Volume 4

Serious Human Rights Issues and Harms and Impacts

Truth Recovery Independent Panel
Seeking the Truth

When I found my adoption notes and saw that it had said "Cried a lot" I used to think oh, well maybe that's why I wasn't kept because I cried a lot, I was one of these "bad babies", trouble, difficult, whatever. But now I know that's not why, it's just I was saying, "Come get me, come get me, come get me. I'm here, I'm here, I'm here".

I was certain that as soon as they saw my beautiful boy they couldn't help but change their minds and take me home with them. Of course, I was deluding myself and although my mother cooed over him, there was no way they were exposing my shame to the world.

Every day was a struggle. I missed my baby and I went through my life unfeeling. Everything was a secret there was no-one I could confide in.

And then every now and then I'd be reminded about it, if I got my mum in a bad mood and she'd say we paid good money for you. Or if you're playing up, we're going to take you back to the nuns.

When I first saw his photograph, it was surreal — he was a stranger to me, yet undeniably my son." And the devastating effect it had on me, and still has to this day, even though I met my son and I do have a relationship with him, but that loss, that taking away part of your body really, and you know, we were joined by an umbilical cord, and that was severed big style, not just you know in the physical sense, in the emotional sense.

But my mum, my adoptive parents, my mum was very cold and very…she would never have told me that she loved me, there was none, there was no, "I love you", no hugs, nothing like that. She was very sharp and very strict.

I didn't talk about the baby, and my mother never talked about it. Just it was kept under wraps for years, you know, and you just got on with life.

I do often wonder is there other, are there any other people in my situation, and that have just hit a brick wall and think that they will never ever find anyone, now mind you it took me all those years, and it just goes to show what perseverance, and just don't give up, and I can't believe what I unearthed.

My mother brought me down to a monastery to confess my sins, and the priest admonished me telling me that I was doomed to hell for the rest of my days, that I had committed a mortal sin as I had sex outside of marriage.

And that wasn't from a lack of love from my parents; it was, I believe, from the lack of genetic mirroring and no real sense of identity. Basically, I didn't know who I was. I just wasn't really aware that I didn't know who I was.

And there's often sadness borne by the young dads too, told that their girlfriend was expecting but then banished with no further update on whether the baby had been born or where it was. They endured a lifetime of not knowing.

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Chapter 1

Serious Human Rights Issues

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Chapter content

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1.0 Introduction

1.1 Language and terminology

The Independent Panel (IP) acknowledge again that the language and terminology we use matters. Some readers may hold different views to other users on the most suitable terminology, and we recognise this may be upsetting. Because this chapter discusses many historic legal issues, it contains references to historic legal concepts using the technical language of the time. Often, this language is now considered offensive, insensitive or inappropriate. For example, there is reference below to concepts such as ‘illegitimacy’ and ‘bastardy’ as regards children whose parents were not married, and ‘lunacy’ as regards people with mental health problems. The IP do not endorse this terminology or the attitudes behind it. It is used only to describe the historical legal framework as accurately as possible.

It should also be noted that references in this chapter to mother and baby institutions should be understood to include reference to private nursing homes operating as de facto mother and baby institutions.

1.2 Testimony in this chapter

The testimony of victims-survivors and other participants forms an important part of the analysis in this chapter. Extracts from the testimony are included in relation to each of the serious human rights issues raised, but it has not been possible to include here every relevant piece of testimony. For more extracts from testimony related to all of these issues, the reader should refer to the chapter on Harms and Impacts.

1.3 Human rights in the Terms of Reference

The IP's Terms of Reference make human rights central to their work. The first guiding principle in those Terms of Reference is as follows.

Respect for the human rights of victims-survivors and relatives and a commitment to protecting and fulfilling human rights.

The IP's Terms of Reference as framed by the Truth Recovery Design Panel provide, in relevant part, the following:

An Independent Panel will investigate and publish findings regarding human rights violations experienced by individuals and families in Mother and Baby Institutions, Magdalene Laundries, Workhouses and their pathways and practices (including the adoption system, related institutions such as 'baby homes' and private nursing homes, and cross-border and international transfers of children and women). The investigation should include in its examination:

i. the harms suffered at the time of the institutions' operation and those continuing to the present, including gender-based harms and harms recognised in international human rights law;

ii. how violations were inflicted and persisted;

iii. the institutional and societal causes of the violations;

iv. the impact and consequences of the violations and harms experienced;

v. the responses of involved institutions, organisations and agencies to individuals and families affected.

