

I am making this submission to the Western Australian Government inquiry into past adoption practices due to my interest as a Mother (NSW, 1968) and my long term research and advocacy on these matters. Whilst my research has largely focused on NSW, my contribution to this WA inquiry has value due to: the passing in the 1960's of the Model Uniform Bill after which similar adoption legislation was passed within Australian state jurisdictions; and the similarities in practices, illegalities and human rights abuses perpetrated against mothers between the States. My (1986) Honours thesis, 'Relinquishing a child: the circumstances and effects of loss', was available in the WA Adoption Research Library. This thesis is one of the seminal works that document the mistreatment of mothers in Australia.

This inquiry has given the Western Australia Government the opportunity to address and finalize these matters within its own jurisdiction. These matters include the most serious wrongdoing, illegal practices and breaches of human rights against young vulnerable mothers. To do this the Government will need to treat the mothers coming forward (believed to be several dozen to 100 in WA) in a manner that treats them with the same standards, and on an equal basis, that it would treat others in the community. It is imperative that action be taken so that Mothers are able to spend their latter years in the knowledge that they are not outcasts and victims, but full members of the Australian Community.

### ***The perpetrators of the illegal and harmful acts***

Conservative forces within Australia including religious bodies and sections within state governments took control of the processes leading to adoption and these conservative forces were widespread and deeply imbedded across Australia. (This happened in other western countries as well, however the numbers of annual non-relative adoptions per capita in Australia seem to have surpassed all but, New Zealand.) These conservative forces consisted of affiliated groups, largely religious charities who appear to have had little legal standing initially as they had to rely on sections within the existing acts pertaining to private adoptions. Legislation was passed in the 1960's for registration of non-government adoption agencies.

Conservative forces found adoption so rewarding that more and more adoption agencies were established under the auspices of charities particularly religious charities. Nevertheless, the state run adoption agency within 'child welfare departments' were likely the largest adoption agencies in each state. Unfortunately, these bodies also engaged in predatory practices probably caused by long adoption waiting lists and over identifying with the needs of infertile couples. The state run adoption agencies formed close associations with the social work departments at major city maternity hospitals. These hospital social work departments acted as advance scouts for the state run adoption agency. The social workers did not wait for mothers to seek them out but insisted that all single mothers attending the hospital for pre-natal care be referred to them for 'counselling'.

Counselling usually involved promoting the wonders of adoption without mentioning the details to the mother. It was usual for hospital social workers not to inform mothers of the assistance available to keep their child. Vulnerable mothers had their medical files stamped with the secret code and failed to inform them of such. Once the hospital social workers were notified a birth had occurred they would notify the state run adoption agency and an officer would come to the hospital nursery and inspect the baby and the baby's medical file, without the permission or knowledge of the mother who was still the legal

guardian of the child. The adoption worker would have already selected the couple who were to be allocated the child before confronting the mother without warning in her hospital bed in order to obtain her signature on an adoption consent form.

In the early 1970's young university educated social workers commenced entering the social work departments of major city maternity hospitals and the treatment of young mothers started to improve.

Conservative forces made a big thing of the single status of mothers. However, the mothers had not eschewed marriage, it was just they had yet reached an age in which marriage was common. Huge numbers of the mothers had met their life partner and would go on to later marry the father of their child. Today these young mothers would be viewed by society as partnered. Australian culture encouraged young men to be reckless and predatory but it was the young women who were condemned from the pulpit.

These agencies did not respect the rule of law and only adhered to the law in areas that they thought could come back to bite them. They were driven to take as many children as they could in order to meet the demand of their clients which was for healthy white newborns. Whilst some of the children languishing in children's homes and the 'war orphans' brought from England may have benefited from adoption, more and more over time, these children were overlooked as the demand grew for healthy white newborns. All these adoption agencies experienced the same problem, the demand for healthy white newborns far outstripped supply and the waiting lists grew forcing couples to wait years after applying for a child. It wasn't until the late 1960's and early 1970's that the number of children adopted came close to matching the demand.

Indigenous single mothers who attended large city hospitals would have their babies taken as well under the same circumstances as white mothers. These children were not considered suitable for infertile couples but were usually distributed to couples who already had their own children. Often the adoptive parents were not told the children were indigenous but given some exotic explanation for their brown skin.

