

SUBMISSION
WESTERN AUSTRALIAN INQUIRY – FORCED ADOPTION
MARYLA ROWCROFT
9 JUNE 2023

I wish to express my gratitude to the West Australian Government for holding this Inquiry into Forced Adoption. When women speak out about mistreatment and injustice they frequently meet with resistance from powerful institutions, who for a range of reasons, doggedly protect offenders. This appears to be particularly prevalent in religious institutions. It is my view that this Inquiry will result in the illegal and cruel behaviour of adoption authorities and the institutions claiming to provide care to vulnerable pregnant women being exposed and publicly acknowledged.

Adoption policies and practices of 1942 to 1985 affected a significant number of young women and their children. During those decades it has been estimated that approximately 250,000 to 350,000 newborns were forcibly removed from their mothers. Unfortunately, it is impossible to provide clear statistical evidence due to a decade of national data apparently going “missing” during the 1960s. Despite this drawback, we do know that the adoption era peaked in 1972 and during that 12-month period approximately 717 West Australian newborns and almost 10,000 nationally were permanently separated from their mothers through the process of adoption.

In my submission I will share my experience of the mistreatment of young unmarried pregnant girls by institutions portraying themselves as providing assistance and the consequent protection afforded to reluctant fathers and sex offenders by these institutions through the removal of pregnant unmarried women/girls from public view, rendering them uncontactable and taking their babies to be adopted in what is now termed Forced Adoption in this State. The victims of Forced Adoption were pregnant unmarried women (many under the age of consent, as I was) and their children.

I have heard many accounts from other unmarried mothers and what emerges from their stories is a process of systemic bullying seeking to harm, intimidate and coerce vulnerable women. Bullying is an ongoing and repeated misuse of power in relationships. Bullying can impact on physical, mental and emotional levels. Some of the effects comprise anxiety, post-traumatic stress disorder, lack of self-esteem, gastric and a plethora of physical issues, relationship issues and addiction to alcohol and drugs, detrimental to academic and vocational achievement. I can attest to the fact that the target of bullying behaviour (in this case the unmarried mother) continues experiencing the consequences of this form of abuse after leaving the location where the abuse occurred.

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adoptions, mother of child taken for adoption, two adopted adults, former midwife. (I have not
referred to this interview, but it may be of interest to the Inquiry)**

MY LIVED EXPERIENCE OF ADOPTION

[REDACTED]

[REDACTED]

I became pregnant just after I turned 15. [REDACTED]
[REDACTED] My parents were very angry with me and said that I was totally to blame for being pregnant, that I had disgraced them and that I alone was responsible for the situation I found myself in. [REDACTED]
[REDACTED] I was sent to Hillcrest, a Salvation Army institution which provided accommodation for pregnant unmarried women, a maternity hospital and also functioned as an adoption agency. [REDACTED] paid the Salvation Army a fee of \$11 per week for me to stay at Hillcrest. I didn't know what I was going to do except that I loved my baby [REDACTED]

There was a hospital on site and I soon learned that after a mother gave birth there was an expectation that her baby would be adopted by a married couple and the mother would return to her previous life and pretend that nothing had happened. Although I didn't know it at the time, an "administration fee" was paid by the adopting couple which, anecdotally, was \$3000 in 1968, or approximately the cost of a new Holden car at that time. There was money to be made by institutions. Matron [REDACTED] who was in charge of Hillcrest explained that losing a baby was the price the unmarried mother must pay for her sinfulness.

At 15 years of age, I was one of the younger inmates at Hillcrest, but not the youngest. There was an 11-year-old girl there, named [REDACTED], and I often wonder what happened to her. There was also an indigenous girl, [REDACTED], who spoke no English at all. She had been brought to Hillcrest by a social worker from a government department. It was not possible to communicate with her, and I often wondered if she had any understanding of why she was where she was and what was to happen to her baby. Hillcrest was an uninviting and unhappy place. I'm not certain how long I was there, as I have not been able to obtain any information from the Salvation Army about the time I lived there, but it was probably four months, or so. I was locked away, out of sight [REDACTED] [REDACTED] I had no money and nowhere to go.

