be made as to the significance of the letter 'A' is not surprising.

The impact of this labelling system was felt in the serious consequences it posed for the unmarried patient. Statistically speaking, it was already assumed that the baby was to be placed for adoption based on the presence of the letter 'A', and more alarmingly, that the mother was not to see her baby. The midwife in charge would issue specific

[208] Cole, ed. *Releasing the Past: Mothers' Stories of Their Stolen Babies*.
[209] Interview with Midwife KC, 4 August 2010.
[210] Medical Social Work Department, "Report Prepared for Medical Social Work Sub-Committee ", (July 1963) and (January 1968).

instructions intended only for the care of the 'A' patient. As a student, Midwife M recalls these orders.

> The midwife in charge would be telling you: 'She's not to see the baby. The baby's up for adoption.' They were known as 'A' babies and it was known right from the start that it was an 'A' baby.[211]

For doctors, an '"A" Class' obstetric record indicated the way in which a patient would be allocated to particular ante-natal and general gynaecological clinics.[212] As for potential medical complications, these were noted on a patient's card by way of coloured or 'special' labels: some alerted the Medical Officer that his personal attention was required (such as a red label for a non-specified 'case at risk'); others denoted abnormalities which carried a potential for complications (such as a yellow label for women under the age of 18). Being an unmarried mother was considered a risk in itself.

> [Unmarried mothers] were singled out in the context that they were considered a high risk group, and therefore, a lot of them had what they call red labels on them, which identified individuals that might have more problems obstetrically, than others; trying to predict the possibility of problems. So, a lot of them had red labels on them, which was a warning sign on their actual card.[213]

Again, as a result of the different units operating within the same hospital, different procedures were in operation based on the specifications of the particular unit. It was recognised that the response to the various coloured labels on a patient's card would be different. For example, in the case of a red label, 'the action taken by the registrar, subsequent to being notified is dependent on the policy of the unit for whom he is working'; while 'normal procedure' was to be followed 'unless there is a specific instruction written by the doctor to vary the usual procedure' in the instance of a yellow one.[214]

PAIN MANAGEMENT

During labour, a woman's pain was managed by her doctor and the attending midwife. While women could certainly ask for pain relief; they often didn't because they were

[211] Interview with Midwife M, 19 May 2010.
[212] Medical Superintendant, "Medical Directive," Med. 3/1970.
[213] Interview with Dr WC, 1 June 2010.
[214] Medical Superintendant, "Medical Directive," Med. 57A/1973, 31 December 73.

unaware that they could. The lack of childbirth education meant that married and single women alike had little idea of what to expect with their first birth. And whereas some women laboured well, others became increasingly distressed. Doctors and midwives used these outward signs to determine the level of analgesia.

> Of course the patient would influence that decision. If they were obviously in pain, and, and if they were crying out for pain relief, they would be given pain relief. Whether it was adequate or not is a different question.[215]

Midwives recall that pethidine was one commonly used drug in the management of labour pain. Midwife HJ remembers that 'we were always giving pethidine as student midwives and we were always checking the drugs after every shift'.[216] Another drug commonly used during labour, especially for first time mothers, was heroin.

> Heroin was used a lot for prima gravida (first babies) because we had a good stock of heroin. It was marvellous because it relaxed [the mothers] and they went to sleep. They woke up with the head on the perineum. It was great.[217]

Dr WC recalls that heroin was also recommended for use in caesarean sections. 'There was one obstetrician who used to preach that never, ever, do a caesarean section unless the patient has had a sixth of heroin, and it was good advice'.[218] Based on a small sample of medical records covering 1963 and 1964, there is evidence that heroin was in use. In all instances, the mother was prima gravida, and in one out of three instances, she was married. The ages of the mother ranged from sixteen to twenty-three. This sample of records also indicated that morphine was administered immediately after most births, for both married and unmarried mothers.

The export of heroin was banned worldwide in the early 1950s amid mounting concerns of drug abuse in the United States. Aware of the impending ban, and reliant on its effectiveness in labour, the RWH stockpiled a massive supply.

> The Medical Superintendent at the RWH at the time thought so highly of the drug and was wise enough to buy it in about a ten-year supply. After its import

[215] Interview with Dr WC, 1 June 2010.
[216] Interview with Midwife HJ, 4 August 2010.
[217] Interview with Midwife MM, 4 August 2010.
[218] Interview with Dr WC, 1 June 2010.

> was banned, the hospital used it for about ten years afterwards, and we were one of the few hospitals in Australia who still has a supply of heroin.[219]

According to the Senate Inquiry submissions, there is evidence that heroin was still being used at the RWH as late as 1966.[220]

As well as claims that unmarried women were administered excessive doses of sedatives during labour, there are claims that pain relief was withheld. Meg recalls her labour in 1964.

> The nurse came over … she brought a young guy with her … She gave the instructions to him, there was to be no anaesthetic and to be no mask … Then he must have wanted to do an episiotomy, but she said, 'No, let her tear'.[221]

While individual practitioners managed pain in their own ways, there is no evidence of any explicit policies in regard to the administration of pain relief to single mothers in labour: be it in excessive dosage or in its refusal. The use of heroin was advocated for primipara, but again, this was not consistently administered to all primipara. In the end, it was the attitude of individual doctors and midwives towards the patients that created a variety of experiences. Dr WC did not feel that this was a deliberate practice, but instead the result of the diversity of personalities working at the RWH.

> There was no selection of unmarried women, saying well, 'let them suffer'. I don't believe that at all. I might have seen some midwives, at the time, whose personality suggested that they felt single mothers were 'guilty' in the sense 'you have sinned: pay for your sins'. But that was an individual reaction, and I guess there might have been medicos who felt the same way. After all, there is a spectrum in human nature. But, by and large, I feel they were pretty sympathetic to the girls.[222]

---

[219] Interview with Dr WC, 1 June 2010.
[220] Submission 176 received by the Committee of the Senate Inquiry into the Commonwealth Contribution to Former Forced Adoption Policies and Practices," www.aph.gov.au/senate/committee/clac_ctte/comm_contrib_former_forced_adoption/submissions.htm. Accessed 10 June 2010.
[221] Swain and Howe, *Single Mothers and Their Children: Disposal, Punishment and Survival in Australia*, 88.
[222] Interview with Dr WC, 1 June 2010.

BIRTHING POSITION

For a normal delivery at the RWH, women gave birth lying on their left side with a midwife holding the leg up (or 'legging'). This conservative and outdated position was known as left lateral and midwives report that it was used into the 1970s. It was comfortable neither for the midwife, nor the patient, although it may have suited the obstetrician and the student.[223] Despite professing to be quite flexible, one mother recalls the infamous birthing position.

> The way of giving birth was terrible. Giving birth on your side—I forget what it was called now—on your side with your leg pushed up like a flagpole. I remember it hurt. It was bloody agony giving birth like that with your knee pushed up.[224]

Another unfortunate result of this position is that it automatically prevented any mother seeing the baby at birth. Student midwife MA explained the different way in which things were done—and the difficulties that this often entailed.

> There were a lot more drapes around and stirrups and so [all mothers] often really didn't see because we did deliveries in the left lateral position then, so the mum was facing away. As the baby was born, it was handed over to somebody on the right and wrapped up and taken away out into the baby room, because they then had a baby room. So, you might have been the nurse in the baby room cleaning the baby and making sure it was clean, and you did observations on the baby out there.[225]

Of course in cases of forceps delivery and caesarean section, women would be positioned on their backs with their legs up in stirrups. As these were both considered medical procedures, a sterile field was required at all times. And while midwives dismiss claims that pillows and sheets were deliberately used to shield the unmarried

[223] See also McCalman, *Sex and Suffering: Women's Health and a Women's Hospital*. page 20. McCalman explains that this 'classic British position gave the accoucheur clear access and was good for teaching, but the most important reason for the left lateral position was the control it gave the accoucheur over the speed of the birth.'

[224] Interview no. 40, in "Single Mothers Oral History", Collected Interviews, held in private collection of Professor Shurlee Swain.

[225] Interview with Student Midwife MA, 19 May 2010.

mother's view of her baby,[226] they confirmed that it was common practice to remove the baby immediately upon giving birth, before the mother had a chance to see it.

> Most single mothers didn't have contact with their babies. We were told in labour ward if mother could have contact or not with the baby. If she was not to see the baby, we whisked it off before she saw it.[227]

CAESARIAN SECTION

In the past, obstetricians were conservative with the use of caesarean section. Not only was the procedure more dangerous than it is today, but some doctors considered it an admission of defeat. Whereas in the 1950s and 1960s, the rate of caesarean at the RWH was around five per cent, today the incidence in public hospitals in much closer to twenty per cent, and possibly as high as fifty per cent in private bookings. The low rate of caesarean section in past practice at the RWH is even more extraordinary when one considers that the hospital was dealing with a higher percentage of problem births than those encountered in private institutions.

> In our unit the senior obstetrician was very conservative. He would run labour for three of four days or more, which in today's lights would be seen as terribly cruel. But, they were often an attempt to avoid caesarean section, and it was 'safe'. It might have been unpleasant and tiring, but was cut short if there was a considered risk to either mother or baby. In general, it was not all that uncommon to have much longer labour than is the practice today.[228]

There is no doubt that such prolonged labours could be seen as a punitive measure towards the single mother, especially because the practice was most likely directed at her. But, it has been argued that this was also a result of intentions to leave minimal evidence of the illegitimate birth on the mother's body in order that she may pass as single and unblemished for her future husband.

> Some of the senior obstetric staff, to make matters worse, refused to perform a caesarean section on an unmarried woman unless her life was in danger. They did not want to leave a scar on her uterus for fear that it might rupture in a subsequent pregnancy; and since the unfortunate might one day rehabilitate

[226] Nor did any of the women interviewed recount such experiences at the RWH.
[227] Interview with Midwife MM, 4 August 2010.
[228] Interview with Dr WC, 1 June 2010.

> herself into a respectable married woman, she should be able to start her legitimate family as though she were virginal.[229]

Midwife MJ supported the position that doctors were reluctant to perform caesarean sections on unmarried women—and again emphasised the underlying belief that the decision was medically grounded, as well as completely safe.

> The only thing was with single mothers in the '60s was doctors were very loath to Caesar them because they would have left a scar on the uterus, and so they tended to be left in labour a little bit longer than say a married woman, but it was only because they felt they were doing the right thing.[230]

REMOVAL OF THE BABY AFTER DELIVERY

In 1960, the Medical Superintendent implemented a policy that the babies of mothers who were clients of the Almoner Department should be taken directly from labour ward and placed in the nursery. The intra-hospital memo dated 11 February clearly instructed labour ward staff.

> In future babies of patients whose ante-natal card is marked 'A' will be cared for in the Nursery after transfer from labour ward and will not go out to the mother, until the Almoner is contacted regarding the future of the baby, or unless the mother specifically requests to see and care for the baby.[231]

Although the mother did maintain her legal right to contact, the policy dictated that she must explicitly express the desire to see her baby—a convention that did not extend to married mothers. Social Worker VD confirmed that contact was also routinely withheld prior to the signing of consent.

> There is no question that nursing staff were instructed by their director of nursing who had been instructed by the medical superintendent that single mothers should not see their babies if they were going to sign a consent to adoption. There was nothing ever produced in writing, but it was practice.[232]

---

[229] McCalman, *Sex and Suffering: Women's Health and a Women's Hospital*, 275.
[230] Interview with Midwife MJ, 4 August 2010.
[231] J.C. Laver (Medical Superintendent), "Intra-Hospital Memo to Ward 34, Re: 'A' Patients," (11 February 1960).
[232] Social Worker VD, "Personal Communication to Author," (2011).

Student midwife MA was present at several deliveries of single mothers where the baby was immediately removed after delivery.

> I was in the labour ward for a couple of the deliveries, and the women just weren't allowed to see the baby. It was just whisked away straight away, it was quite—I still remember it as being quite a sad time. But the training was so that you didn't really get involved with a lot of the women like you would today in the labour ward.[233]

Women who have relinquished a baby for adoption have described the traumatic way in which the baby was immediately removed from the labour ward, to be placed in a nursery and cared for by the midwives. Mother MP recalls the birth of her son when she was sixteen, and how the midwives attempted to conceal his identity from her.

> I remember being in darkness and no one allowed in. But you're in so much pain, especially at that age. And then the minute he was born, they—like they were concealing, hiding him, from me, and I'm trying to find out if you he was a boy or a girl. And I heard one of the nurses whisper, 'Make sure she doesn't find out if it's a boy or a girl.' And I'm thinking they won't even tell me—you know I just remember laying there thinking 'What's going on?' [234]

ON THE WARDS

After delivery, women returned to the wards without their babies. Postpartum hospital stays were much longer than is common today, with a typical stay of up to ten days—which coincided with the medical clearance of the baby. While women were required to remain in bed for the first forty-eight hours, they were often discharged not long after this compulsory period of recovery; either to the Henry Pride wing or returned to their respective maternity home to continue their convalescence.[235] While still confined at the RWH, many of the mothers recall futile attempts to locate the nursery in which their baby was being held.

[233] Interview with Student midwife MA, 19 May 2010.
[234] Interview with Mother MP, 25 August 2010.
[235] Henry Pride was a convalescent home established in Kew in 1949 to which 'healthy' postpartum mothers, both married and unmarried, were sent. Women with any medical complication or condition, such as diabetes, were maintained at the hospital.

> They wouldn't let you out of bed for forty-eight hours so by the time you got out of bed you'd be—you couldn't stand or it was quite horrendous. I remember trying to get out of bed and going down the hallway when no one was around—trying to find the nursery. I got caught down there and was immediately taken back and because of that they came and told me that they'd removed the baby to another floor.[236]

The post war baby boom placed enormous pressure on the capacities of the already busy maternity hospital. Policies dictating long convalescence exacerbated the shortage of beds at the hospital. But the Medical Superintendent was hard at work, discharging as many patients as possible.

