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## Never-married Women versus the records: archives, testimony and the history of adoption practices at the Royal Women's Hospital.

During the period 1945-75, the demand for adoptable babies for infertile couples in Australia was at its peak,<sup>1</sup> with over forty-five thousand adoptions legalised in Victoria alone.<sup>2</sup> At this time, often referred to as the 'heyday' of adoption, up to sixty-eight per cent of never-married mothers were separated from their babies.<sup>3</sup> Adoption was characterised as a mutually advantageous solution that guaranteed the moral and social redemption of mother and child, with adoptive parents cast as benevolent and sympathetic.<sup>4</sup> Within this context, mothers who lost a child to adoption were marginalised, stigmatised, and unable to acknowledge their grief and loss. Amid claims that past closed adoption practices were unethical, and even illegal, oral history was identified as the most appropriate investigative tool for revealing individual understandings, but also for uncovering what were believed to be undocumented practices. However, although this research has been primarily informed by interviews with single mothers and former hospital staff, archival research has provided rich documentary evidence with which to contextualise and corroborate this testimony. Despite representing differing perspectives on the same story, this article will reflect on the complementary nature of these two sources of evidence in writing the

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<sup>1</sup> Christin Quirk, 'Separated at Birth: Adoption Practices in Relation to Single Women Confined at the Royal Women's Hospital, 1945-1975' (MPhil thesis, Australian Catholic University, January 2012), 11-20; See also Audrey Marshall and Margaret McDonald. *The Many-Sided Triangle: Adoption in Australia*, (Melbourne: Melbourne University Press, 2001), 3.

<sup>2</sup> *Victorian Year Book*, (1942-1994). The absolute total of 45, 458 includes 8794 legitimations, but does not provide any information on adoptions by relatives, nor does it consider private adoptions that were not sanctioned by the court.

<sup>3</sup> Percentage for peak year (1948).

<sup>4</sup> Shurlee Swain and Renate Howe, *Single Mothers and Their Children: Disposal, Punishment and Survival in Australia* (Melbourne: Cambridge University Press, 1995), 140.

history of mothers who lost a child to adoption at the Royal Women's Hospital (RWH) in Melbourne.

The research on which this article is based was commissioned and funded by the RWH and grew out of the hospital's initiative to investigate its past adoption practices, particularly as a result of the activism of relinquishing mothers in late 2009.<sup>5</sup> It was unknown at that time that the Commonwealth government would move so quickly on the issue, with the establishment of a Senate Inquiry into the Commonwealth's contribution to former forced adoption policies and practices in November 2010.<sup>6</sup> Having taken a leading role exploring the impact of such practices, the RWH has since apologised to mothers who gave birth at the hospital and lost a child to adoption.<sup>7</sup> As the largest public maternity hospital in Victoria, the RWH was responsible for the arrangement of over five thousand adoptions between 1940 and 1987, at which point its involvement in adoption ceased.<sup>8</sup> During this period, the hospital gradually increased its stake in the arrangement of adoptions, from ten per cent of the state-wide total in 1963 to nineteen per cent in 1971.<sup>9</sup> Statistics suggest that upwards of sixty per cent of single pregnant women used the public hospital system at this time, with the RWH accounting for the confinement of forty per cent of ex-nuptial births in Victoria. As such, the RWH represents the largest single sample of the birthing experience of single mothers in Victoria.

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<sup>5</sup> At the time the research was initiated by the hospital, only the Royal Brisbane Women's Hospital (RBWH)'s apology and the Monash History of Adoption project had been undertaken.

<sup>6</sup> Senate Community Affairs References Committee, 'Commonwealth Contribution to Former Forced Adoption Policies and Practices'. Available at: [www.aph.gov.au/senate/committee/clac\\_ctte/comm\\_contrib\\_former\\_forced\\_adoption/index.htm](http://www.aph.gov.au/senate/committee/clac_ctte/comm_contrib_former_forced_adoption/index.htm). (hereafter Senate Inquiry).

<sup>7</sup> A public apology was issued on 23 January 2012.

<sup>8</sup> Total from the RWH *Annual Reports* and Social Work Department statistical records (Melbourne: the RWH Archive, 1935-87). This represents the entire period in which the RWH acted as an adoption agency and information service.