Whilst the risk of psychological injury to Mother was well known these conservative forces did all they could, including illegal activities to appropriate babies from their mothers. They did not take only those babies that would have otherwise, ended up in orphanages, but did all they could to remove those babies the mother professed an interest in keeping, or may have professed an interest in keeping if she had not been forced into a precipitous and uninformed decision. This is why, these adoptions should not be labelled or come under the umbrella of child welfare as they were clearly child trafficking.

The agencies consulted each other and engaged in the same predatory practices with the intent to increase the number of babies for adoption. It would be expected, due to their long waiting lists, that the agencies would compete against each other to attract mothers to their own agency by enhancing what they offered her, yet the all offered the same thing, the total loss and knowledge of her child. No after care, support or rehabilitation was offered. Once the child was obtained they showed no interest in the wellbeing of the mother and offered no assistance to her. The most appropriate description of these agencies is that they were 'child trafficking cartels'.

Most single mothers at the time managed to keep their children, this is because they did not fall into the hands of the child trafficking cartels or were able to overcome the pressures when they did, due to the support of their parents or their greater certainty and understanding of their rights.

### ***The wrongful and illegal activities***

#### *Preamble*

Becoming pregnant whilst single was not illegal i.e., not a crime. These pregnant young women were entitled to the same legal protections as everyone else in society.

It was wrong that adoption, as it was practiced, was promoted and held out as suitable for all single mothers. Being cut off, for all time, from your own child, would only have suited a small, select number of mothers. This process was called the clean break theory. From where did the clean break theory emanate? Where is the evidence that it was best for the mother and child? Adoption programs were high risk for psychological injury, and this was obvious and known. All agencies breached their 'duty of care' by operating a program they knew carried the risk of serious psychological injury to the mother

#### *Mothers lacked capacity*

The mothers lacked capacity for a number of reasons, yet they signed legal documents brought to them by adoption agency workers who clearly had a conflict of interest. There was no independent legal advice.

The vast majority of mothers, were teenagers (the average age was 19 the median age was probably 17). Therefore, under the law the mothers were minors for legal purposes. The law acknowledged that minors (individuals under 21 years) lacked capacity and required special protection in contractual matters. In England minor mothers, who had signed an adoption consent, and they could only sign a six weeks after birth, would be visited by a 'guardian ad litem' who would ascertain that the mother had signed of her own free will and understood what she had signed.

Mothers endured months of stress dealing with an unplanned pregnancy in a period in which it was stigmatised, culminating in the ordeal of birth. Many were incarcerated in mother and baby homes whilst pregnant with their freedom of movement heavily curtailed. It is likely that many were experiencing some level of depression as which would have contributed to disempowerment and lack of entitlement. Also it is not uncommon for mothers generally to suffer some level of post natal depression. No safeguards were in place to ensure the mother was not suffering postnatal depression.

In the 1960's many consents to adoption were signed by mothers, who were minors, lying bleeding and sedated in their hospital bed. Yet generally mothers would not be declared medically for six weeks after birth.

Adoption consents were to be signed voluntarily, yet as stated, they were signed within a few days of birth often the mother was still in hospital where she was most susceptible to "undue influence" and "duress". An adoption agent (most likely someone she never met before) would seek to get her signature so they could traffic her child to someone on their long waiting lists.

These were unplanned pregnancies at a time of considerable social stigma. First time mothers are very vulnerable as they don't have foreknowledge about how they will feel as a mother. It is not unusual for a mother, even in the best of circumstances, to be ambivalent about a pregnancy, but this does not mean

they want the child to disappear from their life. Having never been in this situation before the young mothers were very much under the influence of the adults around them.

I will briefly touch on some of the illegal and unethical practices.

a. Not informed of alternatives to adoption

If mothers came under the control of the child trafficking cartels they were unlikely to be informed of the services available to keep their child. Services in WA were apparently the same as NSW. This included maintenance from the father of the child, a state government financial benefit and temporary foster care.

b. Removing the mother's baby at birth

During the period these wrongful and illegal activities were being perpetrated, the mother, under English common law, whatever her age, was the **sole** legal guardian of her child. No one under law had a greater right to guardianship of their newborn child than the Mother of an ex-nuptial child. Her guardianship rights were more powerful than married women as the mother did not share this right with the father of her child. (Later in the 1980's legislation Equality (of Children Acts) were introduced giving fathers of ex-nuptial children the similar rights as married fathers).