Describing the need for both an IP and a public inquiry, the Design Panel said the following.

The need for an Independent Panel arises from:

- the potential of a non-adversarial, truth-telling first phase to gather documentary and other primary evidence, as an end in itself and informing a statutory public inquiry of the issues raised in victims-survivors' testimonies;

- the stated desire of many victims-survivors and relatives to present their testimonies in a non-adversarial forum, with confidentiality as an option;

- the potential of the testimonies to educate and inform the general public;

- the priority of immediate gathering and cataloguing of records accessible under existing legislation, pending the public inquiry's use of powers of compulsion;

- the need for a coordinated, fully resourced, expert mechanism to assist victims-survivors and relatives in accessing personal information enabling their participation in the investigation and identifying barriers to access.

The Design Panel acknowledged that 'an IP can investigate and hear testimonies regarding systemic abuses but only a statutory public inquiry has the powers to establish individual and institutional responsibility'.

It was not intended, either by the Design Panel or by The Executive Office, that the work of the public inquiry would be duplicated by the IP. The requirement that victims-survivors have the option to give testimony to the IP confidentially is an important consideration in this context.

As far as human rights are concerned, the function of the IP is to inform the public inquiry about the systemic human rights issues raised in victim-survivor testimony. In this context, the IP's focus will be on the role of the state as the protector of human rights, and on circumstances which suggest systemic failures on its part.

The IP propose to identify these circumstances by reference to a human-rights-based approach.

1.4 A human-rights-based approach

In this chapter, the IP consider the evidence provided to us, and which we have uncovered in institutional and public archives, by reference to the UK's human rights commitments.

The purpose of this analysis is to situate the experiences of participants in a framework based on dignity and equality and to identify areas of potential systemic failure.

In this approach, we recognise the overarching responsibility of the state as the protector and vindicator of human rights. The UK's human rights commitments provide a set of standards against which the performance of the state can be assessed.

Readers should be aware that this approach is not without its limitations. These include:

- The modern international framework of human rights protection was not established until the middle of the twentieth century. Although some treaties — the Convention on Forced Labour, for example — date from before World War Two, the system as we know it today builds on the Universal Declaration of Human Rights, adopted by the United Nations (UN) General Assembly in 1948. Even the European Convention on Human Rights (ECHR) was not signed until 1950 or ratified by the UK until 1953. In general, treaty rules do not apply retrospectively and, strictly speaking, the UK's compliance with international obligations can only be assessed in relation to circumstances which arose after those obligations came into force.

- The interpretation of international treaties has evolved over time, so that our understanding of what respect for a human right requires today may not be the same as the understanding the state had of that same commitment several decades ago. There is a risk that judging past conduct by modern standards can result in unfairness.

- Findings of human rights violations are, as the Design Panel acknowledged, usually made by courts in individual cases. Courts consider compliance with common law and statutory duties which are forward-looking. They apply formal procedural rules to guarantee fair procedures. They have powers to compel the attendance of witnesses, and the production of evidence. The evidence they receive is considered by reference to rules on admissibility, and oral evidence, adduced under oath or affirmation, can be tested by cross-examination. The IP is not a court. We took testimony in a way that a court could not. In particular, the IP was designed to ensure that participants could give their testimony confidentially, in the expectation that their identity would be protected. Because the IP is not a court, it cannot make findings against individuals, in relation to violation of human rights, as if we were. This explains why readers will not see findings against identifiable individuals or organisations in this chapter.

Although we acknowledge these limitations, we consider that they do not preclude an approach that considers evidence through the prism of human rights. This is because, in particular:

- Where the effects of a particular incident are continuing, the incident may be covered by a state's human rights obligations even if it occurred before the obligations came into effect.[1]

- An unduly legalistic approach to events occurring before the modern era of international human rights law would fail to take into account the UK's leading role in framing the international legal order after World War Two. It would ignore the fact

that the human rights enshrined in international law are largely inspired by rights and principles already recognised in British law and legal tradition. So, for example:

- UK criminal law protected people against cruel and humiliating treatment, and against arbitrary detention and forced labour and, in principle, civil remedies were also available.