> There was always a problem of bed shortage, day after day. I recall the Medical Superintendent would do a daily round and discharge as many as possible to Henry Pride, or get them home with District Nursing. That was another way they handled them, but of course you couldn't do that with single mothers post-partum because they didn't necessarily have homes to go to.[237]

While married women could be more readily discharged to their home to take advantage of the domiciliary nursing service; single mothers, particularly those who had travelled from interstate, could not.[238]

SEPARATION OF MARRIED AND SINGLE PATIENTS

It has been claimed that the practice of separation first developed at the RWH and then spread to other maternity wards across the country via the doctors and midwives who had trained there.[239] In the course of this research, conflicting stories have emerged amongst patients and former hospital staff as to whether or not single women were in fact separated from their married counterparts. Midwife MM recalls that the practice was dictated by the ward on which the single mother was placed.

[236] Interview with Mother MP, 25 August 2010.
[237] Interview with Dr WC, 1 June 2010.
[238] Single mothers were prohibited from using the domiciliary service.
[239] Swain and Howe, *Single Mothers and Their Children: Disposal, Punishment and Survival in Australia*, 80.

> In two of the wards, which were big open wards with a balcony, all the single mums were out on the balcony, away from mums with babies on the whole. In the other wards, they were more mixed up.[240]

In the wards where the separation of single and married mothers did occur, it was not necessarily a matter of intentional hospital policy, but instead, recalls Matron Betty Lawson, it was a matter of routine.

> We got into the habit of putting the single girls out on a balcony because we thought it was nice for them, but it came to be assumed by then that they were out there for punishment. That wasn't the intention at all—it was to protect them from closer contact with ward babies.[241]

Midwives have claimed that the intention of such practices was to safeguard the relinquishing mother from distress or jealousy at seeing other mothers care for their babies. Notwithstanding claims that it was not motivated by punishment, the way in which it was received by single women is quite another matter. Another midwife recalls that the balcony provided the lesser-quality accommodation on the ward: 'it was quite a cold old balcony with screens and it was quite bleak and desolate, really'.[242] Despite the attempt at separation, the thin screens did little to shield unmarried mothers. Mother DG vividly recalls her separation from the mothers who had their babies.

> When you had the child, you couldn't go and mix with the others. This wasn't right, and we were all put in this ward on our own and we were only separated by a curtain, a thin curtain, so all the other mums on the other side were breast feeding. Here we are with all our milk running out and no child. It's pretty traumatic.[243]

Other women were tormented by their placement on wards with married women who could hold and cuddle their babies, while the unmarried mothers were forbidden from doing so. The sight of mothers feeding and bonding with their babies was often too much.

---

[240] Interview with Midwife MM, 4 August 2010.
[241] Matron Betty Lawson quoted in McCalman, *Sex and Suffering: Women's Health and a Women's Hospital*, 276-77.
[242] Interview with Student Midwife MA, 19 May 2010.
[243] Interview with Mother DG, 31 August 2010.

> My baby was taken from my bedside and placed all alone in a nursery. I was forbidden to see him or go in the nursery. I was then left for several days sitting on a bed in a ward full of married mothers who were allowed to have their tiny babies next to their beds. They were able to hold their babies, cuddle them and feed them whilst I sat and watched and cried.[244]

While it may have been hospital practice to separate the unmarried mother and her baby, no formal policy existed to forbid contact. In fact, such actions would have been illegal. It has also been alleged that by withholding contact, women were coerced into authorising consent, indeed being promised that they could see their baby once they had signed. Despite keeping her baby, Mother LS recalls being separated from her daughter, during which time she was visited by a social worker making a final attempt to convince her to relinquish.

> It was a younger woman coming around trying to get me to change my mind. Asking me to sign the papers, yes. And at that stage other than the fleeting glimpse of this slimy bundle when she was born, at that stage I hadn't even seen my daughter. They were keeping her from me. But the reason was that they stated was that she was sickly and had to be in the humidi-crib for longer. Yes, she was a bit premature and she was only about five and-a-half pounds birth weight. So, it was a plausible reason. I can't say for sure that they did it on purpose, but certainly it was before I was allowed to see her or hold her that they came around asking me to change my mind about adoption.[245]

ABILITY TO SEE THE BABY

The belief as to whether or not it was in the best interest of the mother to see her baby (and vice versa) varied to some extent. To be sure, the baby's very survival depended on the mother's breast milk until artificial feeding was firmly established in the mid-1920s. At this point the practice of maintaining contact between mother and child essentially ceased and early separation became de rigueur. Shurlee Swain argues that while the punishment of single mothers had been effected through forcible care prior to WWI, it was later dependent on early separation, which 'became the key to salvation as mothers

[244] June Smith, *Proof Hansard (Uncorrected Proof)*, 37.
[245] Interview with Mother LS, 9 November 2010.

were transformed from nurturer into enemies of the newborn child'.[246] Social Worker IS explained the philosophy at the heart of early separation to the *Argus* in 1950.

> If the baby is to be released to adoption it is much better for both mother and child that they are parted as soon as possible after birth … Such girls are often in a very emotional state after confinement and the parting with the child after caring for it for several weeks may have a serious psychological effect … The only way to assist such a girl to rehabilitate herself is to find work for her which is not only suitable but will provide her with a fresh interest in life.[247]

That it was in fact more compassionate for the mother not to see her child became a fixed idea in the minds of professionals. When the accommodation of sick babies awaiting adoption became problematic in 1968, the suggestion that unmarried mothers care for their own baby while awaiting placement was met with intense disapproval. It was reasoned that 'forcing girls temporarily to hold medically deferred babies is a course which holds such dangers that—humanitarian reasons aside—it would be against the community's interests to permit this to occur'.[248] While such opinions were presented as holding the mother's best interests at heart, this policy equally supported the view that the presence of single mothers in the community would be dangerous and potentially compromise society's strict moral values.

Despite policies to the contrary, some mothers did care for their babies. Mother MR gave birth to her daughter in 1963 and recalls the brief time they spent together in hospital.

> I had her with me the whole time I was there. I was breastfeeding, but you don't have a lot of milk the first couple of days, you're trying to breastfeed and then I started—I did give her a bottle as well. And then I went to the after care. That was at St Joseph's.[249]

But MR also remembers the trauma of relinquishing her baby after having bonded with her over those first few days.

---

[246] Swain and Howe, *Single Mothers and Their Children: Disposal, Punishment and Survival in Australia*, 113.
[247] Social Worker IS quoted in *Argus*, 18 July 1950.
[248] Royal Women's Hospital, *Annual Report* (1968), 32.
[249] Interview with Mother MR, 1 September 2010.

> That day was horrific. I was just—I don't know. I was probably quite mad. I sort of curled up in the corner and was screaming and didn't talk properly for a day or two. You know I was—mortified. I can't describe how bad it was. It was just absolutely horrible because I didn't really want to give her up and I was quite bonded with her.[250]

In another exceptional case, Mother LK, who also gave birth to a daughter in 1963, was able to care for her baby. But she guarded this secret from her mother, who she felt would have forbidden it from happening.

> When I was in the ward, I had my baby with me all of the time, except at visiting hours. I didn't let mum know that I had her with me. I pretended that she was away from me, because she would have made sure that that didn't happen if she knew. So, I had her with me and then they came and said that she was too small and she would have to be in the prem nursery and so I just parked in the prem nursery. So I cared for her and had a really beautiful time caring for her, and then they sent someone to take me back to Berry Street, and to leave her behind. And, I'd been in there for a week, and I ran to this sister screaming to get her. And, she just said, 'Go home and be a good girl'. So, I was dragged out just absolutely screaming and out of control and got back to Berry Street and the matron was there and she said, 'I hope you've learnt your lesson'.[251]

There is no question as to the strong feelings that Mothers MR and LK developed for their daughters during the short time for which they were able to provide their care. The difficulty with which these women relinquished their child after bonding is also undeniable. The emergent policy of rapid and absolute separation was possibly a reaction to responses such as MR's and LK's. The conviction that seeing the baby would exacerbate feelings of guilt over the relinquishment—and potentially lead to a change of heart—became the main reason for not allowing contact. Dr WC recalls that while hospital practice allowed contact between mother and child, this was never encouraged.

> If the baby was for adoption, they frequently didn't see their babies. I think there could have been instances where they wanted to and they would, and I think it's

[250] Interview with Mother MR, 1 September 2010.
[251] Interview with Mother LK, 27 September 2010.

> fair to say they were generally discouraged, because it was believed that this might aggravate guilt or various psychological problems.[252]

More commonly, the belief that the single mother should not see her baby was upheld by hospital staff. Mother GT recalls begging to see her son in 1968.

> I came to after sedation and everything else and I said I wanted to see my son and they said 'No, no, no, that's not in your best interests', and I said, 'But I want to see him'. 'No, no, no, no.' So, in the end, after I made a fuss, the matron came in and she said, 'You're a silly, silly, silly girl wanting to see your child'. She said, 'We don't like it' but she said, 'if you are so determined, you can walk to the labour ward'. Now, I had something like 32 stitches and she said, 'If you think you can walk—if you can walk to there, then I'll let you see your son'. So, I went from bed to bed because I was dead determined. She put me in this little room, opened the door, handed me my son, had a stopwatch. Put a chair against it and said 'You've got five minutes and then you can walk back again'. So, she gave me exactly five minutes and I unwrapped him and looked at him, and if I'd thought of it I would have tried to breast feed him but you know, it was all too overwhelming. And then in five minutes, the door opened and she grabbed him and said, 'All right now, find your own way back'.[253]

The decision about the mother's ability to see her baby was often made prior to the birth and contained in her history or outpatient notes. As an 'A' patient, the explicit policy as to the care of her baby was already in place. But midwives also recall receiving advice as to the treatment of the single mother from the social worker, who would have already determined the intentions of the single mother.

> Usually there had been discussion with the social worker in advance from my vague recollection, as to what they intended to do, and if the baby was for adoption the social worker would discuss with them the advisability of seeing the baby or not as you are relinquishing your baby, and that might be in the advice that we got.[254]

[252] Interview with Dr WC, 1 June 2010.
[253] Interview with Mother GT, 22 October 2010.
[254] Interview with Midwife MJ, 4 August 2010.

In light of the existing evidence, women were most likely advised not to see their babies. Although they may have agreed with the logic presented before giving birth—afterwards it was another story.

Regardless of when or by whom the decision was made not to allow the single mother to see her baby, and despite instructions that she could see her baby if requested, the repercussions were such that she most often did not see her baby. Medical Superintendent, doctor, midwife, and social worker were all complicit in confirming to the mother that it was in her best interest not to see her child.

> I just did what I was told… I have a vague recollection of seeing the nurse holding him, wanting to hold him, of really wanting to hold him, but you don't hold your baby I was told, you don't touch your baby, you stay right away from your baby … right through I just did what I thought I was supposed to do … I didn't allow myself to feel any kind of closeness.[255]

STILBOESTROL

First manufactured in 1938, Stilboestrol (also known as diethylstilboestrol or DES) is a synthetic oestrogen that has been used to prevent miscarriage, for the management of menopause, as a morning-after contraceptive, as a lactation suppressant, and in the livestock industry. Stilboestrol is much cheaper to produce than plant or animal derived oestrogens and is also three times stronger.[256] In 1971, the use of DES was linked to a rare type of cancer (clear cell adenocarcinoma, or CCA of the vagina and cervix) amongst the daughters of women who had been prescribed the drug during pregnancy. These daughters have up to forty times greater risk of developing this type of cancer: as a result the drug was subsequently banned.[257]

Studies on the adverse effects of Stilboestrol have focused on its use during pregnancy and its consequent effects on these mothers, their sons, their daughters, and even the potential risk to third generation offspring. Women who took DES while pregnant have 'a small increased risk of breast cancer' while the greatest risk remains with those who

[255] 'Diane' quoted in Swain and Howe, *Single Mothers and Their Children: Disposal, Punishment and Survival in Australia*, 88.
[256] Barbara Seaman, *The Greatest Experiment Ever Performed on Women : Exploding the Estrogen Myth* (Melbourne: Schwarz Publishing, 2003).
[257] Centres for Disease Control and Prevention, "DES Update: Health Care Providers," www.cdc.gov/des/hcp/nurses/history.html.

were affected in utero.[258] No studies have been conducted on the effects of Stilboestrol and its short-term use as a lactation suppressant.

DES Action Australia (NSW) claims that Stilboestrol was sometimes administered to overdose, without informed consent, to former forced adoption victims.[259] While interviews, neonatal paediatric lecture notes, and medical records confirm the use of oestrogen as a lactation suppressant at the RWH between 1941 and 1971, neither accusations of nor evidence of overdose have emerged. By 1981, the RWH had established a DES referral clinic and has continued to produce literature on the risks of DES exposure.[260]

The suppression of lactation was recommended in no less than nine contra-indications to breastfeeding, which included various concerns over the physical and mental health of the mother, certain diseases and malformations in the infant, and adoption.[261] A married woman's right to choose not to breastfeed as a result of prior difficulties or simply because of a busy lifestyle was equally recognised and treated accordingly. Of the specific drugs that were prescribed, medical records reveal that women were as likely to be given Aprinox, Mixogen or simply aspirin as an alternative to Ethinyl Oestradiol.[262]

Dr WC recalls that lactation was routinely suppressed in single mothers.