<sup>9</sup> Committee appointed by the Chief Secretary of Victoria Hon. A.G. Rylah M.L.A., *Survey of Child Care in Victoria, 1962-1964* (Melbourne: A.C. Brooks, Govt. Printer, 1964), 34. These figures were also calculated using the RWH *Annual Report 1971* number of adoptions arranged in relation to total adoptions legalised in Australian Bureau of Census, *Victorian Year Book*, (Melbourne: By Authority: A.C. Brooks, Govt Printer, 1976).

The recent increased concern with, and awareness of, allegations of former forced adoption practices—and the consequences suffered by both mothers and adoptees—places this research within a wider history of adoption in Australia that is presently being written: by the government, by academics, by the institutions and organisations involved, and most importantly by the individuals who have suffered the lasting emotional impact of past adoption practices. Having investigated claims that past adoption practices were unethical, illegal and used undue influence to coerce never-married mothers to relinquish their children, the final report of the Senate Inquiry into the Commonwealth’s contribution to former forced adoption policies and practices was delivered on 29 February 2012; over four hundred submissions were received. These public testimonies shattered the once secretive nature of past closed adoption practices.

In spite of claims that the experiences of single mothers separated from their children by adoption remain largely unknown, a consistent voice, and indeed story, is scattered throughout a growing literature—one in which the themes of silence, invisibility, guilt, and shame are central.<sup>10</sup> The single pregnant woman has been portrayed as both the victim of ‘moral bad luck’<sup>11</sup> and ‘the object of moral lessons for the “good” girls from whom she was irrevocably “separated”’.<sup>12</sup> As a function of preserving her own and her family’s moral standing within the community, she often spent time at a maternity home or with a distant relative in order to conceal her condition effectively. But ultimately her salvation was to be offered through the sacrifice of adoption. Historians Shurlee Swain and Renate Howe have argued that relinquishment was seen not only as ‘a necessary pain’ for the single mother, but more importantly within this construct of censure and blame, it was ‘the only way in which she could regain her respectability’.<sup>13</sup> It required the single mother to be complicit in her own punishment, as her absolute silence—about her pregnancy and

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<sup>10</sup> Dr Daryl Higgins, ‘Impact of Past Adoption Practices’ (Melbourne: Australian Institute of Family Studies, March 2010, amended 30 April 2010).

<sup>11</sup> David Howe, Phillida Sawbridge, and Diana Hinings, *Half a Million Women: Mothers Who Lose Their Children by Adoption* (London: Penguin Books, 1992), 25–28.

<sup>12</sup> K. Inglis, *Living Mistakes: Mothers Who Consented to Adoption* (Sydney: Allen & Unwin, 1984), 9.

<sup>13</sup> Swain and Howe, 140.

relinquishment—was essential for her redemption, and indeed for her to ‘get on with her life’. Robin Winkler and Margaret Van Keppel’s 1984 study remains the most comprehensive analysis of factors affecting the psychological health of relinquishing mothers compared with those who kept their children. Findings indicate that for many of these women, the ‘sense of loss has in fact intensified with time and is particularly marked at certain of the child’s milestones’.<sup>14</sup>

Previous beliefs in silence and concealment denied women a voice on this issue; there was no available language with which to express the experience. In turn this precluded the emergence of any narrative—be it personal or collective—about the experiences of mothers who lost a child to adoption. This is no longer the case. For a more complete understanding of the oral evidence, the development and nature of this emerging narrative must be placed within its historical context. In the early 1980s, support groups for women who shared the relinquishment experience were established alongside the adoption reform movement. At this time support and activism combined and the emergent discourse, shared by both groups, portrayed adoption as an ‘exploitative system in which the “rich and powerful” took advantage of the “poor and vulnerable”’.<sup>15</sup> Within the context of this discourse, the women interviewed for this research were able to integrate the trauma of relinquishment into a larger narrative of manipulation and abuse at the hands of those they trusted. More recently, the inquiries into past adoption practices also provided a specific forum within which relinquishing mothers could share a particular story.<sup>16</sup> It must be noted that within the support group

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<sup>14</sup> Robin Winkler and Margaret van Keppel, *Relinquishing Mothers in Adoption: Their Long-Term Adjustment* (Melbourne: Institute of Family Studies, May 1984); Joss Shawyer, *Death by Adoption* (Auckland, N.Z.: Cicada, 1979), 27.

