

[11.27 am]

ARTHUR, Mrs Lily, State Secretary, and Office Coordinator Origins Incorporated, SPSA New South Wales Branch

BRYANT, Ms Linda May, Queensland Coordinator, Origins Incorporated, SPSA Queensland Branch

CHAIR—Welcome. The committee has your submission, which it has numbered 420. Are there any changes or additions you would like to make to that document at this stage?

Ms Bryant—Yes. There was a submission put in from the branch in Queensland and one from Victoria, but on the internet it has our submission as No. 420, and that is the main office submission. We both sent them in and had confirmation that they were accepted.

CHAIR—We will check that. Could I ask you to make a brief opening statement, after which we will go to questions.

Mrs Arthur—I will give a brief explanation. Origins Inc. was established 10 years ago, mostly as a support group for mothers who lost their children to past adoption. The statistics are that from 1950 to 1998 150,000 newborns were adopted throughout Australia. One in six people and at least one child in 13 are directly affected by adoption in Australia. The average age of mothers was between 15 and 19. The infants were newborn and usually the first child of the mother. We work mainly with mothers and families who have lost children to adoption, people who are adopted and other people who have been removed from their families through state intervention. We gave a submission to the inquiry that produced the *Forgotten Australians* report, because a lot of those children were later taken into care and adopted out, so it was very much a case of adoption related issues there. We deal with ex-state wards, we have quite a number of women who have lost children to adoption whilst under the care of the state and we deal with Indigenous groups.

The main focus of our organisation has been on the known mental health damage—our research goes back to the 1940s, when they recognised the damage to our children—and the unlawful practices. I will briefly describe the unlawful practices such as the incarceration of mothers. During the birthing experiences women were tied down to the bed, shielding them from any eye contact with their children so that they did not bond. There was the overuse of drugs to stupefy mothers and the use of carcinogenic drugs such as stilboestrol to stop them lactating. Mothers were forbidden to see their newborns and were transported away from the hospital and away from their babies while they were in a stupor. Mothers were forced to sign legal documents surrendering their children without any type of legal representation or caution about the effects of any adoption consent. There were also the practices of swapping live babies from unmarried mothers with stillborns of married couples and hiding the children under the adoption acts.

After an inquiry that we called for in 1997, hearings were held for 2½ years and in 2000 they handed down the report, where they said that the practices that were occurring in most hospitals in New South Wales were unlawful and unethical. The practices described as routine have been carried out through most public hospitals in Australia. So we now know that the practices were basically Australia wide and were carried out within the confines of public hospitals by employees of the state. When we started doing research into the mental health issues of adoption, we found a mountain of information—papers in medical journals et cetera—about the

known damage that it did not only to us but to our children. So they were well aware of the mental health damage at the time when they were performing their unlawful acts.

We say that since the 1960s when the peak years of adoption were in progress the state governments in every state in this country breached their fiduciary duty to the mothers by avoiding the statutory requirements to prevent the fraud that was occurring within the hospitals. They knowingly ignored the statutory requirements of the adoption acts by denying mothers their inalienable right to see and have unrestricted access to their children before a consent was signed. The mother legally was the sole guardian of her child until an adoption consent was taken. They were taking children from the birthing table and hiding them in the confines of the hospitals, forbidding mothers to see their children that they had given birth to.

They failed to protect our best interests by depriving unmarried mothers of the same standard of care that was afforded to other mothers—those who were married. We got different treatment altogether within the hospital. They failed to protect our mental health and our emotional health. They failed to obtain consent upon admission to the hospital to authorise any operations, medications or procedure contrary to a normal delivery process. They exercised undue influence against mothers for the purpose of bringing about an adoption transaction. They caused us to sign adoption forms based entirely on anecdotal information. A mother had never seen the child that she was surrendering—she did not even know if she was surrendering the right child. They wrongfully took possession of our children at the moment of birth and deprived us of them permanently through fraudulent means. They coerced mothers into signing consents to legalise their unlawful actions, knowing full well the potential for mental health damage that they were causing while they were doing it. I can honestly and categorically say that the state of my mental health is completely due to the unlawful practices that were committed against me.