> They were given drugs to suppress lactation—that was the routine. In general, breast-feeding didn't have quite the same enthusiasm as it does have today. But,

[258] The Cancer Council (NSW), "DES and Cancer - Position Statement," www.cancercouncil.com.au/html/prevention/risks_factsheets/print/fact_desandcancer.htm.
[259] Submission 21 received by the Committee of the Senate Inquiry into the Commonwealth Contribution to Former Forced Adoption Policies and Practices, www.aph.gov.au/senate/committee/clac_ctte/comm_contrib_former_forced_adoption/submissions.htm. Accessed 10 June 2010.
[260] See Health Commission of Victoria and The Royal Women's Hospital, "The DES Problem," in *Bulletin for Medical Practitioners* (Melbourne: The Royal Women's Hospital Archive, March 1981); The Royal Women's Hospital with the contribution of DES ACTION and the Health Issues Centre, "Could This Be You? DES Exposed," pamphlet (Melbourne: The Royal Women's Hospital Health Promotion Unit, April 1989); The Royal Women's Hospital, "More Information on DES Exposure," pamphlet (January 1990); Women's Health Information Centre, "Were You Pregnant or Born between 1938 & 1971? You May Be Affected by DES," pamphlet (Melbourne: The Royal Women's Hospital, June 1999).
[261] Dr. Kate Campbell, Dr. J. Glyn White (1965 revision edited by Dr T.G. Maddison, Dr. K. McCaul, Sister E.M. Begg), and (1969 revision edited by Dr. W. Kitchen and Sister E.M. Begg), "Neonatal Paediatric Lecture Notes," (Melbourne: The Royal Women's Hospital, 1969).
[262] "Medical Records," (Melbourne: The Royal Women's Hospital Medical Record Archives, 1963-1964).

> they would routinely be given drugs to suppress lactation, and would be discharged from the RWH very soon after delivery, often to the annex out in Kew.[263]

There is no doubt that many unmarried mothers were given 'some pills' to dry out their milk. And while the long-term effects of these drugs are uncertain, another emergent concern regards the fact that lactation was suppressed prior to signing consent. The belief that the early suppression of milk provided 'prima facie evidence' of the intention to take the baby prior to any legal recognition of a mother's intent to relinquish has led some women to claim that the hospital 'intended taking my baby for adoption regardless of what I wanted'.[264] From a medical point of view, early suppression was preferable in all cases, as oestrogens are less effective when lactation has already been established, the course of therapy would subsequently be lengthened and increased discomfort and pain would result in the certain use of analgesic drugs.[265]

For Student midwife MA there was the impression that this was simply another way in which the unmarried mother was punished.

> One of the things I did notice, though, was that these women who were relinquishing their babies, their milk had to be suppressed. There was this terrible feeling of, 'well, you've got yourself into this trouble so you need to pay for it'. [266]

CONSENT TO ADOPTION

Prior to the introduction of the 1964 Adoption of Children Act, there were no provisions as to when consent could be taken. As a consequence, most arrangements were finalised prior to the baby's birth. Mother MR recalls already having signed the consent to adoption and having resigned herself to the finality of her decision when her father belatedly suggested she might keep the child.

> 'If you want to keep this baby you do it', and I said 'Dad, I've already signed the baby away, I've already signed the papers', which was something underhand that

[263] Interview with Dr WC, 1 June 2010.
[264] Submission 176 received by the Committee of the Senate Inquiry into the Commonwealth Contribution to Former Forced Adoption Policies and Practices.
[265] Campbell, (1965 revision edited by Dr T.G. Maddison, and Begg), "Neonatal Paediatric Lecture Notes."
[266] Interview with Student Midwife MA, 19 May 2010.

> was done because you weren't advised or anything. I said 'You're just a little bit late'. And he said, 'Well, you can still think about it'. But I'd gone through so much to do what I'd done and I thought: why didn't he say that to me at the start, and why am I in this place and you know lots of things.[267]

And while Mother MR gave birth at the RWH, her adoption was arranged through the Catholic Family Welfare Bureau (CFWB). She hadn't been advised of her right to revocation under the 1958 Adoption of Children Act.

The 1964 Act stipulated that consent not be taken prior to the sixth day after the birth of the child. The signing of consent effected a blanket provision that extinguished all parental rights and bestowed these *ad litem* on the Principal Officer of the adoption agency, rather than the couple who would adopt the child.[268] The problem with this condition was that in some cases the child was not in fact adopted, but as a result of any issues that may have arisen after the signing of consent (and for which the mother had no legal right), the child ended up a state ward, despite the mother's intention to provide the best possible care of her child by having it *adopted by a married couple*.[269]

A further incongruity of the child subsequently ending up in state care was the fact that women were threatened with that very scenario in order to encourage the signing of consent. Mother SB remembers being bullied into a decision.

> The next thing that I recall was being back at the home, no one would tell me anything about my baby except that if didn't sign adoption papers my baby would have to spend a lot of time kept in homes for unwanted babies.[270]

A final concern pertaining to the taking of consent regards the witness. The Principal Officer of an adoption agency was often responsible for both the relinquishing mother

---

[267] Interview with Mother MR, 1 September 2010.

[268] See Bourke and Fogarty, *Bourke and Fogarty's Maintenance, Custody and Adoption Law : Comprising Maintenance, Custody and Adoption under the Maintenance Act 1965 of Victoria, Marriage Act 1958 of Victoria and Adoption of Children Act 1964 of Victoria, and Maintenance and Custody under the Commonwealth Matrimonial Causes Act 1959-1966*, 307 and also Victorian Government, "Adoption of Children Act 1964" in which s.24 stipulates that 'every consent to adoption of a child shall be construed as a general consent to the adoption of a child by any person, except where the consent is for the adoption of a child by a relative.'

[269] See "Social Work Department Patient Cards". In one particular case a Sydney woman placed her child for adoption in good faith, but when the child was returned from its placement for 'medical reasons', it became a ward of the state and was sent to the SWD.

[270] Mother SB, "Personal Communication to Author," (2010).

and the prospective adoptive parents. The conflict or interest is clear. It is difficult to imagine the ability to provide an equal service to each of these clients. Again, the issue of advocacy is raised in relation to the vulnerable unmarried mother. Her parents were generally not present at the signing of consent, despite their obvious influence in earlier stages of the decision making. The lack of parental involvement at this stage is of particular concern in the case of minors. Eighteen year old Mother DG recalls signing the consent.

> There's no interview of parents or anything like that. That didn't come into it. You signed the dotted line and the job is done, you know, that's it. So, it was a massive scar, a massive wound. It was very traumatic.[271]

BIRTH REGISTRATION

The registration of birth was completed on a blue form that was separated into two parts: the top part was completed in labour ward, the rest done by the birth clerk, who visited mothers on the ward in the days following delivery. While women were required to name the child, they were forbidden from recording the name of the father on the birth certificate.

> The birth registration was horrible at that stage. I don't know what it says now, but I'm pretty sure that the forms at that stage, they had to enter in 'unknown' as the father's name unless the father was prepared to sign, and I used to fight afterwards for that to be changed to 'undisclosed' rather than 'unknown' but I don't know whether that change ever happened. It would seem horrible to have to put in 'unknown.'[272]

In the hospital birth registry, the instruction for the father to register, particularly in de facto situations was always expressly indicated, while in the case of the single mother the entry was left blank. By 1961 the instruction became explicit for the father not to register in all instances (except de facto). Shurlee Swain has argued that 'depriving the illegitimate child of the right to its father's name was central to preserving the sanctity of marriage.'[273] So while de facto couples were not legally wed, they enjoyed a

[271] Interview with Mother DG, 31 August 2010.
[272] Interview with Mother LS, 9 November 2010.
[273] Swain and Howe, *Single Mothers and Their Children: Disposal, Punishment and Survival in Australia*, 181.

marriage-like arrangement for all intents and purposes, while the single woman flaunted her status at the expense of the institution of marriage.

Such practices were business as usual for the busy hospital this.

> No one was friendly towards me. Everybody was just doing their job. And, that was it. I mean I remember the woman coming to register the birth, and they were all very businesslike. But, no one was cruel. Well, it depends how you define 'cruel' and 'abusive' and all that sort of thing doesn't it? I didn't look upon it as being cruel. They were very distant, and gave me no information, and I didn't ask, I didn't know what to ask and I didn't know that I had any rights, and I just went through it all.[274]

[274] Interview with Mother AA, 10 November 2010.

CHAPTER 4
THE BUSINESS OF ADOPTION

The idea that children should be permanently removed from their parents in order to improve their life chances developed through the early twentieth century. The 1928 Adoption of Children legislation entrenched this ideal and provided greater certainty for prospective adoptive parents. In introducing the bill, Attorney-General Slater argued,

> Every member of the legal profession has personal knowledge of hundreds of cases of people who have sought the security of the law in connection with cases when kind-hearted persons have adopted, reared and protected a child, and have found the natural parent of that child coming along and taking it way, the child will be protected from the slur of illegitimacy. A home will be provided for it, and in general, a new vista entirely will be opened ... [As] adoption will apply to at least 90 per cent of illegitimate children ... the State gains in another way ... in that it has its burdens of maintaining destitute persons and children ... lightened.[275]

While the legislation was slow to take effect, the argument for separation was strengthened by the efforts of F.O. Barnett. After a survey of Melbourne's inner city slums in 1933, Barnett proposed 'to remove the children of the slum-minded as soon as possible after birth from their present vicious environment into an atmosphere where they could grow up to be decent citizens'.[276] His aggressive manipulation of the new legislation helped ease concerns over the genetic inheritance of 'undesirable traits' in adopted babies, which had all but ceased by the post war period. It was now believed (and endorsed by science) that 'a good environment will make a better job of bad genes than a bad environment will make of good genes'.[277] Pamphlets were published to encourage prospective adoptive parents with the assurance that *nurture* was more important than *nature*.[278]

---

[275] Attorney-General Slater quoted in Swain and Howe, *Single Mothers and Their Children: Disposal, Punishment and Survival in Australia*, 137.
[276] F. Oswald Barnett, *The Unsuspected Slums* (Melbourne: Herald Press, 1933), 28.
[277] McCalman, *Sex and Suffering: Women's Health and a Women's Hospital*, 273.
[278] F.O. Barnett, *Is It Safe to Adopt a Baby?* (Melbourne: Department of Human Services, 1948).

The rise in the popularity of adoption after World War II can be directly linked with media campaigns focused on promoting its benefits. Women's magazines were particularly vocal in their advocacy of adoption as a solution, both for the infertile couple and the single mother.[279] Adoption was seen to be in everyone's best interest. Indeed, the Social Work Department at the RWH claimed that: 'adoption is a service that we render not only to our own obstetrical patients and the many of our gynaecological patients who become adopting applicants, but to the community'.[280] The RWH was often the first agency to receive requests for assistance when articles appeared in the daily papers. A 1944 piece in the *Herald*, promoting the work of the sterility clinic at the RWH, resulted in 'a rush of applicants anxious to adopt babies'.[281]

In a sense, adoption arrangements were akin to a business transaction, with single mothers supplying a market demand for adoptable babies. This economic language was unreservedly applied to the practice. The following letter appeared in the *Argus* in 1947.

> Sir: For some years past the demand in Australia for babies for adoption has been far greater than the supply. At the same time, politicians have been tearing their thinning hair over the threatened decline in the population. Also, for some years past, babies have been dying like flies all over the rest of the world—chiefly from starvation. In the case of any commercial article we import what we cannot produce locally until the demand is satisfied. Why not do the same with babies?[282]

In hindsight, the mechanics of this arrangement were obvious. Mother DG recalls feeling swept into a power imbalance, one in which the dilemma of the single mother was advantageous to those wishing to adopt.

> So, what I felt was—this was what I suspected was happening, there was a huge mass of people, wealthy people, that couldn't have children or only had one or two and wanted more so you've got all these wealthy, powerful people, people

[279] Swain and Howe, *Single Mothers and Their Children: Disposal, Punishment and Survival in Australia*, 142-144.
[280] Medical Social Work Department, "Report Prepared for Medical Social Work Sub-Committee" 21 June 1968
[281] Almoner Department, "Almoner's Report," (Melbourne: The Royal Women's Hospital Archive, 16.03.45), 16 March 1945.
[282] Letter to the Editor, "Import Babies," *Argus* 29 March1947.

> with some power and all this pool of women with no power, that you know we were just like a labour force of people to donate their children to all the wealthier people, and there was a big demand. They were the demand and we were the supply, so I felt like it was a real imbalance of power. Like, we had no power and I felt like as if the hospital policy at the time was to make sure that there was at least sixty per cent of the women who gave their children up, you know, as if that was the mandate of the social work department to encourage women to give their children up, at least have a certain percentage, to fulfil all the demands of the wealthy clients wanting children.[283]

ADOPTIVE PARENTS AS CUSTOMERS

The growing demand for adoption continued throughout the 1950s, with the hospital spending much of this decade trying to supply babies for an ever-increasing number of applicants. In 1953, Social Worker IS noted that 'though there was an increase in the number of adoptions arranged last year, the waiting list is still very long'.[284] By 1955, the almoner was bemoaning a decreasing number of available babies.[285] The problem continued to grow and in 1958, restrictions were imposed: prospective adoptive parents using the adoption service at the RWH must be patients or have been referred by one of the hospital's honoraries.[286] By 1974, the waiting lists for adoption were closed. The supply of infants had indeed dried up marking the end of 'the era of the "perfect baby" for the "perfect couple"'.[287] At this time, infertile couples increasingly looked to the new technologies of artificial insemination at the RWH.

REFERRAL AND SELECTION

A large proportion of adoptive parents at the RWH were private patients of the hospital's honorary doctors. As the number of available babies decreased, restrictions were placed on the number of applicants, although these never excluded referrals by the esteemed honorary staff. Likewise, patients of the hospital would always be deemed

[283] Interview with Mother DG, 31 August 2010.
[284] Royal Women's Hospital, *Annual Report* (1953).
[285] Almoner Department, "Almoner's Report." 3 November 1955.
[286] Ibid. 25 July 1958.
[287] Triseliotis, Shireman, and Hundleby, *Adoption : Theory, Policy, and Practice*, 7.

eligible to apply. The procedure that followed had to include an investigation of the couple's motivations and circumstances, as prescribed by law.