Some mothers may have made inquiries about adoption. However, making inquiries or even stating intentions regarding adoption prior to birth is of no legal consequence. Consent to adoption could only be taken after birth and once the minimum number of days had elapsed. It was only once the mother consented to adoption that she was no longer guardian of her child. Removing the baby at birth was an illegal act and the social workers and senior medical staff would have known this.

Adoption Acts stipulated that mothers could not sign adoption consents until several days after birth. In WA the minimum time was seven days. This was the minimum time but it was usual for consents to be taken at the minimum – shortest possible time. The purpose of this legislated time period after birth, was to give the mother some time to recover and to come to terms with her new state of being a mother. (The law is also wary when it comes to hypothetical situations.) However, this minimum time was effectively denied to the mother as the baby was removed at birth and often she would be drugged and her baby hidden from her. Access to her child was even more difficult as it was common for mothers, without their consent, to be transported away to annexes etc shortly after birth.

The medical files of vulnerable mothers were stamped with secret codes such as BFA or UB- which was an instruction to the medical staff to remove the baby at birth and drug the mother. Usually, it was the social worker who did the stamping. It is totally inappropriate for non-medical staff to be instructing medical staff on what should occur in the delivery suite.

It was standard practice not to inform mothers that their baby would be taken at birth. There was no information in the public domain that this would occur so unless the mother was informed by a social worker she would not know. Not knowing that the plan was to take her baby at birth the mother had no opportunity to object. Often, at the moment of birth, mothers would have a pillow stuck in their face or a sheet thrown over their head to impede her view of her child. Some mothers clearly demonstrated this was not what they wanted by attempting to remove the obstacles or lifting themselves to see their child. However, they were often thwarted by the medical staff who replaced the obstacles or held them down.

If relinquishing a child to adoption was voluntary why would there be a need to remove the child at birth and drug the mother all without her consent.

Mothers generally had **not** consented for the baby to be taken at birth. It breached their legal rights as the legal guardians of their child. These mass abductions were a breach of the criminal law and human rights principles and could be defined as torture.

c. Lack of consent

The practices were such that they denied the mother informed consent. In addition, mothers were inveigled with phrases such as, "if you loved your baby you would give him up". "You will have a child of your own one day". "Give you baby a chance." All these statements could be viewed as 'duress' or 'undue influence' by the courts.

If a mother was sufficiently isolated from support, i.e. an unaccompanied minor or a mothers whose parents were supportive of adoption, the child traffickers would proceed with the process despite the repeated express wishes of the mother to keep her child. These were abductions. Clearly the illegality and high risk of psychological harm should have been obvious.

d. Impeding revocation of consent

Prior to the 1960 Acts mothers could revoke up to the time the adoption order was made, usually many months, but most mothers were not informed of this. The adoption acts of the 1960's allowed a mother to revoke her consent to the adoption if she did so within 30 days. However, again, some mothers weren't told that there was a period, in which they could revoke their consents. In NSW the information pertaining to the process of revocation was on the consent form the mother signed. However, unlike conventional practices in legal matters, the mothers were not given copies of the forms they signed. So even if a mother had been told about revocation, they did not know that to revoke their consent they were required to lodge forms at the Supreme Court.

Mothers who wanted to revoke believed they needed to do it through the adoption agency. The Mothers were very traumatised and vulnerable when they turned up, post consent, to an adoption agency. They should have been supported to do what they really wanted to do, however, it was routine for agencies to try to stymie the mothers attempts to revoke. A common practice was to pull out a letter purportedly from the adoptive parents stating how well the child was doing and how much the child was loved etc. Both the timing (the 30 days was not up and the child, if placed before this, would have only been with the adoptive parents for a few days and yet in this short time, the new parents had the motivation and time to write a letter post it and there was time for the letter to arrive at the agency and be inserted in its files) and the sameness of the content of these letters suggests they were fraudulent. Using false documents to achieve an advantage is likely to be a criminal offence.

e. Given unnecessary drugs without consent

It was usual practice for mothers to be heavily sedated after their child was removed. Some of the drugs given to these very young mothers were dangerous such as pentobarbital. This drug is used for euthanising horses. There was little margin for error with this drug. Again, why would mothers need to be sedated if adoption was voluntary.