I should have been in my third year of high school, but instead I was in an institution where everyone had to work. No one cared that I ought to still have been at school. There weren't even any books to read at Hillcrest, not a single one. My job was washing the pots and pans after every meal. Enormous pots, with lots and lots of burnt food stuck to the bottom of each pot. It was not easy to get them spotless. Still, I thought myself lucky to have escaped working in the laundry, which was reputedly very unpleasant. It was a grim existence, but I consoled myself with daydreaming about my baby. Matron [REDACTED] told me that my baby would have to be adopted, but I told her that this would never happen. I didn't care that she shouted at me and told me I was stupid and selfish for wanting to keep my baby and I didn't care that her face turned bright red and that she was so loud and so ugly. I just didn't believe her, even when she told me that keeping my baby would condemn my child to a life of misery and that there were many wonderful affluent people, far superior to anything I would ever amount to, who would provide my child with a glorious life and that this was something I would never be able to achieve.

Matron [REDACTED] shouted at me and I did my best to ignore what she said. I heard what she was saying, but tried to mentally distance myself from where I was. I truly believed that somehow my parents would relent and allow me to bring my baby home, or that I would come up with some sort of a solution where my baby and I would stay together. I was determined that my baby would have a wonderful life with me. I once went to King Edward Memorial Hospital and asked the social worker there if anyone could help me, but was told that no help was available to me. [REDACTED] said he would marry me, but as I was under 16 this wasn't possible. I felt so very sorry for him and believed that he loved our baby just as I did. I also believed that he loved me too. With the passing of the years, I came to realise that this was not true. My plan was to keep my baby and as soon as I turned 16 to marry [REDACTED] My baby was due in November and I would turn 16 in January. I thought that if only I could find someone to help me for those few months I would not lose my child.

As the time for my baby to be born got closer I grew more and more frightened. I had heard so many terrible stories of other girls' experiences. I didn't know anything about giving birth except that it

was extremely painful. There were times when I would go to bed and cry. I didn't know what to do. There was no doctor at Hillcrest and babies were usually delivered by Matron [REDACTED] or a nurse who was on duty. My experience with Matron [REDACTED] led me to form the opinion that she was a cruel woman and I didn't trust her. Also, I knew she wanted to take my baby and I didn't want to give her the opportunity to do this. Finally, I had an idea. I knew about King Edward Memorial Hospital and that it was possible to have a baby there so I phoned KEMH and arranged to attend their clinic. Then I told Matron [REDACTED] I had been dreading doing so because I thought she probably wouldn't be happy about my plan, and she wasn't.

Matron [REDACTED] was furious when I told her of my decision to go to KEMH. She bellowed and her face turned red, as I had seen so many times before. But I wasn't going to change my mind and I didn't want Matron [REDACTED] to be anywhere near my baby. At the time I thought she was so angry because she felt slighted at my choosing KEMH rather than Hillcrest, but years later I realised it was because Hillcrest would lose out on delivery fees and my hospital stay. I still had not arrived at a rescue plan for my baby and was all too aware that time was running out. It was all I thought about.

A week before my baby was due to be born I went to the clinic at KEMH. I was immediately admitted to hospital due to my high blood pressure. I had not seen a doctor, or even had my blood pressure checked for six weeks prior to my clinic appointment and I remember how concerned the staff at KEMH were about the state of my health, and how puzzled they were that I hadn't seen a doctor for such a long time. I stayed in bed for a week at KEMH and then my daughter was born. The birth was a traumatic experience. No one would speak to me. None of the doctors or nurses said anything to me. I remember a horribly painful injection in my spine. I remember screaming, begging them to stop and crying for my mother. I believe I had a seizure and have a fleeting memory of many people running into the cubicle. I also remember feeling that I couldn't endure any more. Then I heard a baby crying. I saw a nurse walking away and I knew she was carrying my baby. I begged her to tell me if my baby was a boy or a girl and heard her say one word, "Girl." My baby daughter was taken away immediately. I don't even know how much she weighed. I don't know where they took her. The day after the birth a nurse did speak to me. She said that all the nursing staff had thought I was faking labour and were surprised that it had been genuine. I have tried to access my hospital records from KEMH to gain some information about the seizure, what drugs I was given and what really happened, but without success. They have sent me some records, but nothing to do with my giving birth. It was only when I had my other two children that I realised how badly I had been treated at KEMH, but I won't go into any further details here.