Ms Bryant—My statement is about some of the psychiatric damage that we find as a support group. Queensland, as you know, is a very big state. We have some volunteers who run a support group in Cairns. Other than that, we in Brisbane handle phone calls, emails and letters from all over the state and sometimes from interstate and overseas because some adoptees and mothers may have moved to another state or overseas. At the moment there are no paid staff. I am just a volunteer. I use my own money for access—it is about a 40-minute drive. Petrol, as you know, has become very expensive. But we feel that if we fold up, if we do not do anything, there will simply be no help for these people. A lot of the mothers suffered secondary infertility. An estimated 50 per cent of those mothers who had their children removed never had another child, so it was their only child.

With regard to the effects on the mothers, Dr Geoffrey Rickarby, a psychiatrist who gave evidence at the New South Wales parliamentary inquiry, has been treating mothers and adoptees for many years. He is quite elderly now. The psychiatric disorders come in different forms, including pathological grief. When a baby is taken and it is still alive and it goes off to live with strangers, it is not like having a baby and you can say that it died, where you can actually have that memorial or funeral, and people come and give you sympathy and bring you casseroles, flowers and things. As a society, we need that to go through the grieving process.

When we were discharged from the hospital, we were just sent out into the wild blue yonder and told that we would forget about it in 12 months. We were told to get on with our lives, go out and get married and have other babies and everything will be fine. They knew that it would not be fine. That is what really angers us. They told us all this and we ended up with post traumatic stress disorder, which I have suffered from, major depression, dissociative disorders, panic disorders, anxiety disorders, dysthymia and situational stress disorder. Situational stress disorder is associated with the reunion. A reunion is not the end to it; a reunion is just another

beginning. All that grief for the mother and the child comes back again and it has to be worked through. Sometimes it can take up to 10 years to actually get onto some regular relationship.

We find a great many adoptees and mothers in alcohol- and drug-dependent situations. They have personality damage, educational failure and poor employment status. Many of the mothers, if they had their baby at 17, left school because of their pregnancy and never returned to further study. They had a failure to bond with subsequent babies. When many of them married and had other children, they always had that fear that they were unfit mothers because that is what they were told. That fear was transmitted down to the next lot of children and many of mothers suffered problems trying to bond with subsequent babies.

I move to the effects on the adoptees. We have adoptees ranging from the age of 18, which is when you can legally access your information. I have had some adoptees in their 70s come looking for help, who have said they have never ever discussed their adoptive status with anyone else. Their first point of call is with us. We find now that the internet is an anonymous way of asking a lot of questions without having to front up and talk to someone. Our web site has been invaluable to us, especially for overseas adoptees who are looking for help to find their families and so forth.

There is an awfully high suicide rate amongst male adoptees. Some research has been started by the Central Queensland University and that is ongoing at the moment. Dr Susan Gair is conducting that research. Adoptees feel a lack of identity. They do not know who they are. They have perhaps never fitted into their adopted families. They have different personalities and abandonment and separation anxiety. Many of them have ongoing problems with relationships with the opposite sex because of abandonment issues. There has been a fair amount of abuse of adoptees by adoptive parents, both physical and sexual. Adoptees have to deal with that as well as their adoption. They have self-destructive coping mechanisms like drug and alcohol dependency and inflict self-mutilation. A number in our group have been hospitalised for cutting themselves.

There is a lot of anger, especially amongst the males. They feel anger at being rejected by their mother and when they find out upon reunion how their mother was treated they feel anger at other people—the doctors and the system. Unfortunately, the anger that a lot of those young males feel tends to make them drink excessively, take drugs and sometimes they end up in prison. We have a list of adoptees who have been in prison. Many of the serial killers are adoptees and I have a list of those as well.

There is cultural and genetic bewilderment. Many of them come from different cultures to the ones they are adopted into. They may come from Maltese, Italian or whatever backgrounds and may be adopted into Anglo-Saxon or German cultures. They are brought up in the way of their adoptive family and they find out that their culture is totally different. It is a bit like the Aboriginal stolen generation being brought up in a white family and losing their culture. These adoptees have actually lost the culture of their original families as well.

Also, here in Queensland, we are now the only state that has objections to contact and access to information so, for a lot of the adoptees who have applied to get their information and the mothers who want to know where their children are, objections have been placed by the other party. That causes further rejection, anger and, unfortunately, in some cases suicide. We also know that the Queensland government knows of the trauma that this has caused, and we are still waiting for some sort of acknowledgement and redress. Queensland is also the only state without a post-adoption resource centre, so there is no official centre where adoptees, mothers and

anyone interested in finding family can go and have access to counselling, libraries, support groups and so forth.