> When they apply officially, a full study would ensue. The principal officer or other adoption officer authorised by him is required by the Regulations 'to determine the suitability of applicants to adopt, having regard to their age, marital status, state of health, educational background, religious upbringing or convictions (if any), personality, physical and racial characteristics, reason for seeking to adopt the child, general stability of character and employment, financial conditions and the accommodation they have available.'[288]

However, while hospital social workers prided themselves on the thorough investigation of prospective adoptive parents; honorary medical staff regarded their own personal opinions on matters of selection to be above the professional consideration of the social workers involved. The consequent conflict was brought to a head in an incident in 1967. An honorary doctor had referred a private patient to the social work department in order to arrange an adoption subsequent to a diagnosis of infertility. As part of the mandatory procedure, a social worker interviewed the applicants, questioning the medical factors that had motivated their decision to adopt—to which the doctor took great offence. The Board of Management was called to intervene and implemented the recommendation that 'a medical certificate need only state that the adoptive parents were medically fit to adopt a child' and any questions relating to the certificate be referred to the Medical Superintendent.[289]

There is no question that the service of adoption was provided primarily for infertile couples who created the demand. But social workers remained aware that adoption should not be used as a cure-all. In a 1963 Nurses' Lecture, Social Worker IS warned of sentimentality as a driving force, perhaps at the expense of proper consideration.

> The weight of public opinion in this regard is far to [sic] much directed to the childless couple and sentimentality rather than a real consideration of the pros

[288] Conference of Approved Adoption Agencies, "Notes on Adoption—for Distribution to Doctors, Solicitors, Nurses, Ministers and Other Professional Groups" which in turn cites Victorian Government "Adoption of Children Regulations" (Regulation 31).
[289] A.J. Cunningham, "Letter to [….], Medical Social Worker," (Melbourne: The Royal Women's Hospital Archives, 1 September 1967).

> and cons sways their judgement … It would appear that far too often adoption is regarded as a therapeutic measure.'[290]

Social workers also remained attentive to the fact that it was not only the adoptive parents or the children involved for whom they were responsible, but the relinquishing mother as well. For Social Worker VD, it was important 'that we placed [their] babies with people that we considered would give them the care that they would want for their child.'[291]

PROCURING

Prior to the introduction of the 1964 Adoption of Children Act, it was not illegal for an adopting couple to pay the hospital and medical fees of the mother of the child. In their desperation to adopt, wealthy couples could take advantage of such an opportunity in order to fulfil their family dream. Although not particularly widespread, Dr WC recalls the practice in which doctors facilitated the adoption arrangements:

> There was a practice in those days by a small number of Obstetricians to take on the antenatal care and the delivery of the single mother in private practice with the financial cost of the hospital at least, being born by the potential adopting parents. What the specific arrangements and details were entered into, I do not know. I do not believe it was a widespread practice.[292]

Social Worker IS expressed fears that 'this practice can be very open to abuse, and regarded as an inducement to give up the child even against all her own feelings, because she is under an obligation to do so'.[293] IS argued that the exploitation of earlier legislation by one or two doctors in the community had created a blackmarket in babies. She claimed that 'one of them had a large house where he had six to eight pregnant girls staying at any one time'.[294]

Midwife MJ recalled a particular incident prior to the introduction of the 1964 Act.

> I can remember one woman and the social worker was saying she wondered about it too because the woman came in as Mary Smith and Mr Smith came to

[290] Almoner Department, "Nurses' Lecture."c.1963.
[291] Interview with Social Worker VD, 19 August 2010.
[292] Interview with Dr WC, 1 June 2010.
[293] Almoner Department, "Nurses' Lecture" (c. 1963).
[294] Social Worker IS, "Looking Back: 25 Years of Social Work at the Royal Women's Hospital."

> visit her. When they went to go home, the baby was dressed in the most exquisite clothes from Bambi Cross that you could ever imagine and they went home in a lovely big car. The social worker asked me: 'what happened to Mary Smith?' and I told her she had gone home with Mr Smith. The social worker replied 'there isn't a Mr Smith.' Mr Smith's wife couldn't have any children, so I don't know whether it was his child or whether he had just found this woman, who was pregnant, and so the baby was registered as the child of Mary Smith and Tom Smith, and the wife took the baby. *She* was Mary Smith and the girl disappeared.[295]

Despite the changes enacted in the 1964 Adoption of Children Act which intended to eradicate the business of illegal adoptions, the practice continued. At the seventh conference of Adoption Agencies in February 1969, representatives of fourteen agencies, plus the Family Welfare Advisory Council and departmental officers discussed the issue of private adoptions. Mr A.G Booth, Director of Family Welfare chaired the meeting. Discussion revolved around the fact that placements were being made 'for adoption of children with unrelated persons where approved agencies had not participated in the arrangements'.[296] No estimate was made of how many unregistered arrangements were occurring on a yearly basis. However, it was requested that in future any knowledge of such placements be brought to the attention of the Department.

EXPECTATIONS

Unlike a natural birth, adoptive parents were afforded choice in their prospective child: health was guaranteed, physical characteristics were carefully matched, and gender preferences catered for. By the late 1960s, as the supply of babies failed to equal the growing demand, it was argued that adopting parents should be prepared to take a gamble and accept the risks normally accepted by natural parents. But in the world of supply and demand, parents were not only offered choice, but had come to expect it. Mills claimed that 'freedom of choice, whether the choice be based on the appearance of the infant or on the result of medical and biochemical examination, remains the prerogative of the adopting parents'.[297]

---

[295] Interview with Midwife MJ, 4 August 2011.
[296] Social Welfare Deparment, "Seventh Conference of Adoption Agencies."
[297] M. Mills, "Who is the Unadoptable Child?," *Australian Journal of Social Work* 20, no. 1 (1967): 18.

Children were handpicked for adoption. The physical and intellectual qualities of the mother were indicators of the child's potential. Despite the basis for the promotion of adoption being grounded in environmentalism, the quality of the product was still bound by fears of hereditarianism. Social worker and adoption researcher John Triseliotis describes the ideal baby of the time.

> Although this was a period when nurture was supposed to rule over nature, this optimism was not reflected in the practices of adoption agencies in the way they selected children for placement… An 'adoptable' infant was, generally speaking, white, healthy, with an acceptable background and developing normally (or at an above average pace).[298]

Babies who did not fit this ideal were harder to place. By the late 1960s concerted efforts were being made by social workers to place the less than perfect child. Miss B. Vaughan of the NSW Department of Child and Social Welfare claimed that 'theoretically the unadoptable baby does not exist. All babies are adoptable if we can find adopting parents willing to accept them with whatever handicap or potential handicap they possess.'[299] To Vaughan, the social worker had the responsibility to find a match for the baby who had been classified as unfit for adoption. In other words, social workers were arguing for a broadening of the notion of the adoptable child.

SINGLE MOTHERS AS SUPPLIERS

The service of adoption at RWH excluded married mothers until 1972.[300] When the service was requested by married patients, the Chief Almoner argued that it was her duty to convince them that 'this is no real solution to their problem'.[301] Amid legal concerns; problems of overcrowding; and the continued financial feasibility of the adoption service, married women who insisted on adoption were routinely referred to other agencies for assistance in making the necessary arrangements. While the Adoption sub-committee had theoretically approved the arrangement of adoptions for married

[298] Triseliotis, Shireman, and Hundleby, *Adoption : Theory, Policy, and Practice*, 7.
[299] B. Vaughan, "Placing the Unadoptable Child," *Australian Journal of Social Work* 20, no. 1 (1967): 21.
[300] Medical Social Work Department, "General Report." (March 1972).
[301] Royal Women's Hospital, *Annual Report* (1961), 28.

women in 1966, the increasing number of single women meant that they continued to be referred to other the agencies. [302] Only when the number of babies available for adoption began to decrease did the RWH adoption agency cease to prioritise the arrangement of adoptions for single mothers.

In 1958, the Almoner Department admitted that the outcomes for adopted children were unknown, adding that 'it is a very debatable point as to whether adoption is the best course for the baby or not'.[303] Despite such misgivings, the service continued. The social workers at the RWH supported the early adoption of the infant: that is the placement of newborn babies. That the single mother should be given the opportunity to care for own child was never considered a viable option. Eventually, it was assumed, she would find it too demanding, and subsequently relinquish the child which would then be hard to place.

> But far more often, according to every social worker who deals with them, it is exactly the mothers least able to cope who are most likely to keep their babies ... Many struggle on for two or three years, but eventually the knowledge that they will never get out of the trap of living on welfare and being alone with the baby—now a demanding toddler—causes the whole situation to break down. The child is now hard-to-place, and everyone would have been better off if he had been adopted soon after the birth.[304]

The 1965 Adoption of Children Regulations stated that mothers seeking to place their child for adoption should be provided with counselling prior to, as well as after, the signing of consent. But while the Regulations stipulated that the natural mother must be given 'all information and assistance about her sole right to keep or surrender her baby as she decides is best', the overburdened staff of the Social Work Department found these intentions difficult to fulfil.[305] Social Worker EG claimed that

> Hardly more than an hour (66 minutes) can be allocated for the five or six occasions on which I see each patient, and I think that few colleagues will quarrel with me when I assess the time needed for good case-work in such

[302] Medical Social Work Department, "General Report," (July 1969).
[303] Almoner Department, "Almoner's Report," 25 July 1958.
[304] Mary Kathleen Benét, *The Politics of Adoption* (New York: The Free Press, 1976), 177.
[305] Sister Mary Borromeo R.S.M., "The Natural Parents," *Australian Journal of Social Work* 20, no. 1 (1967): 13.

> circumstances at not less than 2 ½ hours per patient … I find not time for home visiting, none for after-care unless the patient persistently seeks this.[306]

In the mid-60s, an anomaly appeared in the chain of supply and demand. The Medical Social Work Department predicted that the number of applicants for adoption might be outnumbered by, or at best only equal, the number of babies available.[307] While these concerns suggest that adoption was more popular than ever with single mothers; the 1965 annual report claimed that adoption numbers were down as a result of the 'larger percentage of these girls who keep their babies.'[308] What is clear is that the hospital did not continue to see a growing number of single mothers keeping their children until 1972. The hospital had a plan to ensure that this was to be a brief lapse in the continuity of ever-increasing numbers of adoptions and initiated a large-scale publicity campaign with the aim of recruiting adoptive parents.

The popular rhetoric of social workers had been effectively ingrained in the women themselves who were now cited as making the claim: 'I want my baby to have a father as well as a mother and all the things which I think he should have, but which I cannot give him.'[309] Social workers argued that they did not have to convert the converted. Women were depicted as willingly lining up to place their child for adoption, in accordance with the social values of the community. However, in the limited allocated time in which the single mother could consult the social worker, she was provided with few alternatives. An undated pamphlet (c. late 1960s) recommended that the single mother consider the feelings of the adoptive parents above her own. Despite her right to revoke consent up to thirty days after the birth, the single mother was advised that 'it is extremely upsetting emotionally for adoptive parents, if the baby they have at last been able to get, is removed from their care.'[310]

With the growing demand from unmarried mothers, it was necessary to refer women to other organisations, placing the hospital in the desirable position of being able to select the adoptions it would arrange. By 1968, six women per month were being routinely

[306] Social Worker EG, "Memorandum to [….], Chief Almoner," 12 May 1957.
[307] Royal Women's Hospital, "Annual Report " (1964).
[308] Royal Women's Hospital, *Annual Report* (1965).
[309] Royal Women's Hospital, *Annual Report* (1960)
[310] Social Work Department, "Information for Women Considering Adoption." (n.d.)

referred to the Social Welfare Department.[311] The reasons for referral varied. For example in 1951, an unmarried mother presented for her third confinement and requested to have the baby placed for adoption. In response, the Almoner explained that 'such a thing was out of the question' in light of her health.[312] The woman was described as dull and unattractive. The hospital subsequently applied to the Children's Welfare Department (CWD) and the baby was made a ward of the state. In another instance an 'attractive and intelligent girl' from interstate was accommodated at St Joseph's and the adoption was arranged by the hospital. However, another woman, who was married but carrying the child of another man, was advised to contact the CWD or the CFWB. Such referrals suggest a pattern of choosing healthy and attractive young women for hospital arranged adoptions, while others were actively discouraged from adoption—or simply sent elsewhere for arrangements.

In the three month period April to June 1969, Dr Nan Johns recorded single mothers' stated intentions made to the registration clerk within twenty-four hours of the birth. Of these, 35 per cent intended to keep; 58.8 per cent intended to adopt; and 6.1 per cent were uncertain as to intent.[313] Although the final outcomes are unknown, these statistics, combined with raw adoption numbers, indicate that roughly 35 per cent of single women who gave birth at the RWH were having their adoptions arranged elsewhere.[314] These figures are also indicative of the extent of choice enjoyed by the hospital in regards to the arrangement of adoptions.

Over the next six years, single mothers who kept their babies increased exponentially: by 1970, it had risen to fifty per cent, and by 1975 it had further increased to eighty per cent.[315] The supply of adoptable babies was quickly dwindling. While the increasing presence of single mothers in the community has been attributed to more permissive sexual and social mores, as well as the growing independence of women, above all else

[311] Medical Social Work Department, "Report Prepared for Medical Social Work Sub-Committee ", 20 September 1968.
[312] While all adoption records were transferred to Community Services Victoria (CSV) in 1987, two boxes of social work department records remain in the RWH archives. These are not restricted to adoption records, but include a full alphabetical range of social work clients prior to 1965. See "Social Work Department Patient Cards."
[313] Dr NJ, statistics for April – June 1969, in Medical Social Work Department, "General Report," July 1969.
[314] Using Dr NJ's figures and those reported in the Annual Reports.
[315] Royal Women's Hospital, *Annual Report* (1970) and (1975).

it would be the acceptance of a woman's own family that would determine her success. Mother N recalls the conversation in which she first considered that she could raise her own child.