Two days after the birth of my daughter Matron [REDACTED] arrived at KEMH and told me I would have to return to Hillcrest. I screamed, I cried. I told the nurses that [REDACTED] wanted to steal my baby, to give her away to strangers. But no one cared. No one spoke to me. Matron [REDACTED] took me by the arm and forced me to her car and drove me back to Hillcrest. I was too fragile to resist. I could barely walk, was very frail and dizzy, I had 12 stitches and my body was a bundle of screaming pain. I didn't know where my baby was. At Hillcrest I lay in bed for two weeks staring at the ceiling. No one phoned my mother to tell her that I had had my baby. She found out when she came to visit me a week later. I do remember taking a lot of medication, but don't know what drugs I was given during this period and as Hillcrest Maternity Hospital no longer exists, but has become a nursing home for seniors, the Salvation Army have advised that they cannot provide me with details of my medical treatment or what drugs they gave me.

At the end of two weeks, I was told I had to sign some papers and then I would be allowed to go home. I was still very weak and dazed, and remember being frightened that I would fall over, and I desperately wanted to go home. I knew I had a baby, but I didn't know where she was. I signed the adoption papers and my mother drove me home. I don't recall thinking about anything. All I know is that I felt rather stupefied and so very tired. As soon as I got home I went to my room, lay down and went to sleep. When I woke the following morning I had the dreadful realization that all that had happened hadn't been a nightmare and that I had truly lost my baby. And so began the trauma that has haunted me to this day. I am now 70 years of age.

I blamed myself for all that had happened, for the loss of my baby and for being an embarrassment to my parents and my brothers and sister. I also felt like a failure because I had been unable to think of a way of keeping my baby with me and that somehow it was my fault that my baby's father had lost his child. There were moments when I believed I was the worst person in the world. I knew that all the terrible things Matron [REDACTED] had said about me were not true, and yet I remembered her words vividly. It took all the strength I possessed to behave as if I were a normal person. I hoped that no one knew what was going on in my mind and I desperately missed the daughter I had never seen. It seemed to me that the only course of action open to me was to marry the father of my lost baby and to have more children to replace her, to fill the terrible void in my life. It was this thought that provided me with a reason to live. I missed my baby in a way that cannot be described and thought that another child would take away at least some of the ever-present pain. It seemed to me that redemption lay in marrying the father of my daughter. He wasn't attractive and had a low paying job, but I had somehow come to believe that he was all that I deserved.

When I was 18 we married and eventually had two children, but I never was able to let go of the knowledge that I had a daughter somewhere – a daughter I had never seen. Ten years of marriage, then divorce. I have done my best, and to some degree have been successful and very few people know of my past. It was only when my second daughter turned 12 and I was able to see how small and vulnerable she was that I realised that I had once been like that and that [REDACTED]. Then when she was 15, I again was struck by how innocent she was and compared her life to my experience at that age. I remembered (and still do today) how Matron [REDACTED] had accused me, of seducing the father of my daughter and of how she had labelled me as a sinner in need of punishment. She also said that she strongly suspected that the father of my baby was a victim of my manipulation and scheming. It was as I observed my daughter that I began to realise that at the time of my greatest vulnerability I deserved kindness rather than the callous treatment I had endured at the hands of the Salvation Army and KEMH.