<sup>15</sup> Judith Schachter Modell, ‘How Do You Introduce Yourself as a Childless Mother?’ Birthparent Interpretations of Parenthood’, in *Storied Lives: The Cultural Politics of Self-Understanding*, (eds) George C. Rosenwald and Richard L. Ochberg (New Haven and London: Yale University Press, 1992), 78-79.

<sup>16</sup> Standing Committee on Social Issues, *Releasing the Past: Adoption Practices 1950-1998* (Sydney: NSW Law Commission, 2000); Joint Select Committee, *Adoption and related services 1950-1988* (Hobart: Parliament of Tasmania, 1999); Senate Community Affairs References Committee, ‘Commonwealth Contribution to Former Forced Adoption Policies and Practices’. Available at; [www.aph.gov.au/senate/committee/clac\\_ctte/comm\\_contrib\\_former\\_forced\\_adoption/index.htm](http://www.aph.gov.au/senate/committee/clac_ctte/comm_contrib_former_forced_adoption/index.htm).

narrative, there is no room for a positive experience of relinquishment.<sup>17</sup>

Using memory as a source of historical evidence is not without challenges. Although oral history continues to be contested, recent Senate Inquiries such as those into the Stolen Generations and the Forgotten Australians and Child Migrants have helped to increase the acceptance of testimony as a legitimate source of evidence. While debates surrounding the validity of memory as an historical source raise important questions, particularly with regard to reliability and ‘factual’ evidence, the work of Alessandro Portelli has emphasised the need for historians not to accept ‘the dominant prejudice which sees factual credibility as a monopoly of written documents’.<sup>18</sup> His work has been pivotal in expounding oral history’s unique access to uncovering the ‘psychological costs’ of past events.<sup>19</sup> Indeed, with regard to mothers who have lost a child to adoption, oral history provides the greatest opportunity to understand the effects and psychological costs of past practices. Within this project, in-depth interviews of sixty to ninety minutes were conducted with thirteen single mothers, two of whom kept their babies; a further eight interviews were conducted with former hospital staff, including six midwives, a doctor, and a social worker. Although the sample specific to this project appears small, the narratives of the interviewees have been strengthened by, and are consistent with, the testimony gathered for the Senate Inquiry into past adoption practices.

For the purpose of this research, a range of material held in the RWH archives was also consulted, including hospital policy records, annual reports, Social Work Department reports, medical directives, birth registers, hospital memos, correspondence, meeting minutes from the Board of Management and a range of other relevant committees, as well as a limited number of medical and social work case files. The degree to which these documents confirmed the

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<sup>17</sup> Of the more than four hundred submissions to the Senate Inquiry, only one provided a positive account of the relinquishment experience—and this was presented by a third party. See Senate Inquiry, submission 30.

<sup>18</sup> Alessandro Portelli, ‘What makes oral history different?’ in *The Oral History Reader*, (eds) Robert Perks and Alistair Thomson (London; New York: Routledge, 2006), 37.

<sup>19</sup> *Ibid.*, 36.

punitive practices described by the women interviewed was surprising given the expectation that such prejudice would not be recorded. Many of the documents in the RWH's archives, written by medical, social work, and administrative professionals and policy-makers, were created for the purpose of ensuring the smooth and efficient operation of the hospital. It was anticipated that the authors of such bureaucratic documentation would go out of their way not to record bias. However, the archives yielded evidence of hospital policies for the differential treatment of married and unmarried women, ultimately supporting the oral testimony of women interviewed for this project.

A recent article by Johanna Sköld, Emma Foberg, and Johanna Hedström similarly addresses the relationship between oral and archival evidence, particularly as it pertains to the Swedish Inquiry into abuse in care.<sup>20</sup> Although the authors uphold the value of testimony in such inquiries, they raise the issue of corroboration, pointing to instances in which 'scholars and public debates have criticised the inquiries for failing to use documentary records to validate the victims' stories'.<sup>21</sup> While they found that it was indeed possible to substantiate the testimony of victims of abuse in care through a careful reading of documentary evidence, nonetheless they question these traditional criticisms and the necessity for documentary evidence, maintaining the existence of various viewpoints: 'the understanding that history contains multiple narratives is important'.<sup>22</sup>

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<sup>20</sup> Johanna Sköld, Emma Foberg, and Johanna Hedström, 'Conflicting or complementing narratives? Interviewees' stories compared to their documentary records in the Swedish Commission to Inquire into Child Abuse and Neglect in Institutions and Foster Homes', *Archives and Manuscripts* 40, no. 1 (2012).