I am very fortunate that the Mental Health Association of Queensland have given me one small office from which I run the support group. We do not get any funding from any government. The only funding we had was to run our last conference at Wacol. That was last year, and we had some funding from the gaming benefits fund of \$4,200. We put on a conference with volunteers with that money, which we were told was quite exceptional. I have the papers of that conference on disk and I would like to send that to you. I have not got access them to at the moment because they have just been printed, but I would like to add those into our submission.

We are looking for outcomes for the mental health of a huge proportion of the population. We find that, when we have somebody who we feel is beyond having support in a support group and who needs professional help, we do not have anywhere to refer them. We have referred them on to different psychiatrists and psychologist and we have the same problem as the previous group. There is just nobody that we know that you can send them to who has a good knowledge of adoption loss and grief. They have knowledge of loss and grief in other areas, but there is very little research being done. These people do not get satisfaction when they go.

Also, we support people who have been before the courts. We have mentioned their adoptive status and the way they have reacted angrily and punched somebody or done something but the judges just say that that has no relevance at all. There are too many cases of this in Australia and New Zealand, especially here in Queensland. The Childers backpacker fire, which killed 15 people, was set by an adoptee. Julian Knight, who was the Melbourne Hoddle Street murderer, was adopted. The Strathfield murderer, who killed seven people, was adopted. There is a whole list of them. No-one is recognising that this mental health harm has been caused by a government who knew that they were going to cause it in the first place and are now turning around and not giving us any support in addressing this and helping these people who are suffering.

Mrs Arthur—I think there is a deliberate resistance to organisations like ours because we confront the government with their past unlawful practices. They minimise the damage they have caused people by referring it down to loss and grief. They give people like us generalist counsellors when we should be seen to by professional trauma psychiatrists, because they did not just cause loss and grief for people whose human rights they abused and took away; they caused major psychiatric damage, particularly in our children who, when they were separated from us at birth, were left to languish in hospital nurseries for anything up to three months without any bonding of any kind. No-one can tell me that a child that has been through those sorts of situations early in its life would not come out of it without some sort of major trauma.

CHAIR—What was the reason for the delay?

Mrs Arthur—A lot of the time they may not have lined up suitable adoptive parents. They had to match the child with the parent. They may not have had somebody lined up for that particular child or there may have been a medical problem with the child.

Ms Bryant—The babies had to reach a birth weight of five pounds before they could be signed over, so any baby under that had to stay in hospital until they reached five pounds. I do not know what that is in kilos. Also, if they were any medical reasons, as Lily said, they were what they called delayed adoptions, so they delayed them until they got those sorted out. They

did not ever adopt out a baby with any medical diseases or anything that they knew about. They had to be perfect.

Mrs Arthur—In a paper by Dr Ferry Grunseit, he talks about the health of newborns also putting it down to the level of drugs that were given to the mother during labour process. The child was born and had to be intubated. They were suffering from withdrawals and that sort of thing after the birth.

CHAIR—Were the births induced?

Mrs Arthur—Yes. A lot of times they were. We have it in some of the research that we have done that they actually left mothers labouring without giving them Caesareans for at least 36 hours because they wanted the mother to try to give birth naturally, so that her sin would not show because you could not disguise a Caesarean scar. So there are the issues of women who were kept in long labours throughout the birth process most of them suffering their first birth. That is why 50 per cent of women never gave birth to another child—because of the trauma of the delivery and the labour of the first child and then having nothing to show for it.

Ms Bryant—They emotionally and mentally shut down. A lot of the mothers who come to us have emotionally shut down at the age they gave birth. They have not emotionally moved on into middle and old age. They still have that feeling of shame. We have heard stories that when the doctors were stitching them up after an episiotomy they would say, ‘Stitch her up tight so that she won’t be back here again’—things like that. The mothers were treated abominably by some of the doctors and nursing staff. They were very cruel, especially in some of the Catholic hospitals where the nuns were in charge. The stories are just unbelievable.

Senator HUMPHRIES—The practices you have talked about in your comments and in your submission, using tricks on women to get them to adopt their babies out—

Mrs Arthur—They were not so much tricks, it was a concerted effort. The practices were the same throughout Australia. They denied the mother access to her child.

Senator HUMPHRIES—Have those practices ended or are they still going on?

Mrs Arthur—In 1982 when they finally discovered that eventually they may get caught out, the Health Commission of New South Wales put out a policy to stop the practices on the grounds of legal issues and mental health. It took the hospitals many years to stop doing those practices. We have heard from one of the key social workers in New South Wales, who sat on the committee that warned the health department that they were acting illegally, that the practices never came to a halt until the late eighties.