SUPPORT SERVICES

As the brutality and damage caused by the process of adoption has been revealed services purporting to provide support to persons affected by adoption have appeared, offering group meetings or individual counselling. Some of these groups are comprised of volunteers and others are government funded. However, my experiences have led me to form the opinion that some people involved in the provision of such services are perpetuating the prejudices and beliefs that underpinned and enabled the practice of forced adoption. An example of this attitude is my experience when attending a group support meeting at Jigsaw prior to attending the Federal

Adoption Apology delivered by Prime Minister Julia Gillard in 2013. I only went because Jigsaw were for some reason coordinating who would attend and I did not want to be excluded.

At the meeting because I did not know any of the other attendees I was required to introduce myself and the circumstances of the loss of my baby. I would like to point out that I find group meetings unpleasant in that the constant repetition of the circumstances leading to the loss of one's child and the actual experience of losing one's child, and condensing it down to what is deemed an acceptable sound bite, feels like a trivialisation of what happened. Nevertheless, I told my story and that at the time of the birth of my daughter I was 15 years of age, and therefore below the age of consent, and that the father of my child had been 21. Then, much to my surprise, the coordinator, [REDACTED], interjected and posed the possibility that many 15-year-old girls are very manipulative and quite capable of entrapping and misleading vulnerable and naïve 21-year-old men. The meeting then descended into a group of women who had all lost children to adoption enthusiastically decrying the "morals" of underage girls. It was all rather ugly and extremely distressing for me. As I looked around the room all I could see was hatred and glee that at last these women could find someone to scapegoat. I also clearly remember the smug expression on [REDACTED]' face at what she had orchestrated. My experience of that meeting at Jigsaw in 2013 was a return to what I had experienced at the hands of Matron [REDACTED] at Hillcrest in 1968. However, I kept quiet because I did not want to risk exclusion from attending the Adoption Apology in Canberra. I went home that day, feeling like my head was about to explode.

Some months after the apology I attended a scoping meeting with government departments where [REDACTED] from Jigsaw was present. I related my experience of being "shamed" at the Jigsaw support meeting and was told to "shut up" by a mother who is involved with Jigsaw. I did stop speaking because I felt that the situation was too volatile and I did not wish to escalate the unpleasant atmosphere any further. In effect, I was silenced. Rather ironically, misogyny in the form of vilification of young mothers [REDACTED] is a frequent element of various organisations purporting to provide support to survivors of forced adoption. It is because of the hypocrisy and to protect my own wellbeing that I have had to distance myself from these organisations.

MOTHERS WHO HAVE LOST CHILDREN TO ADOPTION – TRAUMA RESPONSE

Following the loss of my child I lived with ever present grief. A natural sense of sadness is to be expected any time a major loss occurs in our life and in the normal course of events this grief will gradually diminish. However, the trauma experienced by losing a child to adoption differs to this and is, in fact, unique, in that the grief is for the loss of a child who is still living. Following the birth of their child a mother whose child is taken for adoption leaves the hospital alone to start the grieving process. Amongst the range of emotions she encounters are denial, disbelief, confusion, shock, sadness, humiliation, despair and guilt. The loss of a child to adoption places a weighty load on the emotional make up of a mother. She experiences a sense of loss of someone who is still alive, and mourns the loss of her son or daughter. Mothers continue to grieve the loss of their child for the rest of their lives, with varying intensity. It is widely documented that many mothers experience extended periods of depression, anxiety, suicidal ideation and poor physical health.

Over the years the experience of losing a child to adoption has been revealed as a harrowing one and although it has been defended as an unfortunate result of flawed social and medical policy, it can also appear that a pattern of abusive treatment emerges. What vulnerable young women describe

about their treatment are not isolated instances with institutions, government departments, atypical doctors and social workers, but rather their experiences reveal systemic violations of human rights. Young pregnant women were subjected to cruel, inhuman and degrading treatment and this treatment has had lifelong ramifications for the victims, not only in emotional but also very much so in practical, physical terms and the trauma and its effects still continue 50 years, and more, after the event.