<sup>21</sup> *Ibid.*, 17. The authors refer specifically to inquiries and commissions into abuse in care in Australia, Britain and Ireland, citing Richard Webster, *The secret of Bry Estyn: the making of a modern witch hunt* (Oxford: The Orwell Press, 2005); Mark Smith, 'Historical Abuse and Residential Child Care: an alternative view', *Practice* 20, no. 1 (2008): 32-36; Mark Smith, 'Victim Narratives of Historical Abuse in Residential Care,' *Qualitative Social Work* 9, no. 3 (August 2010): 315; Ron Brunton, 'Betraying the victims: the Stolen Generations Report', *IPA Backgrounder* 10, 1 (February 1998): 5.

<sup>22</sup> Sköld, Foberg, and Hedström, 'Conflicting or complementing narratives?' 26.

The work of Sköld, Foberg, and Hedström focused heavily on case files; however, only a small number of Social Work Department patient cards were examined for this project. The selection process of these was somewhat a matter of chance. In 1988 all adoption records were transferred to Community Services Victoria (CSV), as the RWH ceased operating as an adoption agency and Adoption Information Service. Two boxes of unaccessioned Social Work Department patient cards remained in the RWH archives. These documents were not specifically adoption records, but included a full alphabetical range of approximately two hundred social work clients dating from 1935-65. The limited number of cards allowed for a full examination of their contents. Overwhelmingly, the records document the lives of poor married women with very large families. Hidden amongst these files were approximately twenty-five records that mention adoption, either recommending or advising against the practice. Final outcomes were not recorded in this set.

The language of these files is replete with judgement and presumably indicative of attitudes within the wider community, providing a rare glimpse into the mind of the social worker. In her research on the surveillance of post-war Melbourne families, Nell Musgrove argues that ‘from case files, it is possible to generate an understanding of popular attitudes’ and that case files can further reveal ‘the extent to which these (popular attitudes) instilled a moral component into social workers’ “diagnosis” and “treatment” of patients’.<sup>23</sup> Although Musgrove’s work focused on the interaction of social workers with families, her assertion applies equally to their interactions with single mothers. The RWH case files not only provided evidence of the differential treatment of married and unmarried women, but evidence of a selection process of women for whom adoption was deemed the appropriate course of action. Adoption was only a solution for first-time single mothers, while married women and ‘repeat offenders’ were denied access to this service at the RWH.

While a range of professionals were involved in supporting the hospital’s practices in the care and treatment of single mothers and their babies, the routine referral of these women to the Social Work

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<sup>23</sup> Nell Musgrove, ‘Making Better Families: Surveillance, Evaluation and Control of Families in Melbourne 1945-1965’ (MA thesis, University of Melbourne, September 2003), 2.

Department places an increased emphasis on this relationship.<sup>24</sup> Historian Janet McCalman has argued that during this time social work was changing its focus, with adoption becoming an increasingly fundamental aspect of the profession, particularly at the hospital.<sup>25</sup> Indeed, the Department had long since shifted its emphasis from 'patients in need of care because of poverty, when a great deal of material aid has been needed, to patients in need of guidance and advice with problems'.<sup>26</sup> The casework service to single mothers had been offered at the RWH since October 1959, and by 1962 never-married women were the only patients to be interviewed routinely on the first visit to the hospital. It was during these counselling sessions that the social worker took it upon herself to challenge the unwed mother to 'recognize and overcome personal and environmental problems' and to accept the reality of her situation.<sup>27</sup> That she had no means of financial or emotional support, as well as nowhere to live, provided the evidence that would lead to a single conclusion: adoption.

In outlining the adoption procedures practised at the RWH, hospital manager A.J. Cunningham reported that in her ongoing contact with the Social Work Department, the mother was 'fully informed and advised as to the particular social problems involved'.<sup>28</sup> For some women, this dictum translated into a situation in which the social worker was charged with convincing the single mother that if she loved her child, she would relinquish it. D.G. explains how she felt that she was the victim of emotional blackmail:

Of course I was seeing her every week, for so-called counselling, but it was just complete brain-washing to give the child up. I was told that I had no means of support. I had nowhere to live, and that if I loved the child, had any feeling for the child whatsoever, I'd give him

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<sup>24</sup> Quirk, 'Separated at Birth', 58.