> So I then went home for Christmas and told my mother that I was pregnant. And, I said that I would have to have the baby adopted and she said to me 'why?' [Laughing] Thank God for mothers who ask questions, because in fact I hadn't—I mean, it was still very early days, obviously, but I actually hadn't had— nobody asked the question. The social worker certainly hadn't asked the question. I think the doctors were probably just more interested in the pregnancy itself, and so that made me think, and my mum said 'you're working, you can support a child, you don't need to put your baby out for adoption'. Oh, great, if you say so. So, that actually changed it, and I came back to Melbourne and continued with the pregnancy. [316]

For those mothers who decided to keep, support was difficult to find and the stigma lingered in many quarters. Hospital interpreter Liliana Ferera recalls the limited help that was offered to the unmarried mother.

> Those who kept their babies were given some help, but they didn't even have clothes. They'd give them an old singlet and maybe a better one and two nappies. There was no money, no clothes, they had nobody knitting and crocheting for them. They didn't have a toothbrush or toothpaste. I had to go with the social worker and give them a bit of money—they had nothing, not a nightie, it was terrible. And they had to hide from the relatives, most of them. We had to usher them through a different door—painful times.[317]

HOSPITAL AS INTERMEDIARY

In 1946 A.J. (Jim) Cunningham was appointed assistant secretary and manager; and for the next three decades he controlled the financial interests of the RWH. According to Janet McCalman, 'Cunningham was devoted to the Women's and was a fine strategic

[316] Interview with Mother N, 26 September 2010.
[317] Liliana Ferera, RWH interpreter quoted in McCalman, *Sex and Suffering: Women's Health and a Women's Hospital*, 274.

thinker'.[318] Laver and Cunningham worked together to manage the expanding hospital during a time of massive population growth, as well as dramatic social change. That economics was one of the most important factors guiding decision making in the hospital is often overlooked. It is essential to consider the perspective of hospital administrators in order to better understand the outcomes and experiences of the hospital's patients. Running a hospital was no different from running a business.[319]

PAYMENTS

A public hospital, like a private hospital, requires patients to pay for their care. And while some may be covered by private health insurance, most patients of the RWH were not protected by these benefits. The hospital's fees were calculated on a rate scale based on the family's financial situation. Single mothers were not routinely charged any fees for attending the ante-natal clinic, but single women attending the gynaecological clinics were charged according to their income if they were working. With the opening of Frances Perry House, the hospital was able to cater for public, intermediate and private patients. While private patients (or their insurance provider) were responsible for the payment of full fees, an additional fee of $10 per day '[was] charged the natural mother for babies held in Frances Perry House whilst waiting adoption'.[320]

As a business, the hospital collected monies in a number of novel ways. While the Board of Management ruled that babies of public patients held in the hospital for adoption should not be charged for, they did advocate voluntary donations. The hospital also received many 'donations' from people who had adopted babies.[321] A 1958 administrative order stated that 'if either the parent or the foster parents care to make a donation this should be encouraged and added to the funds labelled "Patients' Fees".'[322] It is unclear if this was directed towards recuping fees from the biological or adoptive parents—or both. Prior to 1964, arrangements for adoptive parents to make such payments were perfectly legal, albeit potentially coercive. But ongoing policies

[318] McCalman, *Sex and Suffering: Women's Health and a Women's Hospital*, 257.
[319] In response to debate surrounding the cost of running the adoption service, the Manager/Secretary commissioned a cost analysis from the hospital accountant, see A.F. Campbell, "Cost Study of Cost Operating Adoption Agency," (22 May 1968).
[320] A.J. Cunningham, "Intra-Hospital Memo Re: Frances Perry House Adoption Babies," (Melbourne: The Royal Women's Hospital Archives, 3 March 1971).
[321] Almoner Department, "Almoner's Report," 7 November 1957.
[322] "Administrative Order No.194", (26 February 1958).

'encouraging' donations have been viewed as clear evidence that 'babies were "bought and sold" in an era when thousands of single women were forced to give them up'.[323]

Child endowment was also paid to the institution. Initially, women were not eligible to receive child endowment for their first child, resulting in the exclusion of most single mothers. Amending legislation passed in June 1950, awarded endowment for the first child under 16 years of age at the rate of 5s per week.[324] The Victorian Year Book states that in the case of institutionalisation, the endowment is payable directly to the institution in question.[325] This payment was applicable to babies awaiting adoption and was paid directly to the RWH. And while the payment was not initially granted to foster families caring for babies awaiting adoption, the Minister for Social Services approved Cunningham's requests in 1970, at which point the payment was made directly to the families in question.[326]

A final avenue for the recuperation of costs of providing the adoption service was a Ministerial suggestion that agencies charge a $30 fee for the arrangement of an adoption. The 1964 Adoption of Children Act allowed the Minister to approve fees collected for the purpose of 'administration costs'. However, a conference of Victorian Adoption Agencies unanimously decided to oppose the proposal for the charging of fees.[327] Eventually, the Minister capitulated and granted a state subsidy of $30 to be paid to the agency for each adoption arranged.[328]

[323] Opposition family services spokeswoman Christine Campbell quoted in Critchley, "Adopt Families Urged to Pay."
[324] Australian Bureau of Census, *Victorian Year Book*, ed. Australian Bureau of Statistics Victorian Office (Melbourne: By Authority: A.C. Brooks, Government Printer), (1954-58), 419.
[325] ———, *Victorian Year Book*, (1954-58).
[326] W.C. Wentworth, "Letter from W.C. Wentworth, Minister for Social Services to A.J. Cunningham, Manager and Secretary Royal Women's Hospital, Re: Procedures for Claiming Endowment," (RWH Archives, 1970).
[327] Social Welfare Department, "Seventh Conference of Adoption Agencies," (18 February 1969).
[328] Hospital correspondence indicates that the hospital received a state subsidy of $30 for each adoption finalised, "Submission to Mr A.J. Cunningham, Manager/Secretary and Dr G. Trevaks, Medical Director," (Melbourne: Royal Women's Hospital, undated (c. 1971-1978), submission to Mr A/J Cunningham, Manager/Secretary and Dr G. Trevaks, Medical Director. See also Finance Committee Minutes, (June 1971).

OVERCROWDED NURSERIES

The increasing number of ex-nuptial births raised serious concerns for the Board of Management.[329] Coupled with the effects of the 1964 Adoption of Children Act, hospital facilities were under enormous pressure. The introduction of a thirty day revocation period meant that babies had to be held for an extended period, particularly in the case of undecided mothers, straining available resources. Hospital nurseries were overflowing with babies awaiting adoption and the associated expense was becoming a major financial burden for the hospital.

The suggestion to reduce the time granted for revocation as the solution to this problem was first canvassed by doctors. Those who supported this idea believed that 'the trouble seems to begin when the unmarried mother has not consented to adoption before the baby is born'; doctors were equally concerned about 'deprivation syndrome' suffered by the new baby.[330] It was the postwar work of psychiatrist Dr John Bowlby that popularised the hypothesis that maternal deprivation in infants could have serious mental health consequences for the child.[331] Midwives at the RWH had also been voicing concerns in regards to the care and attention of babies since the early 1960s, particularly in respect to those awaiting adoption who were failing to thrive.[332]

Social workers defended the mother's right to a full thirty day period of revocation, and for consent to be taken after birth.[333] In late 1967, Cunningham was notified by Sir Henry Winnecke that a Committee of Judges of the Supreme Court were reconsidering the existing procedures. Cunningham had argued that the problem was not exclusive to the RWH.

---

[329] Royal Women's Hospital, *Annual Report* (1967), 11.
[330] L. Howard Whitaker, "Memorandum Re: (a) Babies for Adoption (b) Adoptive Parents," (Melbourne: The Royal Women's Hospital Archives, 10 October 1968).
[331] Dr John Bowlby, *Maternal Care and Mental Health*, (World Health Organization, 1951). For the media spin on his theories see, Women's Interests, "Grandmother was right about 'mother love'", *Brisbane Courier-Mail*, 28 March 1952; Women's Interests, "Children need affection to develop normally," *Brisbane Courier-Mail*, 4 April 1952; "Should The Adoption Law Be Changed?" *Sydney Morning Herald*, 1 October 1953.
[332] See ———, "Letter to Medical Superintendent, Re: Adoption Babies," (9 July 1971) where she makes reference to earlier complaints and claims that 'until there is some resolution of the matter the hospital is at a disadvantage financially, the babies are at a disadvantage as entities, and the nursing staff is burdened with baby care which it know falls far short of proper care.'
[333] Medical Social Work Department, "Report Prepared for Medical Social Work Sub-Committee" (February 1969).

> Nearly all of the Voluntary Adoption Agencies are experiencing great difficulty with insufficient facilities and staff; consequently, there is a tendency for the babies for adoption banking up in our nurseries causing extreme over-crowding which is concerning our Paediatricians, so that any method of speeding up adoptions lessens the possibility of out-breaks in the nursery.[334]

The revocation period was upheld and debate over the holding of babies awaiting adoption intensified. In May of 1968, The Medical Superintendent wrote to the Manager/Secretary expressing his concerns for the health of these babies, as well as the financial administration of the hospital. The Medical Superintendent's recommendations were focused on downsizing the rapidly growing adoption service. This cost-cutting measure would also regulate the 'expensive empire building up' in the Medical Social Work Department, specifically in relation to their work in adoptions.[335] Ultimately, nothing changed and the number of adoptions arranged by the hospital continued to increase.

In the interim the hospital also considered restricting its adoption services to single women who were unlikely to revoke consent.[336] Social workers estimated that there was a revocation rate of 17 to 20 per cent among undecided single mothers. In an attempt to minimise the risk of being left holding the baby, social workers tried to establish the intent of the mother prior to the birth.[337] When the intent to relinquish the child for adoption had been established in this way (with consent officially obtained five days after the birth), babies were immediately placed with their new families. However, the babies of undecided mothers were legally required to be held for the thirty day revocation period. Midwife MJ remembers.

> Some of [the babies] would go out to the adopting mothers the day after their mother went home, if they were a hospital adoption, but later on some of them had to stay thirty days. [338]

---

[334] A.J. Cunningham, "Letter to Chief Justice, Sir Henry Winneke " (Melbourne: The Royal Women's Hospital Archives, 22 December 1967).
[335] J.C. Laver, "Memorandum to Manager/Secretary from Medical Superintendant: 'Adoptions'," (Melbourne: Royal Women's Hospital, 20 May 1968).
[336] Ibid.
[337] Adoption Sub-Committee, "Minutes of Meeting Held on 4 November 1966," (Melbourne: Royal Women's Hospital, 1966-1967).
[338] Interview with Midwife MJ, 4 August 2010.

Cooperation with Other Agencies

Cunningham maintained a steady correspondence with his network of contacts, establishing important ties with cooperative agencies. In 1968, he wrote relentlessly to request their support with the ongoing nursery shortage. These included the Family Welfare Division of the Social Welfare Department, Berry Street Babies' Home and Hospital, the Chairman of the Hospitals and Charities Commission, and the Victorian Baby Health Centres Association. Unfortunately at this time, his efforts were to little avail. Cunningham expressed his concern at the inability of community facilities to absorb the increasing number of ex-nuptial births. Finally, he wrote to the Chief Secretary, the Honourable Sir Arthur Rylah requesting his assistance.

> Failing relief we shall be faced with the alternative of requesting large numbers of single mothers to take their baby with them on discharge from hospital. The implications of this can be imagined.[339]

In order to cope with the overcrowding, several agencies pledged assistance. The Berry Street Babies' Home agreed to take on the arrangements of two 'single girl' adoptions per month.[340] However, while the Queen Elizabeth Hospital for Mothers and Babies had taken an undisclosed number of babies pending adoption, the relationship seems to have soured over the issue of payment.[341] Similar issues arose with the Social Welfare Department. Despite an agreement to accept the referral of six mothers per month, the Department continued to fail in its responsibility to care for these babies—who remained unclaimed in the nurseries at the RWH.

Foster Care

In 1968, a formal system of fostering babies was initiated, to care for both medically deferred babies, and the children of undecided mothers.[342] This arrangement offered the most immediate relief to the problem of overcrowding. During the first year of operation, the programme cared for seventy-one babies for an average of fourteen days

[339] A.J. Cunningham (Manager & Secretary), "Letter from Manager & Secretary to Chief Secretary the Hon. Sir Arthur Rylah Re: Ex-Nuptial Births," (RWH Archives, 3 September 1968).
[340] _____, "Letter to Mrs J. Kwiatek, Manager/Secretary, Berry Street Babies' Home and Hospital," (Melbourne: The Royal Women's Hospital Archives, 20 August 1968).
[341] Mrs W. Stephens, "Letter to A.J. Cunningham from the Victorian Baby Health Centre Association," (Melbourne: The Royal Women's Hospital, 6 November 1968).
[342] The fostering system began informally in August 1967.

each. It was estimated that the use of foster care had saved a total of 3,980 nursing hours. While cost cutting measures topped the list of foster care's achievements, the programme was equally congratulated for its value to the babies involved, which was reflected 'in their obvious physical and emotional development with their foster family'.[343]

The hospital claimed that their foster mothers were not paid for the care of the baby and encouraged the single mother to contribute to its upkeep: the foster parents would appreciate 'anything from 50c to $5.00 a weeks'.[344] It is more likely that this was insisted upon; as such payments were common under the Infant Life Protection Act. At a Social Work Committee meeting it was noted that it was 'normal to require the mother to undertake the financial costs through such fostering'.[345] By 1978, the programme was being funded by the newly established Foster Fund which sourced its income from the adoption subsidy,[346] by specific donations from outside organisations, as well as ongoing contributions made by natural mothers.[347]

POST ADOPTION COUNSELLING

A major limitation of the adoption service was in its ability to provide ongoing counselling to any member of the adoption triangle: adoptive parent, relinquishing mother or adoptee. Contact often ceased once the paperwork had been signed. Despite a growing awareness that this was simply not good enough, follow-up care failed to eventuate to the detriment of all parties.