Ms Bryant—That is our evidence too in Queensland. I think it was pretty much one department in one state talking to the other. That usually happens. They get together at family services meetings and so forth. I think it pretty much stopped at the same time.

Mrs Arthur—The practice may have stopped, but they did not warn the mother of the lifelong mental health problems for her and her child until the Adoption Act 2000—

Senator HUMPHRIES—Which state is this?

Mrs Arthur—New South Wales. Our organisation wrote the consent-taking part of the act because, until 2000, they still were not warning of the lifelong damage a mother would suffer by

surrendering a child for adoption. In an adoption a few years ago, somebody sued the government for the psychiatric damage she suffered. So only now are they starting to warn people about the lifelong damage that mothers can suffer.

Ms Bryant—In Queensland at the moment, the 1964 adoption act is under review. We have been inputting into that at different forums. I think the draft of that legislation comes out for public review in September.

Mrs Arthur—Under Section 39 of the old act, people could lodge a contact objection so that no information could be given about a lost child or parent. I have been working on this section of the act with the Queensland government for the past eight years, telling them how harmful it is to deny a mother knowledge of where her child has gone or to deny an adopted person any information at all about their history. The government has known the level of trauma that it has caused. We have a copy of an internal document in response to the New South Wales parliamentary inquiry into adoption in which the government acknowledges the trauma, the psychiatric damage and the unlawful practices in Queensland. But they still refuse to review that section of the act; it is the only part of the act which is not up for review. That part of the act has been deliberately kept there because of the vested interests of adoptive parents who, I might say, have very close leanings with certain ministers in this government.

Senator HUMPHRIES—You talk about the mental health implications of adoption practices. You have quoted a lot of information in your submission. I have not read the Queensland submission yet, but the—

Ms Bryant—That is an overview of what is going on here in Queensland. It was an attachment, I believe.

Senator HUMPHRIES—I assume it adds to the information which is in this other submission. Mrs Arthur, you have spoken about the general impact of adoption on the mental health of people who are involved in it, particularly the mothers. Do we have any information about how widespread that problem is? Would every mother experience mental illness as a result of that experience? Is there any information about what proportion of the population is likely to be affected in this way?

Mrs Arthur—We have a fair idea. Most of the people who have accessed our group—we have had at least 4,000 contacts from women—all have the same story. They have never got over the loss of a living child, particularly when the child was taken off them at birth and hidden. They do not know what they have lost until they actually see what they have lost. The problem becomes more compounded in the reunion process. When you meet the child who has grown up day by day in your mind, seeing an adult at the door is a shock. Women grieve the loss of the baby. They do not grieve the loss of a 30-year-old person. That is the problem with reunions. After a mother meets the child, in her mind she has to kill off the baby. If you do not kill off the baby, you cannot have a reunion process with the adult. That leads to major complications with mental health because you finally have to go through a mourning period. You do not mourn the loss of a living child.

Ms Bryant—You were never allowed to. You were told never to tell anyone, and it was almost like they were sending you out there as a recycled virgin to be on the marriage market again, in the sixties.

They were satisfying what they thought were the adoptive parents' needs, but a lot of adoptive parents come to us too, especially some of them who have had children in jail. I have one couple

who are the adoptive parents of a recently sentenced man, now in Sir David Longlands prison, who murdered two prisoners in jail. That couple went looking for help for that child very early on and were told, 'It is nothing to do with his separation from his mother; it is nothing to do with his adoption; he is just a bit of a larrikin.' That boy has been in and out of jail since he was 18. I think he has spent about two years out of jail, and in that two-year period he raped a 15-year-old girl—and giggled. So we're looking at terrible mental health damage that nobody seems to have recognised, even for the adoptive parents.

Mrs Arthur—The governments themselves know the damage that has been caused by their practices, but they have not funded any type of independent organisation to deal with the damage. They refer them back to their own departments. In Queensland, to service 250,000 people directly affected by adoption, there was one departmental worker counselling these people.

CHAIR—One psychologist?

Mrs Arthur—One psychologist counselling all these people. Their files are full of people who have accessed the department looking for answers, looking for counselling. We have referred people down in New South Wales to the only couple of psychiatrists that we know of who can deal with, or just understand at least, the issues that were involved. The trouble is illustrated by my own case. I have had 150 visits to my psychiatrist over the last four years and he has said to me, 'There is no resolution for you because the fact is you cannot change what has been done.'