Following the loss of their child mothers sought what solace they could in the thought that at least their precious sons and daughters were being well cared for, that they would lead happy lives and that all care had been taken in placing them with the “best” people and that due diligence had been done. However, over the years this has been demonstrated to not necessarily be the case. Extensive research has shown that adoptees are at higher risk of depression, experience life long relationship dysfunction, are more vulnerable to PTSD, anxiety disorders and suicide than their non-adoptee counterparts. Symptoms which disconcertingly mirror many of the long-term effects on mothers. The evidence exposes the fact that it is not only the mothers who have lost their children who suffer trauma, but that children who lose their mothers suffer similar symptoms of trauma and grief.

CURRENT PROMOTION OF FORGIVING ABUSERS AS A MEANS TO HEALING

Survivors of abuse are the receivers of messages that forgiveness is essential for recovery and that rejecting forgiveness for the abuser may, in fact, be sabotaging their own healing. Although these sentiments may, in some circumstances, be well meant they are harmful to survivors of abuse and may result on blatant victim blaming. Abusers do not have an automatic right to forgiveness and victims should not be expected to shoulder responsibility for forgiving their abusers. Many mothers who have lost children through adoption are victims of abuse by institutions which were entrusted with their welfare.

The following apology proffered by the Salvation Army is offered as an apology which does not meet the criteria required for forgiveness to be granted:

*The Salvation Army Eastern Territory (NSW, QLD and ACT) would like to offer its most sincere apology to the many mothers, fathers and babies who are now adults, for the role we played in the policy of forced adoptions in the past and the continuing impact this policy **may have had on the lives of those affected.** (My emphasis)*

The choice not to forgive can legitimately come from a place of strength. Coerced forgiveness – a forgiveness given because it is believed to be the only virtuous or healthy thing to do – breeds resentment. Coerced forgiveness merely paves over rage, over the desire for vengeance. In reality forgiveness culture claims to know what is best for us but only makes it more difficult for many survivors to thrive.

According to dictionary.com forgiveness is:

1. To grant pardon for or remission of an offense, debt, to absolve.
2. To give up all claim on account of; remit (a debt, obligation).
3. To grant pardon to a person.
4. To cease to feel resentment against; to forgive one’s enemies.
5. To cancel an indebtedness or liability of; to forgive the interest owed on a loan.

The definition and connotation of forgiveness is all about the other person – the person who wronged you – and setting them free, absolving them, letting them off the hook, ceasing to feel anger, bitterness, or whatever the new demonised emotion is, towards that person.

But forgiveness must be earned. Life does not come to a standstill because you refuse to forgive. Give forgiveness to those who deserve, not for those who do not. Evils will continue if we mindlessly forgive.

Forgiving is not a panacea for hurt, pain and moving on to a happier life, however, claiming anger can be healing.

CONCLUSION

I hope that my submission has been informative and of some value to the Inquiry and I hope that I have conveyed that not only has the behaviour of advocates of adoption demonstrated depraved indifference to the wellbeing of mothers but is blatantly illegal. I have omitted many points because it would be an impossible to convey all my thoughts in this document. Doubtless as time passes I will regret the many facts that I have omitted.

Listed below are the main points of my submission:

1. Mothers who resisted calls for them to hand over their newborns for adoption were routinely subjected to coercion, brutal bullying and cruel treatment with the aim of convincing them that they were unfit to care for their own child.
2. When the abovementioned tactics failed babies were taken away from their mothers and mothers were denied access to their children.
3. Mothers have been denied information about their medical treatment and most importantly details about what drugs they were given which may very well have impacted dramatically on their ability to make decisions. Particularly relevant when the decision to be made is one as life-altering as whether or not to have a child adopted.
4. Support Services are inadequate. Survivors of Forced Adoption need and deserve the services of trauma informed professionals. We do not need “professional listeners” who require mothers to relive and re-tell the events leading to the loss of their baby and whose values do not necessarily align with the values of mothers. In fact, some of the service providers are actively involved in arranging overseas adoptions – an obvious conflict of interest.

Again, thank you for this opportunity to share my experience with the Inquiry.

Maryla Rowcroft

19 December 2021

Letter to WA MPs seeking support for Inquiry

Dear

I am writing to seek your support in regards to an outstanding matter which is of immense significance and which affects many thousands of Western Australians.