FOLLOW-UP WITH ADOPTIVE FAMILIES

A reality of the busy Social Work Department was that it was rarely possible to conduct adequate follow-up with adoptive parents. While Social Worker IS claimed that fifty per

[343] Royal Women's Hospital, *Annual Report* (1969)
[344] Social Work Department, "Information for Women Considering Adoption," (The Royal Women's Hospital Archives, March 1976).
[345] Medical Social Work Department, "Social Work Committee Minutes of Meeting.", Meeting No.14 held on 15 November 1968.
[346] While the exact date for the introduction of the subsidy is unclear, there is reference to its receipt in the "Finance Committee Minutes of Meeting", (June 1971).
[347] Deputy Business Manager, "Memo from Deputy Business Manager to Acting Chief Executive Officer, Re: Foster Fund," (The Royal Women's Hospital Archives, 1 March 1978).

cent of her time was taken up with adoption, specifically interviewing applicants, visiting their homes, follow-up visits and going to court, she remained anxious about the supervision of placements.[348]

> It concerns me very much that more follow-up work cannot be done with [adoptions]. In studying the methods of Great Britain and America, I feel that in comparison, from the point of view of supervision, our set-up here is very poor. We are careful in our placement of the child, but good supervision is also essential.[349]

While the 1964 Act removed the necessity of the Principal Officer attending court, there is nothing to suggest that this time was replaced with follow-up care.

Counselling for Relinquishing Mothers

In advocating for the rights of the single mother and her child, Sandra Fitts commented on the absence of counselling for relinquishing mothers:

> Skilled counselling available to [the relinquishing mother] after the birth is virtually non-existent. This could explain the remark of a woman following the signing of the adoption papers: 'I had the feeling of being an ignominy, of being a useless shell which must be disposed of, in which nobody had any further interest'. This feeling increased almost to despair proportions after my discharge from hospital.[350]

For women who had travelled from interstate, access to counselling (had it indeed been available) was made impossible by virtue of distance.

> Recently one of the unmarried mothers of the past sent a donation to the Samaritan Fund. She had come from another State, found herself temporary clerical work, and managed to keep herself until the baby was born. The baby was adopted and she was very upset. She wished to return home directly from the hospital, but as she did not have sufficient money for her fare we lent her an amount, which she has steadily paid back, and with the final instalment she sent

[348] Almoner Department, "Almoner's Report" 9 July 1963.
[349] Ibid., 2 August 1956.
[350] Fitts, "The Single Mother and Her Child."

> an extra £1 as a donation, saying it might help some other girl as the Fund had helped her.[351]

While the hospital was able to provide a small loan to ease her financial burden, the social work department was unable to offer more substantial help for this mother to deal with the aftermath of relinquishment.

THE AFTERMATH

The experience of single pregnant women in the period 1945-1975 was characterised by secrecy, shame, guilt and invisibility. For many the guilt surrounding their decision continues to haunt them. The trauma is such that the details of their experience have been blurred, but the feelings are as vivid as the day they lost their baby. At the beginning of each interview, women consistently claimed 'I can't remember very much. I don't know whether I deliberately blocked it or not, but I really, really can't remember.'[352] But, the stories they shared conveyed the emotional impact of this experience. For some women, it was specifically the hospital experience that was blocked as was the case for Mother SB.

> After that, I don't remember a thing. I don't remember eating, I don't remember showering. I don't remember going to the toilet, nothing. The next thing I remember I was back at Hartnett House. It was a week later, or four days later.[353]

For others, the lapse in memory covered a larger time span.

> I can't remember. I remember coming back after six weeks. They told me my son had a displaced hip, a dislocated hip. I had to sign the papers. I don't remember any other counselling. No. I mean, perhaps I might have seen her again. I can't remember that. It was a bit of a blur after that.[354]

But the final issue is one which they all remember vividly. When they returned home, returned to their lives, and tried to move on, they were confronted with the accusatory question: how could a loving mother surrender their child? So while they thought they

[351] Royal Women's Hospital, *Annual Report* , (1960).
[352] Interview with Mother AG, 28 May 2010.
[353] Interview with Mother SB, 31 August 2010.
[354] Interview with Mother DG, 31 August 2010.

had played by the rules and relinquished their child as required—they continued to bear their punishment each day.

> I went down once and saw him. But, you've got to remember I had to completely psychologically detach myself so it was like I wasn't really seeing him or wasn't really holding him. It was extremely sick, it was sick. You know, what I mean, like it was totally against nature. And then of course after that everyone would say how could you possibly have abandoned your child, how could you possibly do it? And my mother said to me I had to do it, and she waited until I signed that six-week thing where you get six weeks to change your mind and then you said you're such a—because I was abused as well as a child. I had a lot of abuse. 'You're such an idiot, you're such a no-hoper that you can't even look after your own child, you give it away to the state.' That was after I had all that manipulation from her as well to make sure I kept going and doing it. So after I've actually gone through with it, and she waited until the six weeks was up and then she turned and said you know 'how could you?' —so it was completely confusing and completely soul destroying.[355]

[355] Interview with Mother DG, 31 August 2010.

CHAPTER 5
CONCLUSION

The period 1945-1975 represents the peak adoption years throughout Australia: a time when up to forty-five per cent of single mothers relinquished their baby for adoption. During this time, the RWH was one of many adoption agencies legally registered to make arrangements. The belief that adoption would provide the ideal solution for both the unmarried mother, who wished to uphold her good reputation and protect her child from the stigma of illegitimacy; as well as for the infertile couple desperate to start their own families, was unshakable. That a stranger's baby could be integrated into, and indeed create a family was never questioned during this time.

The belief that an adopted child was no different from a biological child was finally challenged in the mid-1970s. In the introduction to the 1975 reprint of Trisiliotis' seminal work on identity issues in adopted children, family law expert Sanford N Katz emphasised the importance of recognising that 'adoption is not identical with producing one's own child. It is raising and integrating another's biological child into one's own family. Not to recognize this reality is to romanticize adoption, and adoption literature abounds in such pretense [sic].'[356]

The idealistic picture of adoption, especially from the perspective of the adopting parents—and even the child—has always been maintained at the expense of the relinquishing mother. Stereotypes and stigma have been powerful determinants of the behavioural expectations of single mothers in regards to relinquishment. Discrimination against the single mother was widespread. In addressing the National Council for the Unmarried Mother and her Child in 1968, Mr Justice Scarman observed,

> the sad truth is that the unmarried mother and her child are more unpopular with their neighbours than they are with the law… by and large the unmarried mother

[356] Sanford N. Katz, Introduction in J. P. Triseliotis, *In Search of Origins : The Experiences of Adopted People* (Boston: Beacon Press, 1975), xi.

> continues to be rejected by society… her real deprivation is that she loses the dignity , the comfort and the support of being accepted."[357]

Living in a society at a time when a gendered socialisation was the norm, women were taught to willingly oblige others; to love honour and obey; to never question authority. Hera Cook has argued that 'women were brought up to accept, and prioritize, other people's need, not to express their own feeling or desires'.[358] Submissions to the Senate Inquiry reflect the degree of powerlessness felt by single mothers, especially in regards to doctors and social workers.

> We were so powerless. You could never understand because you judge it on today's standards. You could never understand this. We were powerless. These people were to be respected. We were in awe of them. You did not talk back.[359]

This sentiment of unquestioning obeisance and of accepting what one was told to do was echoed in the interview with Mother MP,

> I always felt very—I'd done something wrong and it just couldn't be talked about and discussed because we just had to get it over and done with. Nobody really talked to me to allow me to express any feelings. I was only ever told.[360]

Equally, a woman's family played an important role in the outcome of her pregnancy. For single women who could not find encouragement among their kin, it was almost impossible to follow through with a decision to keep: lack of government financial assistance necessitated support from other avenues. Shurlee Swain has argued that families were often the most judgemental of the single woman's transgression.

> In Australia it was respectability rather than class which was the critical factor. There were women of all classes who were able to disregard the stigma which pregnancy attracted but, until recent years, they were a very small group who did not crave social acceptance. Most women were condemned first by their own families, their respectability under threat.[361]

---

[357] Mr Justice Scarman, chairman of the English Law Commission, address to the Golden Jubilee Conference of the National Council for the Unmarried Mother and Her Child, Novermber 1968, quoted in Swain and Howe, *Single Mothers and Their Children: Disposal, Punishment and Survival in Australia*, 153.
[358] Cook, *The Long Sexual Revolution: English Women, Sex, and Contraception 1800-1975*, 3.
[359] June Smith in *Proof Hansard (Uncorrected Proof)*, 44.
[360] Interview with Mother MP, 25 August 2010.
[361] Swain and Howe, *Single Mothers and Their Children: Disposal, Punishment and Survival in Australia*, 63.

Today women who relinquished a baby for adoption are able to come forward and challenge the notion that young mothers 'willingly surrendered their newborn babies en masse to strangers' in the decades between the 1950s and 1980s.[362] Women, who were single at the time they gave birth and placed their baby for adoption, want their truth to be told in regards to past adoption practices. The current Senate Inquiry into the Commonwealth contribution to former forced adoption practices has publicised the testimony of more than three hundred people who have been affected.

Of equal importance is the need of adopted children to know and understand the circumstances that contributed to their adoptions. John Trisiliotis has found that this knowledge carried significant value for adoptees.

> Of great importance to [adoptees] was the need to know *why they were given up*, and what circumstances had made it necessary for their parents to surrender them. Especially they would have liked to know whether their parents wanted them or whether they were rejected or abandoned. They saw such information as important to understand themselves or as important to their self-concept.[363]

ACCUSATIONS

This report has investigated a range of accusations that have appeared in the submissions to the current Senate Inquiry, as well as those that emerged while interviewing participants for this project. Doctors, midwives, social workers, and hospital administrators have come under fire for their role in the experiences of single women who gave birth at the RWH. However, while the prejudicial attitudes of some individuals have emerged in this research, so too have professional attitudes that were shaped by social norms. Taking this into account, Dr WC's account of the unwritten policy of the hospital with respect to the care and medical outcome of single women is reasonable.

[362] Origins Inc. "Senate Inquiry Petition." www.originsnsw.com/senatepetition.html. Accessed 10 September 2009.
[363] J. P. Triseliotis, *In Search of Origins: The Experiences of Adopted People* (London; Boston: Routledge and Kegan Paul, 1973), 39.

> The doctor's job at the RWH, in the case of a single mother, was to deliver the baby, a healthy baby, a healthy mother, and if possible, without a scar or indication that she had been previously pregnant.[364]

But questions will always remain in regards to the professional capacity of social workers and their ability to affect the social outcomes of their clients. In her exploration of the politics of adoption, Mary Kathleen Benét exposed the potential prejudice inherent in the profession of social worker.

> How expert in fact are the social workers, and how much of their expertise is—as some of their clients would charge—simply prejudice dressed up as fact? There are innumerable stories about the narrowness of some of their judgments, but most of the stories indicate that, like the law, social work practice simply codifies the prejudices of the community.[365]

Organisationally, the RWH was administered as five distinct units, with a variety of policies and procedures based on the individual preferences of those in charge. To be sure, 'policy' did not possess the same significance that it would develop through the 1980s and 1990s. As a public hospital, the underlying charitable ethos of the RWH implied that women should be grateful for the care they received, especially prior to the introduction of Medicare. Treated as a breed apart from the staff who cared for them, all women were subject to the brutal efficiency of the hospital.

FAILURE TO PROVIDED EQUAL TREATMENT TO MARRIED MOTHERS

This report has exposed several key areas where the treatment of married and unmarried mothers differed, either in explicit policy, or through practice. These include

- Routine referral to the Social Work Department
- Longer labour
- Separation on wards
- Inability to see or care for their baby
- Differential access to the service of adoption

But, there is also evidence to indicate that these procedures were not routinely applied to all single mothers.

[364] Interview with Dr WC, 1 June 2010.
[365] Benét, *The Politics of Adoption*, 203.

FAILURE TO PROVIDE COUNSELLING (PRE AND POST-ADOPTION)

The limited pre adoption counselling that was provided was 'leading' at best. Approaches to the counselling of single mothers reflected that social workers at the RWH continued to view them as emotionally disturbed individuals into the 1970s.

> A great deal has been written and many agree that the out-of wedlock pregnancy is the purposeful behaviour of a girl who has unresolved emotional conflicts and girls frequently present a picture of emotional disturbance, often severe. To understand this behaviour one must remember the strength of the unconscious forces of motivation. Very often one finds the conflict between the girl and her parents. There may be feelings of rejection, insecurity, or sibling rivalry which go back many years.[366]

Testimony from interview participants substantiates claims that social workers at the RWH encouraged unmarried mothers to place their babies for adoption. Documentary evidence supports the conclusion that attractive and intelligent young women were encouraged to follow through with plans to adopt, while less desirable candidates were referred elsewhere or blatantly refused access to the service of adoption.

While the Social Work Department professed to offer post adoption counselling, and was indeed obliged by law to provide such a service, there is no evidence that this was ever systematically supplied. The provision of post adoption counselling could be complicated by distance in the case of single mothers travelling from the country or interstate, and some women have cited issues of trust in accessing a counselling service from the same provider.

There is no doubt that a conflict of interest existed. The structure of the Medical Social Work Department was such that the 'adoption worker' was responsible for all aspects of adoption. Hence, the same social worker who provided counselling for the single mother was responsible for the recruitment of adoptive parents, leaving them unclear as to who is the primary client.

---

[366] "Lecture 1: Service and Counselling to Natural Parents in Relation to Adoption," in *Lecture for Social Welfare Department: Adoption Course* (Melbourne: The Royal Women's Hospital Archives, 1971).