Whilst newborn babies languished in 'adoption nurseries' their mothers were kept away and given Stilboestrol to dry up their milk. Stilboestrol was found in the early 1970's to cause stroke. Yet mothers were given this drug whilst confined after birth and given handfuls to take home with them. Since that time stilboestrol has been found to be carcinogenic. The fact that mothers were ingesting this drug as teenagers may now be a contributing factor to their diagnoses of breast and other cancers.

f. Unnecessary medical procedures and sexual assault.

The birth experience for mothers was usually extremely unpleasant if not horrific. Despite many of the mothers spending months in a 'mother & baby' they were left ignorant as to what was to happen at the birth. Some doctors failed to adhere to their oath of 'do no harm' and used the mothers to practice, experiment and as live dummies for teaching. Birthing a first child can be very painful and little was done to alleviate this pain. Moreover, for some the pain was manifold as they were induced for no medical reason and not given any adequate pain relief (or perhaps adequate pain relief was not available at the time).

Whilst routine birth injuries such as perineal tears were usually attended to some mothers were left with major injuries that were not attended to by the hospital. This may have been due to the cost as some mothers would require a week or more in hospital in the years ahead to repair the damage. Some of these major injuries were the result of the mother being subject to unnecessary procedures.

There was no consideration of the mothers privacy. The numbers of medical students watching the birth could be huge and probably beyond what would be permitted for other public patients.

Some pregnant women were retained at the back of the maternity hospitals in locations usually referred to as 'waiting patients', where the mother may have wanted to leave but was illegally detained and at the mercy of medical staff, who for their own purposes, wanted to perform unnecessary procedures.

Some mothers were sexually assaulted, including rape, by medical staff. Those that were over 18 at the time of the assault have been denied redress through the sexual abuse redress scheme. This is despite that at the time they would be considered children for legal purposes (under 21 years) and staff deprived them of agency and acted as though they were in 'loco parentis'.

### ***The injuries to the mothers***

#### ***Preamble***

So what happens to the adolescent brain when it is subject to trauma so severe it would have a profound negative effect on any adult. When there is no acknowledgement of the enormity of the loss they have endured. There is no body, no funeral, no flowers, and no hugs. There is no grave to visit. In the worst cases of those effected it has meant suicide or lifelong psychological pain and disability.

Losing a child is a nightmare that most parents hope they never have to face. Those that do suffer pain so severe and debilitating that they struggle to move forward with life and many never fully recover within their lifetime. However, the nature of the loss can place parents at even greater risk of diabolical suffering. When children go missing it is not uncommon before too long that parents are back on television begging for a body. They seek to end the nightmarish state of prolonged uncertainty and the suffering from the separation from their child.

The psychological injuries experienced by the mothers varies, but for those seriously effected it has diminished their capacity for employment, establishing relationships, secondary infertility and bonding with subsequent children.

### *Grief after loss of child*

If a mother was lucky her grief would be moderate, but there is no choice with grief. You don't get to chose how much you endure. It can take ownership of you invade your body and seek to strangle you.

Mothers experienced different levels of grief with the loss of their children. Some mothers would experience deep denial until an event triggered delayed grief. Others would experience a grief from the beginning that was so severe and all encompassing, that it would not only stymie their potential but limit their ability to have a normal life.

### *Pathological grief*

There are Mothers, who no fault of their own, experience/d what is clinically refered to as 'pathological grief'. This is a suffering so deeply painful and prolonged, and so unlike what people normally understand to be grief, that referring to it as 'grief' is inadequate. It is a nightmare of pain that grips your soul, spirit and body so mercilessly that death appears a welcome escape. It is likely that a substantial number of the mothers experiencing this grief suicided. Many of the mothers currently coming forward are survivors.

The risk of pathological grief was due to the very nature of adoption. The child is missing; disappeared. The child lives elsewhere in a place unknown to the mother and the child continues to grow and develop away from her awareness. She misses all her child's milestones. The loss of her child is not a one off event but continues into perpetuity

Whilst the nature of adoption posed all mothers at risk of 'pathological' grief some would be at greater risk due to their genetic makeup. There was no psychological assessment at the time to establish if a particular mother was able to cope with her loss.