<sup>25</sup> Janet McCalman, *Sex and Suffering: Women's Health and a Women's Hospital* (Baltimore: John Hopkins Paperbacks edition, 1999), 271.

<sup>26</sup> The RWH, Annual Report 1960.

<sup>27</sup> Almoner Department, '1959 Almoner's Report' (Melbourne: The RWH Archive, 1959).

<sup>28</sup> A.J. Cunningham and (Manager & Secretary), 'Letter to Dr J.H. Lindell, Chairman of the Hospitals and Charities Commission re: Adoptions' (Melbourne: The RWH Archive, 19 November 1964).



up. The social worker stuck to that line right from the beginning to the end.<sup>29</sup>

Social workers held onto an unwavering belief that the obstacles facing the single mother were insurmountable, to such an extent that the professional advice offered was considered to be more valid than the single woman's right to make her own decision.<sup>30</sup> In 1964, with the support of her mother, twenty-year-old L.S. was determined to keep her baby, but the RWH social worker had other ideas about her ability to raise her child. LS recalled this encounter:

The only thing I can remember is that horrible final meeting with her, when she told me that the child would grow up in the gutter and I'd be forced to become a prostitute to support her. Oh, it was quite horrible. And, she really did get red-faced. I remember it vividly.<sup>31</sup>

While L.S. did keep her child, she does not recall being provided with any assistance from the hospital. This memory stands in stark contrast to Isobel Strahan's claim in that year's *Annual Report* that 'a large number of girls kept their babies and received assistance of one kind or another from us. A great deal of baby clothing was provided'.<sup>32</sup>

Submissions to the Senate Inquiry are particularly critical of social workers, with accusations that they were not assisting single mothers in accessing available government benefits. However, documentary evidence at the RWH indicates that the department provided small loans to women in need, albeit to facilitate interstate travel expenses that might eventuate in a hospital-arranged adoption. Similarly there are indicators that social workers were assisting single mothers in

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<sup>29</sup> Interview with DG, 31 August 2010.

<sup>30</sup> For example see Susan Gair, 'Hearing the Voices of Social Workers in Past Adoption Practice with Mothers and Their Babies for Adoption: What Can We Learn?' in *Other People's Children: Adoption in Australia*, edited by Ceridwen Spark and D. Cuthbert (North Melbourne: Australian Scholarly Publishing., 2009), 75-94. Gair concludes that 'in the 1960s it appears that social work may have accepted and facilitated the *solution* of adoption.' 88. For further examples see also Swain and Howe, *Single Mothers and Their Children*, 199.

<sup>31</sup> Interview with LS, 9 November 2010.

<sup>32</sup> The RWH Annual Report 1964.

completing and submitting forms for Sickness and Unemployment Benefits that were temporarily available to pregnant and breastfeeding women. Requests for medical certificates to prove a patient's eligibility for benefits were common. On this issue, the two sources appear to contradict each other; however, at the time, while other stop-gap payments may have been available in other states, these did not exist in Victoria. The time-limited provisions of Unemployment and Sickness Benefits provided by statute (and available to all), were a paltry 15/- a week for an unmarried minor.<sup>33</sup>

There is no doubt that single mothers giving birth at the RWH felt scared and alone, but so too did married mothers.<sup>34</sup> The lack of consideration for the patient's feelings has been well documented by Janet McCalman, who concluded that, 'however efficient and skilful the hospital was in dealing with the body, many staff, both nursing and medical, had no aptitude in dealing with feelings'.<sup>35</sup> All women giving birth in the 1960s suffered from a culture that medicalised childbirth and removed all agency from them, but single mothers suffered additional indignities. Compounded by the harsh judgements and crushing expectations of family and society, some single pregnant women were pushed to the brink of suicide, while others knew of women who had succumbed when faced with similar circumstances.<sup>36</sup> Once in the hospital's domain women were subject to its rules and expectations. Doctors at the RWH were known to provide the highest quality medical care, with patients from private hospitals being transferred in cases of complication. Their authority on all matters, including social—despite no real expertise in this area—was not to be questioned. Maggie, a student midwife, recalls the atmosphere in 1971 being 'really all medical. [Patients] were all supposed to comply with orders, the patient was supposed to do what they're told, when they are told'.<sup>37</sup> It was not until the early 1970s, as

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<sup>33</sup> See also R. Kiely, 'Single Mothers and Supermyths', *Australian Journal of Social Issues* 17, no. 2 (May 1982). Kiely argues that there were no social welfare payments for a single mother who kept her child in Victoria until 1969 (State Grants deserted wives Act), unless she was sick, unemployed (and looking for work) or breastfeeding.