FAILURE TO PROVIDE INFORMATION AND ASSISTANCE TO OBTAIN SPECIAL BENEFITS

Patient file records indicate that assistance was provided for the application for Sickness Benefits. Any other benefits that may have been available were at the discretion of the Minister based on a character assessment of the single mother. Given prevailing social attitudes, acceptance on these grounds was not guaranteed. In assessing the availability of benefits in each state after 1968, Ron Sackville found that the Victorian benefits available were so minimal that social workers would not have considered these to be sufficient for survival.

> Although the benefits provided in other States are hardly calculated to ensure that illegitimate children will receive more than the barest essentials of life, those states at least do not discriminate between illegitimate children and other disadvantaged children. The prevailing opinion of social workers in Victoria, not surprisingly, seems to be that an unmarried mother wishing to keep her child will encounter almost overwhelming obstacles if she is dependent on welfare.[367]

NON-CONSENSUAL USE OF DRUGS

Upon arrival at the hospital, blanket consent was signed on the admission documents granting permission for doctors to do and perform all things necessary for the care and treatment of the patient as seen fit. It is difficult to establish the extent to which various procedures and the administration of drugs were explained to a patient. There is no documentary evidence to this effect, and the memory of interview participants has been impeded by the trauma of relinquishment.

Stilboestrol was used to impede lactation in single mothers whose charts indicated that the baby was for adoption, but was equally used for married mothers who had a diagnosis of diabetes, mental illness, or simply chose not to breastfeed. No evidence has emerged that stilboestrol was administered to overdose in former forced adoption victims.

In respect to sedative or narcotic drugs, medical records indicate that Morphine was routinely administered to the vast majority of patients immediately after birth. There was no suggestion that these drugs were administered to overdose, or that these were

[367] R. Sackville and A. Lanteri, "The Disabilities of Illegitimate Children in Australia: A Preliminary Analysis," *Australian Law Journal* 44 (27 February 1970), 58.

targeted towards single patients. Medical records also reveal that the hospital used heroin in labour for distressed primipara patients, regardless of whether they were married or not.

It must again be noted that a very small number of available patient medical records was retrieved for this assessment: in no way can this be considered representative. With over 7000 births per year for much of the period under investigation, thorough examination of these records (even a small representative sample) would require at least one year full-time research.

FORBIDDING CONTACT BETWEEN MOTHER AND CHILD

The belief that it was kinder for a relinquishing mother not to have contact with her child gained favour among professionals during the 1960s. At this time, hospital policy explicitly ordered that the babies of 'A' patients be immediately removed to the nursery upon delivery. While this document also indicated that the mother could see her child if she expressly wished to do so, interviews with single mothers revealed that many were forbidden contact.

OVERT AND COVERT FORMS OF DURESS TO OBTAIN CONSENT

Women who placed a baby for adoption consistently recall feeling enormous pressure to consent. Counselling with social workers involved recurrent messages of the single mother's inadequacy as a parent, especially in contrast to the benefits of a two-parent family. Options—though limited—were never presented to the single mother. Social Worker VD also claims that there was an unwritten policy amongst midwives that contact was withheld when a consent to adoption was sought.

CHANGING PATTERNS

What has become apparent is that a complex combination of changing social values, community attitudes, and legislation culminated in the mid-1970s, at which point single mothers became increasingly visible members of society. No single factor can adequately explain the dramatic decrease in babies available for adoption after 1975.

While the hospital operated within the constraints dictated by the social norms of the times, it was also quick to adopt the changes that were occurring.

Certainly the introduction of the Supporting Mothers Benefit in 1973 eased the financial difficulties experienced by single mothers; and the Victorian Status of Children Act removed the legal disabilities of ex-nuptial children. Unfortunately, the stigma of illegitimacy continued to be felt by the children who were placed for adoption. It has been claimed that the function of secrecy on which past adoption practices were implemented were intended to conceal the illegitimacy of the child. That adoption could expunge the taint of illegitimacy would never eventuate. Instead, adult adoptees are still left to face this reality.

> [It] came as a shock to me; I mean, I am illegitimate and we all know what people think about illegitimacy ... No, I don't' think that adoption wipes outs illegitimacy. I am now holding on to the hope that my mother was not a street walker.[368]

Other changes that facilitated the sexual freedom of women were the increased availability of contraception and abortion. Previously inaccessible to single woman, contraception became readily available by the mid-1970s. The RWH opened its Family Planning Clinic in 1971. The Annual Report indicated that the clinic was providing advice to single as well as married patients as early as 1971, but (at least initially) this was limited to existing patients.[369] The clinic was also providing abortions, which had become provisionally legal under the Menhennitt ruling.

Adoption practice would also change dramatically through the 1970s, as the number of babies available for adoption decreased. More women were encouraged to keep their babies, as was Mother CW in December 1978. Ultimately, CW decided to place her daughter for adoption.

> I think I was encouraged to keep my daughter. They didn't tell me the negative side but they said here you can keep it, you're all right, and they didn't tell me that if you don't keep it you're going to be absolutely and utterly wrecked. You

[368] Triseliotis, *In Search of Origins: The Experiences of Adopted People*, 126.
[369] Royal Women's Hospital, *Annual Report* (1971), 22.

> know if someone has said that to me I would have maybe kept her. No one was telling me that. Maybe they didn't want to set me up for that to happen.[370]

Sadly the issue of grief and loss continued to be ignored as a priority of care for relinquishing mothers. They have carried the burden of their secret for a long time.

> And, we just—we had a loss and grief that we silently suffered over the years, because when I came home —I've got four sisters and one brother. When I came home, nothing was—nothing was mentioned. And it's only a few years ago I said to my sisters and my brother, 'do you know I left home years ago?' They said that 'yeah, we were told, but we were told not to say nothing.' So—[371]

CONCLUDING REMARKS

It has been said that in Victoria a mother who relinquished her baby 'is still treated with the same contempt that she was treated with in the labour ward when they marked her file before she delivered her baby.'[372] In the period 1945-1975, single pregnant women were treated as sexual deviants forced to relinquish the child to atone for their transgression. The secrecy surrounding past adoption practices rendered these women invisible, thereby imposing a silent prison in which to suffer their shame and guilt. Most often the decision to adopt, when instigated by the single mother or her family, was motivated by fear: of being discovered, of being judged and of losing control. Single mothers consistently recall a time when their voice was silenced in regards to decision-making. Under the misguided pressure of family and adoption professionals, women felt powerless to speak up and challenge social beliefs that revered the nuclear family above all else.

Given the social, familial and institutional pressures outlined in this report, why then are women expressing anger towards the hospital? That the RWH's culture of clinical and medical practice failed to deal with the psychological impact of relinquishment on the

[370] Interview with Mother CW, 28 November 2010.
[371] Interview with Mother NJ, 23 June 2010.
[372] Elizabeth Edwards in *Proof Hansard (Uncorrected Proof).*

mother provides another partial explanation; but the bottom line for many women is simply that they expected more of it.

> And I don't know what people thought, but it was still firmly based on the idea that they were solving a situation where they were actually taking the stigma of illegitimacy away from the child, they were providing a child for infertile couples, and they were taking away the shame of the mother. The thing that strikes me is that it's just so bizarre to think that a child is better off being parented—very clearly telling the young women that somebody else is better off mothering your child than you are. You are never even considered—you know, this is a much better candidate than you who has given birth—so it's a really interesting little thing they did ... So you know it's a really bizarre situation and I consider that their failure to protect the vulnerable.[373]

[373] Interview with Mother GT, 22 October 2010.

REFERENCES

ROYAL WOMEN'S HOSPITAL ARCHIVES

Administrative Orders
Adoption Sub-Committee Minutes (1966-67).
Almoner Department Reports, Nurses Lectures and other documents (1934-1964).
Annual Reports (1934-1988)
Board of Management Minutes
Committee of Management Minutes
Correspondence of Manager Secretary (1946-1975).
Correspondence of Medical Superintendent (1951-1969).
Campbell, A.F. "Cost Study of Cost Operating Adoption Agency." 22.05.68.
Finance Committee Minutes
Gruber, E. "Social Study of Patients Admitted for Abortions: Royal Women's Hospital 1 March - 31 May 1956."
House Committee Minutes
Intra-hospital memos
Labour Ward Case Books (1940-1975)
Medical Social Work Department Reports, Lectures and other documents (1963-1988)
Medical Directives
Medical Patient Files (1964-65)
Social Work Committee Minutes
Social Welfare Deparment. "Seventh Conference of Adoption Agencies." 18 February 1969.
Social Work Department Patient Cards, c. 1935-1965.
Social Worker IS. "Looking Back: 25 Years of Social Work at the Royal Women's Hospital." 1966.
The Royal Women's Hospital. "More Information of DES Exposure." January 1990.
The Royal Women's Hospital, with the contribution of DES ACTION and the Health Issues Centre. "Could This Be You? DES Exposed." Melbourne: The Royal Women's Hospital Health Promotion Unit, April 1989.
Women's Health Information Centre. "Were You Pregnant or Born between 1838 & 1971? You May Be Affected by DES." Melbourne: The Royal Women's Hospital, June 1999.

COUNCIL FOR THE SINGLE MOTHER AND HER CHILD

Information Pamphlets
Newsletters
Senator F.P. McManus. "Reply to Letter Seeking His Views on the Granting on the Commonwealth Widows' Pension to Single Mothers from CSMC." 20 November 1972.

INTERVIEW TRANSCRIPTS

"Single Mothers Oral History", Collected Interviews, in private collection of Professor Shurlee Swain.

INTERVIEWS BY AUTHOR

Mother N
Student Midwife M
Student Midwife MA
Mother AA
Mother SB
Dr WC
Midwife KC
Social Worker VD
Mother DG
Mother AG
Mother NJ
Midwife HJ
Midwife MJ
Mother LK
Midwife MM
Mother MP
Mother MR
Mother PS
Mother LS
Mother GT
Mother CW

PERSONAL COMMUNICATION

Mother SB, 2010.
Mother MC, 2011.
Social Worker VD, 2010-2011

OFFICIAL PUBLICATIONS

Victorian Year Books (1942-1994).

Committee of the Senate Inquiry into the Commonwealth Contribution to Former Forced Adoption Policies and Practices. Submissions available online from: www.aph.gov.au/senate/committee/clac_ctte/comm_contrib_former_forced_adoption/submissions.htm. Accessed 24 August 2011.

NSW Law Commission. "*Releasing the Past: Adoption Practices 1950-1998*." edited by Standing Committee on Social Issues, 2000.

Parliament of Tasmania Joint Select Committee. "Adoption and Related Services 1950-1988." 1999.

Senate Hansard for the Forty-Third Parliament, First Session, first period, 15 November 2010.

Senate Community Affairs References Committee. *Proof Hansard (Uncorrected Proof)*, Melbourne Public Hearing, 20 April 2011.

LEGISLATION AND LEGAL PROCEEDINGS

Commonwealth of Australia. "Marriage Act 1961." *Act no.12 of 1961*.

Menhennit. "R V Davidson." *VR667*, Supreme Court, 1969.

Victorian Government. "Adoption of Children Act 1928." *Act no. 3605*, 1928.

———. "Adoption of Children Act 1936." *Act no.4381*, 1936.

———. "Adoption of Children Act 1942." *Act no.4903*, 1942.

———. "Adoption of Children Act 1958." *Act no.6192*. 1958.
———. "Adoption of Children Act 1964." *Act no.7147*, 1964.
———. "Adoption of Children Regulations ", 1965.

Newspapers , Journals & Media

Advocate
Age
Age: Good Weekend Magazine
Argus
Australian
Brisbane Courier-Mail
Channel 7
Doncaster Templestowe News
Herald Sun
Madison
Melbourne Truth
New Idea
Sydney Morning Herald

Theses

Johns, Nan. "The Health of Babies Kept by Their Single Mothers : A Study of the First Years of Life of a Melbourne Sample." 1974.
Kiely, Rosemary Anne. "Single Mothers in Society : A Study of the Causes and Consequences of Single Motherhood for a Melbourne Sample of Single Mothers Who Kept Their Children." Melbourne University, 1979.
Kiesel, Suzan G. "Natural and Not: Articulating Mother(Hood) within the Adoption Triad." Ph.D., Southern Illinois University at Carbondale, 2007

Internet Sources

Adoption Loss Adult Support (Queensland). "Apology on Behalf of RBWH." www.alasqld.com/. Accessed 18 January 2010.
———. "National Research Study on the Service Response to Past Adoption Practices." Commonwealth of Australia, www.aifs.gov.au/pastadoptionpractices/index.php. Accessed 10 June 2011
Cancer Council (NSW). "DES and Cancer - Position Statement." www.cancercouncil.com.au/html/prevention/risks_factsheets/print/fact_desandcancer.htm. Accessed 10 June 2011.
Centres for Disease Control and Prevention. "DES Update: Health Care Providers." http://www.cdc.gov/des/hcp/nurses/history.html.
Christine Cole. "The White Stolen Generation." www.myspace.com/whitestolengeneration. Accessed 18 January 2010.
Community Affairs References Committee. "Media Release 12 May 2011." www.aph.gov.au/senate/committee/clac_ctte/comm_contrib_former_forced_adoption/media_release/Media_Release_12_05_11.pdf. Accessed 10 June 2011.
Monash University. "History of Adoption Project." www.arts.monash.edu.au/historyofadoption/. Accessed 28 June 2011.

Origins Inc. www.originsnsw.com/ Accessed 28 June 2011.
Wellfare, Dian. "Overview of Adoption in Australia." www.dianwellfare.com/id22.html. Accessed 4 November 2009.