You have the most hideous human rights abuses committed against you and when no-one is accountable or acknowledges the mental health damage and everything else, it creates a further problem with mental health because there is no resolution to the human rights crimes and the damage. Every time I even hear my son's name I am constantly thrown back into a state of trauma, of trying to deal with the crimes that were committed. This goes on with every one of us mothers. The governments, and the governments of these states, must admit what they have done and become accountable for it, and at least treat people decently instead of with contempt—and they do treat us with contempt because we remind them of one of the greatest human rights crimes that have been committed against people in this country. And this was all done in breach of the common law. It was not like they legislated to do what they did to us. They breached the Crimes Act. They refused to look at that and they have refused to provide any sort of services to women such as ourselves.

Senator HUMPHRIES—I am not quite clear about what you say is the state of information or research about the trauma associated with adoption. You say in the submission:

... never once has the trauma caused by the interference of the biological sequence of birth between a human mother and child even been considered let alone researched.

But you have also said that there are mountains of information about the damage done through adoption. So I am not clear—

Mrs Arthur—Most of the research that we have at our office—and believe me, we have thousands of papers from various sources—was done overseas. And that was on the ordinary type of adoption, where the consequences of the adoption were followed through from, maybe, an informed consent.

No research has been done into the punitive practice here, and they said in 1965 at a conference, ‘Stop doing these punitive practices against mothers, because they are harmful.’ There has been no research into the trauma that was created by having a child ripped from the woman’s body during the birthing process, hidden away from them and then filling them with drugs to make their experience so unreal that they could never get in contact with the way that they felt about what was usually their first birthing experience.

Ms Bryant—The problem is that research costs money. Several universities that we are in contact with, and several researchers, have applied for funding to do this sort of research and just cannot find the funding. As I said before, Dr Susan Gair from Central Queensland University has received some funding, I believe from overseas, to do some research into adoption and suicide. But there needs to be funding by the government to do some of this research. We have heaps of anecdotal evidence, but that is not official documented professional research. That is what needs to be done. One of the things that we want done is for governments or somebody to fund these universities or people to do this research.

Mrs Arthur—We have been told—and I have met with the minister in New South Wales at least twice, most recently two months ago—that organisations like ours should compete with other organisations for funding. It is very difficult to compete with other organisations when the people like ourselves that are running our organisations have major mental health problems. Every time you get a rejection that says you are not worthy enough to spend a few dollars on, it puts you back in the same capacity of, ‘Aren’t I deserving of trying to get some sort of information? Why isn’t the health department issuing kits?’ Our mental health conditions were created by the health system. It is as simple as that. Their unlawful practices created this mental health disease within us, and not one cent of government money has been spent trying to rectify some of the damage that the health system has caused us. Instead, they want us to go away and die somewhere so they will not be confronted by the crimes that they have committed against people like us.

Ms Bryant—Also, in New South Wales they set up PARC and in Victoria VANISH, which I think are partially funded by the government, and the Benevolent Society, I believe, puts in some funding in New South Wales. They employed former consent takers to counsel the mothers. I have actually been there when a mother from New South Wales was in my office, rang PARC and she got the same woman who had coerced her into consenting to adopt her child out when she was 15 years old, who was now going to counsel her.

Mrs Arthur—It is like sending the victim back to the rapist for a pap smear.

Ms Bryant—Exactly.

Mrs Arthur—That is the equation that we put on it.

Ms Bryant—That girl then just went into hysterics and she started to swear. This woman on the other end who had taken her consent said, ‘Oh, I do not need to listen to this bad language.’ This woman was virtually on the floor screaming. Fancy doing that to somebody. They need independent, well-trained psychologists and psychiatrists to do this counselling, not former consent takers.

Mrs Arthur—I think we need to get rid of the misconception throughout society today that we were the only group of women in a short span of time that willingly gave away our children en masse to strangers. That is the attitude and what they have been promoting over the last

decades in order to dismiss us. The fact of the matter is that we now know that the system was set up to very conveniently remove our children from us and then put the blame back on us.

Ms Bryant—I have had a former consent taker say, ‘They were just bags of trash anyway, and they deserved to lose their babies.’ This is the attitude that we get from these people who are now trying to counsel mothers. That was only in November last year when this woman said that.

Mrs Arthur—That was very recent.

CHAIR—You point to the lack of evidence. As a result of that, you probably cannot answer this question, but are similar post-traumatic stress disorders being exhibited by women who give up their babies to adoption in more humane circumstances, where it is truly voluntary, at least at the time of consent?