As the mother of a child taken from me at birth and given to strangers to raise in 1968 during the Forced Adoption Era (FAE) my life has been irreversibly shaped by the government policies and practices which denied my daughter her birthright. I along with many other unmarried women were victims of forced adoption and we and our children have been on occasion identified as “The Other Stolen Generation” or “Forgotten Australians.”. The situation was perfectly described in Prime Minister Julia Gillard’s apology for Forced Adoption in 2013, which is attached. I have also attached speech delivered by Adjunct Professor the Honour Nahum Mushin, delivered at Monash University in October 2013 which eloquently summarises the concept of Forced Adoption and the experience of young unmarried mothers.

As you may be aware the forced adoption policies and practices of 1942 to 1985 affected a significant number of mothers and their children. During those decades it has been estimated that approximately 250,000 to 350,000 newborns were forcibly removed from their young and unmarried mothers. Unfortunately, it is impossible to provide clear statistical evidence due to a decade of national data apparently going “missing” during the 1960s. Despite this drawback, we do know that the FAE era peaked in 1972 and during that 12-month period approximately 717 West Australian newborns and almost 10,000 nationally were permanently separated from their mothers through the process of adoption.

Over the years the experience of losing a child to adoption has been revealed as a harrowing one and although it has been defended as an unfortunate result of flawed social and medical policy, it can also appear that a pattern of abusive treatment emerges. What mothers describe about their treatment are not isolated instances with charitable institutions, government departments, atypical doctors and social workers, but rather their experiences reveal systemic violations of human rights. They were subjected to cruel, inhuman and degrading treatment and this treatment has had lifelong ramifications for the victims, not only in emotional but also very much so in practical, physical terms and the trauma and its effects still continues 50 years, and more, after the event.

What emerges from the stories of mothers is a process of systemic bullying seeking to harm, intimidate and coerce vulnerable unmarried mothers. Bullying is an ongoing and repeated misuse of power in relationships. Bullying can impact on physical, mental and emotional levels. Some of the effects comprise anxiety, post-traumatic stress disorder, lack of self-esteem, gastric and a plethora of physical issues, relationship issues and addiction to alcohol and drugs, detrimental to academic and vocational achievement. The target of bullying behaviour (in this case the unmarried mother)

continues experiencing the consequences of this form of abuse after leaving the location where the abuse occurred.

Following the loss of their child mothers sought what solace they could in the thought that at least their precious sons and daughters were being well cared for, that they would lead happy lives and that all care had been taken in placing them with the “best” people and that due diligence had been done. However, over the years this has been demonstrated to not necessarily be the case. Extensive research has shown that adoptees are at higher risk of depression, experience life long relationship dysfunction, are more vulnerable to PTSD, anxiety disorders and suicide than their non-adoptee counterparts. Symptoms which disconcertingly mirror many of the long-term effects on mothers. The evidence exposes the fact that it is not only the mothers who have lost their children who suffer trauma, but that children who lose their mothers suffer similar symptoms of trauma and grief.

In 2013 the Australian Senate conducted an inquiry into Australia’s forced adoption history. However, the numerous recommendations contained in the report appear to have been forgotten and/or shelved, and at least in Western Australia not a single recommendation has been implemented despite the fact that 400 of the submissions received by the inquiry were from Western Australian mothers.

Earlier this year Victoria followed Tasmania and NSW by conducting its own inquiry into forced adoption. The response from both mothers and adoptees has been considerable with more than 100 submissions, some of which have been written from the Western Australian perspective. Amongst the many recommendations were redress mechanisms, personalised apologies and lifelong counselling.

It would seem appropriate that Western Australia should conduct an inquiry into our State’s policies and practices of FAE and it is disappointing that to date no interest has been shown in embarking on such an inquiry. There appears to be little interest or appetite to offer survivors, mothers and children, justice which is so long overdue and outstanding. An inquiry would be a logical step towards achieving such well-deserved justice for parents and adopted adults.