PUBLISHED SOURCES

Australian Bureau of Statistics. "Australian Social Trends." 2001.
Australian Institute of Family Studies. "Impact of Past Adoption Practices." Melbourne: Australian Institute of Family Studies, March 2010.
Australian Institute of Health and Welfare. "Adoptions Australia 2007-08." In *Child Welfare Series No.46*. Canberra: AIHW, 2009.
Barnett, F. Oswald. *The Unsuspected Slums*. Melbourne: Herald Press, 1933.
Barnett, F.O. *Is It Safe to Adopt a Baby?* Melbourne: Department of Human Services, 1948.
Basavarajappa, K.G. "Pre-Marital Pregnancies and Ex-Nuptial Births in Australia, 1911-1966." *The Australian and New Zealand Journal of Sociology* 4, (1968): 126-45.
Benét, Mary Kathleen. *The Politics of Adoption*. New York: The Free Press, 1976.
Bowlby, Dr John. *Maternal Care and Mental Health*, World Health Organization, 1951.
Borrie, W. D. *Population Trends and Policies: A Study in Australian and World Demography*. Sydney: Australasian Pub. Co., 1948.
Borromeo R.S.M., Sister Mary. "2. The Natural Parents." *Australian Journal of Social Work* 20, no. 1 (1967): 11-13.
Bourke, J. P., and J. F. Fogarty. *Bourke and Fogarty's Maintenance, Custody and Adoption Law : Comprising Maintenance, Custody and Adoption under the Maintenance Act 1965 of Victoria, Marriage Act 1958 of Victoria and Adoption of Children Act 1964 of Victoria, and Maintenance and Custody under the Commonwealth Matrimonial Causes Act 1959-1966*. Melbourne: Butterworths, 1967.
Bryder, Linda. *A History of the 'Unfortunate Experiment' at National Women's Hospital*. Auckland, N.Z.: Auckland University Press, 2009.
Charlesworth, S. "The Impact of the Victorian Status of Children Act 1974 on the Legal and Social Rights of Children Born to Unmarried Parents." *University of Tasmania Law Review* 8, no. 2 (1985).
Cole, Christine, ed. *Releasing the Past: Mothers' Stories of Their Stolen Babies*. Sydney: Sasko Veljanov, 2008.
Committee appointed by the Chief Secretary of Victoria Hon. A.G. Rylah M.L.A. *Survey of Child Care in Victoria, 1962-1964*. Melbourne: A.C. Brooks, Govt. Printer, 1964.
Committee of the Second Australian Conference on Adoption. *Current Concerns and Alternatives for Child Placement and Parenting: Proceedings of the Second Australian Conference on Adoption*. edited by C. Picton. Melbourne, May 1978.
Committee of the Third Australian Conference on Adoption. *Changing Families: The Proceedings of the Third Australian Conference on Adoption*. Adelaide, May 1982.
Conference of Approved Adoption Agencies. *Notes on Adoption (for Distribution to Doctors, Solicitors, Nurses, Ministers and Other Professional Groups).* North Melbourne: Family Welfare Division, Social Welfare Department, 1968.

Cook, H. *The Long Sexual Revolution: English Women, Sex, and Contraception 1800-1975*. Oxford: Oxford University Press, 2004.
Council for the Single Mother and Her Child. "Victory Issue." *Scarlet Letter*, Melbourne CSMC, March 1973.
Cutright, Phillips. "Illegitimacy: Myths, Causes and Cures: A Family Planning Perspectives Special Feature." *Family Planning Perspectives* 3, no. 1 (1971): 25-48.
Davis, Kingsley. "Illegitimacy and the Social Structure." *American Journal of Sociology* no. 45 (September 1939): 215-33.
De Voe, Jennifer E., and Stephanie D. Short. "A Shift in the Historical Trajectory of Medical Dominance: The Case of Medibank and the Australian Doctors' Lobby." *Social Sciences and Medicine* 57, no. 2 (July 2003): 343-53.
Fitts, Sandra. "The Single Mother and Her Child." *Council for the Single Mother and her Child (CSMC) pamphlet*. Melbourne, c.1972.
Frame, T. R. *Binding Ties: An Experience of Adoption and Reunion in Australia*. Sydney: Hale and Iremonger, 1999.
Haigh, Gideon. *The Racket : How Abortion Became Legal in Australia*. Carlton, Vic.: Melbourne University Press, 2008.
Hamilton-Byrne, Sarah. *Unseen, Unheard, Unknown*. Ringwood, Vic.; New York: Penguin Books, 1995.
Hartley, Shirley M. "The Amazing Rise of Illegitimacy in Great Britain." *Social Forces* 44, no. 4 (1966): 533-45.
Health Commission of Victoria, and The Royal Women's Hospital. "The DES Problem." In *Bulletin for Medical Practitioners*. Melbourne: The Royal Women's Hospital Archive, March 1981.
Holmes, Katie, and Marilyn Lake, eds. *Freedom Bound II: Documents on Women in Modern Australia*. St. Leonards, NSW, Australia: Allen & Unwin, 1995.
Horsburgh, Michael. "Personal Reflections on Australian Social Work." *Australian Social Work* 60, no. 4 (2007): 391-94.
Howe, David, Phillida Sawbridge, and Diana Hinings. *Half a Million Women: Mothers Who Lose Their Children by Adoption*. London: Penguin Books, 1992.
Inglis, K. *Living Mistakes: Mothers Who Consented to Adoption*. Sydney: Allen & Unwin, 1984.
Kewley, T.H. *Social Security in Australia, 1900-1972*. Sydney1973.
Kiely, R "Disadvantages of the Present Scheme for Assisting Single Mothers." *Council for the Single Mother and her Child (CSMC) publication*, Melbourne, c.1972.
Kiely, R. "Single Mothers and Supermyths." *Australian Journal of Social Issues* 17, no. 2 (May 1982): 155-60.
Kunzel, Regina G. *Fallen Women, Problem Girls: Unmarried Mothers & the Professionalization of Social Work, 1890-1945*. New Haven: Yale University Press, 1993.
Lawrence, Robert John. *Professional Social Work in Australia*. Canberra: Australian National University, 1965.
Lawson, D.F. "The R.H. Fetherston Memorial Lecture: The Anxieties of Pregnancy." *The Medical Journal of Australia*, 30 July, (1960): 164-66.
Leavitt, Sarah Abigail. ""A Private Little Revolution": The Home Pregnancy Test in American Culture." *Bulletin of the History of Medicine* 80, no. 2 (Summer 2006).

Lee, D. "The Growth and Role of Self-Help Groups." In *To Search for Self: The Experience of Access to Adoption Information*, edited by Shurlee Swain and Philip Swain. Sydney: Federation Press, 1992.

Lewis, Margaret T. (for the Australian Association of Social Workers). *Values in Australian Income Security Policies : Research Report*. Canberra: Australian Government Pub. Service, 1975.

Lummis, Trevor. "Structure and Validity in Oral Evidence." In *The Oral History Reader*, edited by Robert Perks and Alistair Thomson. London and New York: Routledge, 2006.

Marshall, Audrey, and Margaret McDonald. *The Many-Sided Triangle*: Melbourne University Press, 2001.

McCalman, Janet. *Sex and Suffering: Women's Health and a Women's Hospital*. Baltimore: John Hopkins Paperbacks edition, 1999.

Meredith, E, and P Brotherton. "Some Characteristics of a Sample of Melbourne Single Mothers." *Australian Social Work* 27, no. 1 (March 1974): 17-22.

Miller, S. "Maternity Homes: The Case of a Dying Institution." *Journal of Sociology and Social Welfare* (Fall 1973).

Mills, M. "Who is the Unadoptable Child" *Australian Journal of Social* Work 20, no. 1 (1967): 18-21.

Neave, Marcia. "The Position of Ex-Nuptial Children in Victoria." *Melbourne University Law Review* 10, (1976).

Sackville, R., and A. Lanteri. "The Disabilities of Illegitimate Children in Australia: A Prliminary Analysis." *Australian Law Journal* 44, (27 February 1970).

Seaman, Barbara. *The Greatest Experiment Ever Performed on Women : Exploding the Estrogen Myth*. Melbourne: Schwarz Publishing, 2003.

Spencer, Geraldine. "Pre-Marital Pregnancies and Ex-Nuptial Births in Australia, 1911-1966—a Comment." *The Australian and New Zealand Journal of Sociology* 5, (1969): 121-27.

Swain, Shurlee. "Dear Problem Page, I'm Single, Pregnant And..." *Lilith* (November 1991).

Swain, Shurlee, and Renate Howe. *Single Mothers and Their Children: Disposal, Punishment and Survival in Australia*. Melbourne: Cambridge University Press, 1995.

Triseliotis, J. P. *In Search of Origins : The Experiences of Adopted People*. London; Boston: Routledge and Kegan Paul, 1973.

Triseliotis, J. P., Joan F. Shireman, and Marion Hundleby. *Adoption : Theory, Policy, and Practice*. London; Herndon, VA: Cassell, 1997.

Vaughan, B. "Placing the Unadoptable Child." *Australian Journal of Social Work* 20, no. 1 (1967): 21.

Victorian Council of Social Service. "The Service of Adoption." (pamphlet), Melbourne: Victorian Council of Social Service, 1960?

Vincent, Clark E. *Unmarried Mothers*. New York: Free Press of Glencoe, 1961.

Walsh, R.J. "Genetic Considerations." *Australian Journal of Social Work* 20, no. 1 (1967): 16-18.

Young, L. "Personality Patterns in Unwed Mothers." In *The Unwed Mother* edited by Robert W. Roberts. New York: Harper & Row, 1966.

Young, Leontine. *Out of Wedlock; a Study of the Problems of the Unmarried Mother and Her Child*. New York: McGraw-Hill, 1954.

Yow, Valerie Raleigh. *Recording Oral History : A Guide for the Humanities and Social Sciences* (Second Edition). Walnut Creek, CA: AltaMira Press, 2005.

APPENDIX 1

STATE OF VICTORIA ADOPTIONS, LEGITIMATIONS, AND BIRTHRATE

1929-1986[374]

	Adoptions					
Year	**Male**	**Female**	**Total**	**Legitimation**	**Ex-nuptial births**	**Total births**
1929[375]	31	56	87			
1930						
1931						
1932						
1933						
1934						
(1930-1934)[376]	492	833	1325	**435**		
1935						
1936						
1937						
1938					1301	30344
1939					1149	30493
(1935-1939)[377]	843	1156	1999	**584**	***1228***[378]	
1940	273	304	577	145	1106	31962
1941	402	393	795	228	1137	34406
1942	344	420	764	214	1345	35297
1943	447	426	873	233	1566	39117
1944	492	582	1074	190	1541	39358
1945	511	509	1020	139	1486	41200
1946	531	599	1130	145	1711	46693
1947	547	571	1118	138	1625	47366
1948	572	573	1145	103	1533	46099
1949	501	447	948	106	1534	46873
1950	518	524	1042	83	1617	49830
1951	607	588	1195	109	1675	50553
1952	656	620	1276	107	1808	53738
1953	651	650	1301	113	1843	53561
1954	604	564	1168	107	***1767***[379]	***52468***[380]

[374] Australian Bureau of Census, *Victorian Year Book*.
[375] First registration effected on 14 October 1929.
[376] Totals for five years.
[377] Totals for five years.
[378] Represents the average per year during the period 1935-1939.
[379] This number represent averages for the period 1950-1954
[380] This numbers represent averages for the period 1950-1954

1955	453	503	956	104	1908	56336
1956	600	643	1243	97	1980	58393
1957	612	612	1224	124	2065	60464
1958	633	665	1298	87	2219	61269
1959	576	656	1232	86	2308	62245
1960	633	649	1282	107	2380	64025
1961	772	806	1578	100	2706	65886
1962	840	767	1607	104	2954	65890
1963	834	780	1614	388	3078	65649
1964	995	895	1890	648	3402	64990
1965	1005	946	1951	506	3245	63550
1966	835	786	1621	450	3578	64008
1967	1011	1057	2068	482	3699	65485
1968	939	893	1832	533	4166	70228
1969	1052	1073	2125	488	4098	71035
1970			2147[381]	601	4420	73019
1971			2084	558	5010	75498
1972			1878	545	5001	71807
1973			1766	596	4611	67123
1974			1490	551	4394	66201
19			1229	489	4395	61897
1976			1330[382] 1130[383] 1032[384]	517	4426	60667
1977			1179[385] 908[386]	415	4391	59518
1978			991[387] 951[388]	407	4718	58861
1979			956	433	5033	57767
1980			914	423	5300	58206
1981			711	523	5615	59513
1982			753	451	6165	59983
1983			692	450	6433	60123
1984[389]			686	461	6580	59763
1985						61555
1986					7395	60152

[381] The male/female breakdown of adoption numbers is no longer detailed.
[382] 1978
[383] 1979
[384] 1980 & 1982
[385] 1979 & 1980
[386] 1982 year book
[387] 1980
[388] 1982
[389] These numbers are from the 1986 *Year book*, after this time, the stats in this form disappear and only very brief information is provided. No further statistics on adoptions or legitimations.

APPENDIX 2

RWH ADOPTIONS

1941-1988

YEAR	ADOPTIONS	YEAR	ADOPTIONS	YEAR	ADOPTTION
1941	21	**1957**	107	**1973**	217
1942	27	**1958**	103	**1974**	163
1943	26	**1959**	110	**1975**	124
1944	25	**1960**	128	**1976**	122
1945	28	**1961**	134	**1977**	84
1946	28	**1962**	150	**1978**	60
1947	21	**1963**	181	**1979**	54
1948	24	**1964**	211	**1980**	39
1949	32	**1965**	200	**1981**	39
1950	49	**1966**	249	**1982**	20
1951	28	**1967**	310	**1983**	19
1952	52	**1968**	351	**1984**	21
1953	43	**1969**	333	**1985**	10
1954	59	**1970**	382	**1986**	11
1955	73	**1971**	400	**1987**	-
1956	98	**1972**	344	**1988**	-