

TRANSCRIPT

LEGISLATIVE ASSEMBLY LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into Responses to Historical Forced Adoptions in Victoria

Wodonga—Tuesday, 18 May 2021

MEMBERS

Ms Natalie Suleyman—Chair

Mr James Newbury—Deputy Chair

Ms Christine Couzens

Ms Emma Kealy

Ms Michaela Settle

Mr David Southwick

Mr Meng Heang Tak

WITNESS

Ms Merle Kelly.

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The CHAIR: I will begin the proceedings. First of all, I acknowledge the traditional owners of the land on which we are meeting here today and I pay my respects to their elders both past and present and any Aboriginal elders from other communities who are here as well.

I declare open the public hearings for the Legal and Social Issues Committee's Inquiry into Responses to Historical Forced Adoptions in Victoria.

All evidence today is being recorded by Hansard, and you will be able to receive the transcript for you to proofread as soon as it is available. Any comments that are said here are protected by privilege. If you say the same comments outside or on social media, your comments may not be protected.

We have Debbie here with us, who is a counsellor. Debbie is able to assist you during your informal conversation here today or outside as well.

The committee is very much interested in hearing from you. At this point we are going into an informal process of the committee, so we are just here to hear your experiences but most importantly some of the outcomes you would like from the inquiry. I now invite you say a few words as an opening statement.

Ms KELLY: My name is Merle Elizabeth Kelly, and my date of birth is 19 April 1943, so that means I am 78 years old, and my child will be 60 this year. I was 17 and nine months when I discovered I was pregnant. Three weeks before I turned 18 I married, in the church where I taught Sunday school. During my pregnancy I was never offered any counselling at any time. I was discriminated against when I tried to book into the Parramatta Maternity Hospital for my confinement. As soon as I said that I had just got married the week before though, I was told it was too late, there were no beds available. So then that meant that I had travel to the King George V in Camperdown, which is now RPA, from Castle Hill by public transport for my check-ups, which was a 2-hour trip.

I was used as a teaching aid for the student doctors and nurses the whole time. No pre-birth classes for me—I had no idea of the birth process, that it would be painful and embarrassing and that I would be treated as an object and not a frightened 18-year-old whose whole world had collapsed a few weeks before. No empathy was shown by the staff, not even the social worker. No explanation was given when my labour changed: my baby moved back up the canal and turned horizontal. That meant that I was going to be placed under a full general anaesthetic to allow instrument delivery, which meant I had many internal and external stitches.

There was no recovery ward for me; I was sent to the main ward, full of women with their babies. Physio was rough and uncaring, no screens for privacy. Many snide remarks were made by the staff and other patients that I would not make a good mother as I did not have a husband. Actually I had been married, and six weeks before the due date I was told by my husband that he already had a wife and three children. He did not pay maintenance for them, and he certainly could not be made to pay for me. I was informed by the chamber magistrate at the Parramatta courthouse that as the marriage was bigamous I was not entitled to any government support, which I discovered many years later was not true. I was not allowed to see my daughter after her birth but found out that my husband had been allowed to see her, and he had actually tried to abduct her from the hospital.

On day three after a difficult delivery I was taken to the social worker's office. I was not told that I had 30 days to reconsider my decision, and with no other option available I was forced to sign the papers. No concept of adoption trauma was ever mentioned, nor admitted, by any of the many counselling services that I attempted to get help from over the last 60 years. Their answer was that I signed the papers so what did I want them to do.

Years later when I finally had more children, which was 11 or 12 years later, there were always statements from medical staff and nurses like, 'This is not your first pregnancy, so who, when, what? And what happened to your first child?'. You know, 'Did you get rid of your first child? What happened?'. It was assumed that you knew all about the birth process, which of course I did not because of the general anaesthetic. Medical staff did not understand the forced adoption concept. More than 40 years later when I did finally speak with my daughter

she told me that she had been lied to by her adoptive parents as to the reason for the adoption and this lie was used as a threat to abandon her when she was not grateful enough. She was also physically and mentally abused by her older sibling, who was also adopted, but as a compliant child and always the good child my daughter felt that she was not loved enough by her adoptive parents and was often told the same and treated the same way. So that is pretty short and condensed.

Some of the things that I think should be brought in: counselling should be available for a lifetime for the whole three sides of the adoption triangle, and by a trauma specialist, not just by someone who says they are a counsellor. It has to be someone that knows—a trauma specialist. So that is for the child and for both sets of parents. I think welfare checks should be done on the child and the adoptive parents, with reports back to the birth parents maybe once a year for the child's lifetime or until they become an adult, so 18. Birth parents should be notified in the case of serious illness of the child, the death of the child, adoption breakdown or the child returning to the system for any reason—not like finding out when the child would be 18 that, 'Sorry, but that child died when it was two years old'. And I believe it should be compulsory that the child is informed of the adoption and the reason by a certain age; now, what that age is I would not like to say. Some sort of redress to the natural mother for their ill treatment, both physical and mental. Adoptees also need the same information from the birth parents as to the reason why they were adopted. A lot of adoptive parents have been known to lie and hold this lie over the child when they are not grateful enough for being adopted.

The CHAIR: Thank you. I did have a question. The question was: what outcomes would you like from the inquiry? But you have already concluded so adequately, so—

Ms KELLY: I mean, you know, there are probably other things that I might think of later, but they were sort of the main things that I thought of at the time when I was writing this up.

The CHAIR: Thank you so much for your time and really putting forward your evidence to us. We truly appreciate it. We wish you all the very best. As you know, we will table our report in August with some strong recommendations on all the evidence and what we have heard throughout the inquiry. But I do take this opportunity to thank you for being here.

Ms KELLY: That is all right.

Witnesses withdrew.