Some mothers were unprepared for the loss. Some did not even understand that adoption would exclude them from their child's life. The illegal removal of the child at birth and the fact that the mother was not informed that this removal would happen would likely also increase the risk of pathological grief.

### *Depressive illness*

Prolonged grief can lead to major depressive illness. Some of us are still dealing with depression from the loss of our children more than half a century ago.

### *Post traumatic stress syndrome*

This is a serious and uncomfortable state to be in and likely connected to the trauma and the disempowerment experienced at time. Unable to exert little if any control over events that would lead to the loss of their child. The child being removed at the moment of birth contributed to a mothers sense that she had no control over the fate of our child.

### *Arrested development*

The removal of their child sent some mothers into so much shock and trauma that the development of their brain was arrested thus limiting their potential in so many areas of their life. They remained

teenagers, for years or decades, until they were able to process the loss and even if largely successful, the remnants of this disability remain.

***Measures for reparation for mothers.***

There are a number of mothers, who consider their treatment and their suffering so severe that an apology is not sufficient. Their entire lives have been marred by omissions and acts which, illegally, interfered with their family life. Some have clearly been left with not only life-long pain and despair but psychological disability that has diminished their prospects in employment and relationships and undermined their physical health.

State governments failed to ensure there was greater protection within legislation and failed to provide proper oversight of bodies engaged in adoptions. State governments failed to protect vulnerable mothers who were patients in their public hospitals but permitted them to be harassed by child traffickers whilst in their hospital beds. Moreover, state governments themselves engaged in the very activities complained of.

State and federal governments have referred to illegal acts, yet none have stated what action they are taking on these matters. These matters were not only illegal and breaches of 'duty of care' under Australian law but violations of International Human Rights Instruments.

Under the United Nations human rights principles the state has an obligation to:

Investigate violations effectively, promptly thoroughly and impartially and where appropriate, take action against those allegedly responsible in accordance with domestic and international law. (*Basic Principles and Guidelines on the Right to Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law*).

**Recommendation one.** It is recommended that all wrongdoing by social workers, medical staff and others should be forwarded to the proper authorities for immediate action. All allegations of criminal acts should be reported to the police and not be delayed by the lag in publishing of report recommendations.

Many mothers have never seen their children again since they were illegally removed from them. Whilst some have been reunited with their children the outcome is mixed, and even when contact has been positive, this has not made up for the trauma associated with removal and decades of suffering. As some of the actions against mothers are human rights violations, under United Nations Human Rights guidelines should not be restricted from seeking a remedy by statute of limitations. As these illegal acts and atrocities were committed decades ago the time has passed for restitution and/or rehabilitation and compensation must be addressed.

United Nations Principles on Reparations state that: Compensation should be provided for any economically assessable damage, as appropriate and proportional to the gravity of the violation and the circumstances of each case, resulting from gross violations of international human rights law and serious violations of international humanitarian law as:

- (a) Physical or mental harm;
- (b) Lost opportunities, including employment, education and social benefits;



- (c) Material damages and loss of earnings, including loss of earning potential;
- (d) Moral damage;
- (e) Costs required for legal or expert assistance, medicine and medical services, and psychological and social services. (*Basic Principles and Guidelines on the Right to Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law*).

**Recommendation 2.** A mechanism for compensation should be established. This could encompass a dual scheme including a process similar to the child sex abuse scheme as well as a scheme for Mothers who believe the wrongdoing and/or injury so substantial it warrants being assessed on the 'basis of probability'.

## ***Annexure 1***

### ***The population effected***

Whilst the number of post war child adoptions across Australia has been reported as between 150,000 to 250,000 there is a much smaller number, perhaps less than a thousand Mothers across Australia have ever stepped forward and are continuing to voice serious complaints. Whilst the wrongdoing was widespread and systematic not all mothers identify as being “forced” beyond the social and economic circumstances of the time. Whilst all the Mothers would have suffered, this suffering is not uniform across all mothers. The sector of mothers currently with complaints are largely the same Mothers who have been voicing complaints for decades. It’s to the eternal shame of State and Federal Governments that these matters have never been properly addressed well before now.

Many mothers have lived in various levels of denial to cope with their unbearable loss. However, it is more than 50 years since the numbers of adoptions peaked (1972). Support groups such as Jigsaw commenced operating in the 1980’s and ARMS in the early 1980’s. Adoption Information Acts permitting identifying information between Mothers and their children passed into legislation in the 1980’s. Since the turn of the 21<sup>st</sup> century most states and the Federal Government have apologised for the wrongful and illegal acts. Whilst it can take decades to process the trauma experienced by these mothers the likelihood of further mothers now stepping forward for the first time with complaints is low.