Ms Bryant—In Australia and in my group I have only come across one such mother. She was in her late 20s and worked as a gynaecological nurse, so she was well educated. She decided that adoption was best for her child, went into a private hospital, had a private doctor, called the social worker and arranged for the adoption. I facilitated her reunion because her daughter had rung our office looking for her mother. That was the only such mother out of the thousands that we have had contact with. She said that, even though she arranged that adoption herself and it was her decision, she still suffered terrible grief and loss. I do not know about any of the others because very few of them made a conscious decision to adopt in that era of the late fifties to the mid-eighties.

CHAIR—So there are no longitudinal studies of either the women or the children.

Mrs Arthur—We have a couple of women in our organisation who gave birth within the last decade. Their children are now between seven and nine. The situation they were in at the time they were giving up their children was temporary, but adoption is a permanent solution to a temporary situation. After thinking that they were giving their children up because they could not manage and it was the best idea, they found themselves with major depression and a sense of grief and loss and the sorts of issues that went along with knowing that they had a child growing up somewhere who they were not with. In order to counteract the grief, loss and depression they were suffering, they went into disassociation. Most women who lose children to adoption live a dissociated life because the mind does not understand the loss of a living child. Adoption is not a natural act; it is something that people think at the time will be a good idea. They have to live with unnatural circumstances and their body reacts to that. The mind cannot cope with it.

Ms Bryant—It is similar to child sex abuse. The child can dissociate and put that part of its life into a compartment. Many of the mothers and a lot of the adoptees put part of their feelings into a compartment and do not go there. It is separate. They marry, have other children and try to get on with a normal life. I have had women who have had a child die from leukaemia or gone through a divorce or something, so there is another loss in their life—and I have spoken to the hospital social workers about this—and their losses have compounded and come forward and they have fallen in a heap. Some of them can manage a half-life for many years until something else happens and the whole thing overwhelms them. They are usually the ones who end up in hospital having shock treatment and so forth.

CHAIR—Would most adoptees or women who give up their children think to mention this as a possible trigger for mental illness further down the track?

Ms Bryant—No, and that is the problem.

CHAIR—Do GPs ask?

Ms Bryant—No. I have had the same GP for 17 years and she has been through all of this with me because I have had a psychiatric breakdown as well. She said to me that she would never think to ask: ‘Are you living with your natural family? Are these the only children you have ever had or have you ever lost a child?’ She said, ‘I would never think to ask that when someone presents with anxiety, depression or whatever.’ She said, ‘We’re not trained to ask those questions, but now I do.’

Mrs Arthur—Do not forget that we were branded as women who willingly gave our children away. That was the idea of society—you gave your child away—and that is one of the reasons why women do not speak about it. Women who lost children to adoption never speak about it to strangers because it leaves them open for judgment. At the time, they were told that if they loved the child they would give it up to a happy, healthy two-parent family. Having given up the child because they loved the child, they were then classed as women who willingly gave their children away. You were put into a situation where you were an aberration—you were an aberration to womanhood and to motherhood, where you could willingly give your own child away. That is what our children have had to live with. When they find out they are adopted, the first thing in their life that they have to live with is the fact that their own mother gave them away. When you can get over that, then you might start living a normal life.

Ms Bryant—I have had many adoptive mothers, including my own daughter’s adoptive mother, say to me: ‘I don’t know what was wrong with this child. For 12 months we walked the floor; she cried for 12 months.’ Research that has been done overseas says that these babies are in grief. They have been in a mother’s womb for nine months, hearing her voice, knowing her smell. They are born and that act is very violent because they are not allowed to be on their mother’s breast or with them. They are just taken straight from the room. They are left, usually, in a part of the nursery near where there are babies of married mothers. There are people coming and going to those babies, but these babies are isolated. Then they are taken home by strangers at about three weeks old and the strangers do not smell right, they do not feel right, they do not sound right; they are actually traumatised. That is what has been coming out: the children have been traumatised as well. We know now that when a baby is born the first thing that should be done is to put it on its mother’s breast and have its mother stroke it and talk to it to reassure it that the trauma of being born is okay and that she is still there. Our children were denied that.

CHAIR—That is very interesting; it is very sad too. Thank you so much for your submission. It is good that you are doing the work that you are doing. We will see what we can do to get you some support. Thank you for appearing.

Ms Bryant—Thank you very much.

Mrs Arthur—Thank you very much.