I repeat my initial request for your assistance. Please support the establishment of an inquiry for the many mothers, fathers and their sons and daughters who were so brutally mistreated and who continue to suffer the repercussions today.

Maryla Rowcroft

Dr Geoffrey A Rickarby OAM 2/9/12
Box 153 Wickham NSW 2293
The Forced Adoption Reference Group
C/O The Attorney General for Australia
The Hon Nicola Roxon MP

Dear Professor Mushin and Members

I thank you for your email.

I am aware of the difficulties of your special task. As many of you will know from my writings I have long studied the matters that have pervasively damaged the mothers who lost a baby to adoption, their babies, their families of origin, their relationships and future families. Because you will be snowed by storms of information, I am only going to include in this letter those issues that I consider pivotal to the apology and the follow up assistance for the damaged.

I would also stress that I find that in considering these issues, I find people taking them as 'added' to one another. My experience is that the correct mathematical application is 'multiplication'. I give an example of this in the issue following.

An almost total practice was to isolate the young woman in labour. Their mothers, their boyfriends, supporting friends were denied access. In this they were denied feedback, explanation and even identity, usually being addressed as Dear or similar appellation. The exceptions to this practice were mostly smaller hospitals in the country or semi-rural environments. As the disciplines of Anthropology and Sociology teach us: this is across universal cultural behaviour. The need for intimate and experienced psychological support is vital to their outcome and the overview of their birth experience. This was deliberately taken from them. It was part of separating them from the baby. It not only failed but left them with lifetime ungrivable affects.

Now let us link this with 'multiplication'. The obstetric practice requires various interventions; handling to determine the position of the baby, sometimes vaginal examination. Sometimes the membranes need to be ruptured. This requires the insertion of a special pair of long forceps upon the hand, introducing the forceps through the internal os of the cervix, grasping the membranes without damaging the baby's head and breaking the membranes with a twisting motion. *Liquor amnii* may gush or flow steadily as a result. Other procedures occur, drips are put in, catheters inserted into the bladder, and finally the delivery. Many primigravid births require forceps assistance, problems may require the sudden change of preparing for theatre.

Then the many manouvres to separate mother from baby. Even when tying, holding down, pillows and sheets obstructing view were not used, the practice of clamping the cord, quick cutting of it between the clamps, and the wicketkeeper (a special role of the person waiting with a wrap for the baby with the clamp still on his or her cord) taking the baby from the ward in a matter of seconds.

For a young girl or woman to have these things happen with cursory explanation is an imprinting trauma. Because human perception of trauma is amplified by being unprotected, by shock, by helplessness, by the role of '*bad person being dealt with*', this is where the isolation and traumatic come in. Most members of the Reference Group will know ten or twenty of such mothers You may know that three or four of them may have even had PTSD with dissociative phenomena, the like of which only happen in massive disaster and graphic wartime encounters. One of your group's main problems is that the general Australian public do not know any of this but the thought that it could have really happened explodes their credibility because it is unbearable .

To the mother, the brain part called the hippocampus is overwhelmed by their perception of trauma , and it leaves the associated structures altered as a result - a biological process to avoid future disasters. And they avoid hospitals, babies (nearly as half do not have another) nurses, social workers, doctors even before the pathological grief sets in.

The acts of isolation, forced helplessness, and taking of the baby are a humiliating affront to the core of their humanity.

Then there is wonder that their grief for the baby that grew inside them is intractable.

That their life is damaged irrevocably, that their personalities are marked by the defenses against the trauma and loss, that they suffer fears and secrets, that their very damage gets in the way of reunions even when supported, seems a surprise to the general culture. The load of guilt put upon these girls and young women was huge and meant to make them comply with the groups having charge of most of the process.

Because of their trauma and natural distrust they are going to have to be in charge of their counsellors. Too often they have been referred to apologists of the regime coming back to the field as if nothing had happened.

Yours Sincerely

Geoffrey A Rickarby MB BS FRANZP MANZAP M Fac. Ch & Ad. Psychiat. RANZCP

<https://www.abc.net.au/local/audio/2010/03/05/2838001.htm?site=perth>