The population of Mother with complaints has been diminished by the number who have since died. Anecdotally we know that Mothers die early and this observation is consistence with various medical studies that demonstrate an association between stress, grief, depression and PTSD and early death.

Some mothers that may have had complaints are no longer voicing them due to their satisfaction with opportunities to connect with their adult children as well as the apologies offered to the ‘forced adoptions’ by state and federal governments.

## *Annexure 2*

### ***Community standards***

Whilst due to propaganda 'adoption' came to be accepted in the general community, the mistreatment and bullying of mothers was not in line with community standards of the time. The general community had no idea of what was happening behind the high walls of mother and baby homes and in the delivery wards of some of Australia's most well-known maternity hospitals. They would have been horrified.

### *Adoption narrative promoted*

Whilst many in the Australian community were still bereaved from losing loved ones in the second world war; when the country was enjoying an economic boom with full employment? Why did abandoning a child through 'adoption' become so accepted? Well, its all in the marketing.

Those that ran adoption programs promoted a one sided narrative of adoption in the media, particularly the print media, of a happy good-looking couple with a baby. This image was so entrenched in the public consciousness that whenever adoption was mentioned it generated positive feelings.

The process was labelled 'adoption' which may have been relevant in a legal sense, but it hid the nature of what it was. These babies **weren't** languishing in orphanages; these adoptions involved mother and child separations and in the 1960's this mostly happened immediately at birth.

The promotion of the adoption fantasy also had the unfortunate effect of leaving people uneducated so that when women later became pregnant they and their parents were unaware of the realities of adoption as they had never come across anything negative related to it.

In the messages promoted in the media. The Mother was virtually obliterated. No mention of the Mother who may have been sixteen and sent back to school after delivering her baby still bleeding and in deep shock, unable to learn and suicidal. Grieving for her baby without any acknowledgement of the birth or the loss of her first child. Monstrous.

When myself, and others Mothers stepped forward in the media in the early 1980's it was clearly challenging for the media to accept our existence, so well had the mother been obliterated in the fantasy narrative of adoption. The journalists also could not get their head around that I did not know where my son was. They just thought I had lost track of him.

The Australian community did not question 'adoption' so indoctrinated were they by the fantasy narrative. If they did think of the mother they thought she was dead or it was in accordance with her wishes. The general public were not confronted with the details of what legal adoption meant i.e., that the mother would be excluded from her child's life for ever; not to even be informed should her child die. That on adoption the child loses their mother and their entire family.

There is documentary evidence of community standards of the time. The relevant adoption legislation required the voluntary consent of the mother. Parliamentarians represented the general community and they did not believe that single mothers should have their babies confiscated at birth. In the debates in NSW State Parliament, prior to the passing of the 1965 Act, the Minister of Child Welfare read out the official policy (described below) that adoption was only to be undertaken if all offers of assistance had

been rejected. No parliamentarians spoke against this policy. A couple even spoke up and stated that the best place for the babies were with their mothers as no one else could take her place.

In NSW adoption social workers tried to promote legislation changes that would deny mothers under sixteen legal guardianship of their child at birth. However, not one NSW parliamentarian was willing to take carriage of such a law.

Official social work manuals from the 1950's and 1960's make it clear that adoption was a very serious matter. In the NSW Child Welfare Department's manual it was stated that if a mother requested adoption an officer would visit her and outline the assistance available to keep her child which included a state financial benefit; maintenance from the father of her child; short term foster care etc. If a mother still insisted, she was informed of the psychological consequences of adoption. The NSW Government was so proud of its policy on single mothers that in 1965 it took its policy to the United Nations. In the late 1990's the NSW Government held an inquiry into mother's complaints. It is not noted in the Government's final report 'Releasing the past' whether the NSW Government have informed the United Nations that it had previously misled them.

In the NSW 1939 Child Welfare Act that predated the NSW 1965 Adoption of Children Act contained a section which directed the child should be returned to the mother if her suffering was evident. It appears that it was never intended that mothers suffer as they have.

Thank you for accepting my submission.

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