<sup>34</sup> See for example 'Gina', twenty-one year old proxy bride quoted in McCalman, *Sex and Suffering*, 262.

<sup>35</sup> *Ibid.*, 278.

<sup>36</sup> Interview with MR, 1 September 2010.

<sup>37</sup> Interview with 'Maggie', 2 June 2010.

health information became more readily available, that women were more willing and able to speak up in regards to their treatment. American historian David Rothman has argued that this was a time when ‘docile obedience was to give way to wary consumerism’.<sup>38</sup>

The distinct organisational structure of the RWH created an administrative system in which policies and practices could vary based on the individual preferences of those in charge and emphasised that women should be grateful for the care they received. While the treatment and management of the single mother was often left to the discretion of senior staff members, some aspects of hospital policy and practice were maintained more consistently across all units. This is particularly apparent in the annotation of medical charts. Rumours and accusations abound regarding the intention to adopt being recorded on these documents with the letter ‘A’, often without the mother’s knowledge.

A brief examination of medical charts from 1963–64 indicate that this coding system did in fact exist, but midwives contend that the ‘A’ simply indicated that the patient was a client of the Almoner Department—and not necessarily an indication that the baby was for adoption. KC explained: ‘They were down as Mrs. Smith on your bed list and there would be an “A” beside the patient indicating it was an Almoner case’.<sup>39</sup> Indeed some of these medical charts coded with the letter ‘A’ did indicate that the patient was married. Regardless of the intended meaning behind the labelling system, statistical evidence from Departmental reports reveals another side to this story: an overwhelming number of almoner clients were single mothers. Never married women constituted sixty-seven per cent of obstetric patients seen by the Department in 1963, and by the end of 1967 this number had increased to 77.6 per cent.<sup>40</sup> The remainder of Almoner/Social Work clients consisted of de facto, separated, divorced, deserted wives, and widows, with married women only representing 6.4 per

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<sup>38</sup> David Rothman quoted in Linda Bryder, *A Healthy country: essays on the social history of medicine in New Zealand* (Wellington, N.Z.: B. Williams Books, 1991), 109.

<sup>39</sup> Interview with KC, 4 August 2010.

<sup>40</sup> Medical Social Work Department, ‘Report Prepared for Medical Social Work Sub-Committee’ (Melbourne: The RWH Archive, July 1963 & January 1968).

cent of new patients. That assumptions would be made as to the significance of the letter 'A' is not surprising.

The impact of the hospital's labelling system for medical charts was felt in the serious consequences it had for the unmarried patient. In 1960, the Medical Superintendent implemented a hospital-wide policy that the babies of mothers who were clients of the Almoner Department should be taken directly from labour ward and placed in the nursery. The coding of 'A' patients was now synonymous with immediate separation. The intra-hospital memo dated 11 February 1960 clearly instructed labour ward staff:

In future babies of patients whose ante-natal card is marked 'A' will be cared for in the Nursery after transfer from labour ward and will not go out to the mother, until the Almoner is contacted regarding the future of the baby, or unless the mother specifically requests to see and care for the baby.<sup>41</sup>

The consequences of this memo were devastating. Accounts of the immediate separation of mother and child were common in the interviews and submissions to the Senate Inquiry, with many of the mothers describing futile attempts to locate the nursery in which their baby was being held:

I remember trying to get out of bed and going down the hallway when no one was around— trying to find the nursery. I got caught down there and was immediately taken back and because of that they came and told me that they'd removed the baby to another floor.<sup>42</sup>

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

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<sup>41</sup> J.C. Laver (Medical Superintendent), 'Intra-Hospital Memo to ward 34, re: 'A' Patients', 11 February 1960.

<sup>42</sup> Interview with MP, 25 August 2010.

My baby was taken from my bedside and placed all alone in a nursery. I was forbidden to see him or go in the nursery. I was then left for several days sitting on a bed in a ward full of married mothers who were allowed to have their tiny babies next to their beds. They were able to hold their babies, cuddle them and feed them whilst I sat and watched and cried.<sup>43</sup>

Although the mother maintained her legal right to contact, this policy dictated that she must explicitly express the desire to see her baby—a convention that did not extend to married mothers. The authoritarian culture of the hospital and negation of women's agency prevented many women from making this request. In the wake of this policy, further practices of separation of the newborn infant from its single mother developed. Social worker VD confirmed that it had become a matter of practice for contact to be routinely withheld, particularly prior to, or on condition of, the signing of consent:

There is no question that nursing staff were instructed by their director of nursing who had been instructed by the Medical Superintendent that single mothers should not see their babies if they were going to sign a consent to adoption. There was nothing ever produced in writing, but it was practice.<sup>44</sup>

While a doctor recalled that hospital practice did not expressly forbid contact between mother and child, this was never actively encouraged:

If the baby was for adoption, they frequently didn't see their babies. I think there could have been instances where they wanted to and they would, and I think it's fair to say they were generally discouraged, because it was believed that this might aggravate guilt or various psychological problems.<sup>45</sup>

The belief as to whether or not it was in the best interest of the mother to see her baby (and vice versa) varied to some extent. The baby's very survival depended on its mother's breast milk until artificial feeding was firmly established in the mid-1920s. At this

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<sup>43</sup> June Smith quoted in Senate, *Proof Hansard*, forty-third parliament, first session, first period, 15 November 2010, CA34.

<sup>44</sup> VD, Personal Communication to Author, 2011.

<sup>45</sup> Interview with WC, 1 June 2010.

point the practice of maintaining contact between mother and child essentially ceased and early separation became de rigueur. Swain and Howe argue that the punishment of single mothers had been effected through forcible care prior to the First World War; later it was dependent on early separation as the key to salvation and in which 'mothers were transformed from nurturer into enemies of the newborn child'.<sup>46</sup> Head Almoner Isobel Strahan explained the philosophy at the heart of early separation to the *Argus* in 1950:

If the baby is to be released to adoption it is much better for both mother and child that they are parted as soon as possible after birth ... Such girls are often in a very emotional state after confinement and the parting with the child after caring for it for several weeks may have a serious psychological effect ... The only way to assist such a girl to rehabilitate herself is to find work for her which is not only suitable but will provide her with a fresh interest in life.<sup>47</sup>

That it was in fact more compassionate for the mother not to see her child became a fixed idea in the minds of professionals. For example, when the accommodation of sick babies awaiting adoption became problematic in 1968, the suggestion that unmarried mothers care for their own babies while awaiting placement met with intense disapproval. It was reasoned that 'forcing girls temporarily to hold medically deferred babies is a course which holds such dangers that—humanitarian reasons aside—it would be against the community's interests to permit this to occur'.<sup>48</sup> While such opinions were presented as holding the mother's best interests at heart, the practice of separation equally supported the view that the presence of single mothers in the community would be dangerous and potentially compromise society's strict moral values.

In writing the history of mothers who lost a child to adoption at the RWH in Melbourne, this article has explored the complementary nature of archival and oral evidence. While the documentary evidence may not always be consistent with the remembered experience, a significant proportion of these documents confirm punitive practices. Notable exceptions include the question of whether financial support

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<sup>46</sup> Swain and Howe, *Since Women and Their Children*, 113.

<sup>47</sup> Isobel Strahan quoted in *Argus*, 18 July 1950.

<sup>48</sup> The RWH Annual Report 1968.

had been available and that the labelling of medical charts may not have been uniformly understood. The implications of these contradictions remain noteworthy. But it is the degree to which archival research revealed such biased policies that was surprising given the divergent perspectives from which these sources speak and the expectation that such prejudice would not be recorded. However, the archives yielded evidence of hospital policies for the differential treatment of married and unmarried women, ultimately supporting the oral testimony of women interviewed for this project. Mothers who lost a child to adoption consistently recount feelings of unjust and discriminatory treatment based on their never married status, and submissions to the Senate Inquiry also reflect the degree to which these women experienced prejudice and intolerance in the wider community – what was unexpected was that the documentary evidence reflected this prejudice.

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