- Inspection regimes of one sort or another — and often of more than one sort — were in place in relation to all of the institutions for most of the relevant period.

- A mother's consent was at all times a precondition to a valid adoption.

It follows that, for as long as Northern Ireland (NI) has existed, the laws in force here have provided, in principle at least, important human rights guarantees even if they may not always have been framed in precisely those terms:

- Even if interpretation of human rights treaties may change, decisions and judgments of international courts and monitoring bodies do not alter the content of human rights treaties themselves. Arguably, the modern interpretation of the content of treaty obligations has always been the correct interpretation, and it is, therefore, legitimate to consider incidents and events in the past accordingly.[2]

Bearing these observations in mind, we hope that our recommendations will provide victims-survivors with a human rights framework within which to situate their experiences.

We also hope that the analysis below will assist the public inquiry in conducting its own investigation by reference to the key human rights issues arising from victim testimony and archival evidence.

In this regard, we recall the observations made in the chapter relating to the Access to Records, Advocacy, Genealogy and Legal Service Working Group about the difficulty we have experienced in accessing historic Northern Irish law. As we have said, many — perhaps even most — of the most important statutes are not publicly available online or in professional or academic databases. Every care has been taken to ensure that the description of Northern Irish law below is accurate. However, readers should be aware that the possibility of inadvertent errors or omissions cannot be entirely excluded, and nothing in this chapter should be understood as constituting legal advice.

We turn now to the human rights framework applicable in NI during the relevant period.

2.0 The Human Rights Framework

2.1 International human rights law

2.1.1 Human rights before World War Two

When NI was established, international human rights law was in its infancy. The first human rights treaties were concluded under the aegis of the League of Nations, established after World War One to work for world peace.

One of the League's agencies was the International Labour Organisation (ILO), which sought to set labour standards on the basis of the principle that labour is not a commodity and that workers are entitled to dignity and respect.

In 1930, the UK signed the ILO's Forced Labour Convention 1930. It was ratified by the UK on 3 June 1931 and came into force with respect to the UK a year later.[3] Article 2 of the Convention defines forced labour as 'all work or service which is exacted from any person under the menace of any penalty and for which the said person has not offered himself voluntarily'. It does not include 'any work or service exacted from any person as a consequence of a conviction in a court of law, provided that the said work or service is carried out under the supervision and control of a public authority and that the said person is not hired to or placed at the disposal of private individuals, companies or associations'.[4]

2.1.2 The birth of modern human rights law

The League of Nations was frustrated in its goal of preventing another war, but after World War Two there was a renewed impetus, not least on the part of the UK, to create an international system based on the rule of law.

The UK played a leading role in the foundation of the UN with the signing of the Charter of the United Nations in 1945. The Charter includes the promotion and encouragement of respect of human rights and fundamental freedoms as one of the purposes of the UN.[5]

It was in that context that, in 1948, the UN's General Assembly adopted the Universal Declaration of Human Rights, setting out, for the first time, a list of fundamental human rights to be universally protected. In the present context, it is important to note:

- Equality and the right not to be discriminated against are recognised by Articles 1, 2 and 7.

- The rights to life, liberty and security of the person are recognised by Article 3.

- The right not to be subjected to torture or to cruel, inhuman or degrading treatment is enshrined in Article 5.

- Article 12 states that no one shall be subjected to arbitrary interference with their privacy or family, and Article 16 states that the family is the natural and fundamental group unit of society and is entitled to protection by society and the state.

- Article 22 declares that everyone, as a member of society, has the right to social security and is entitled to realisation, through national effort and international co-operation and in accordance with the organisation and resources of each state, of the economic, social and cultural rights indispensable for their dignity and the free development of his personality.

Article 25 is also of special importance, especially given its recognition of the right of equal protection of all children without distinction as to birth status:

1. Everyone has the right to a standard of living adequate for the health and wellbeing of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

2. Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

The Universal Declaration, though not a treaty itself, inspired many of the post-war human rights instruments, including the ECHR, which plays such an important role in NI's architecture of human rights protection.

2.1.2.1 The European Convention on Human Rights

The ECHR and Fundamental Freedoms was drawn up by the Council of Europe in 1950. All 46 Council of Europe countries are parties to it. The UK played a leading role in drafting it, and in 1951 was one of the first countries to ratify the Convention, which entered into force for the UK at the international level in 1953.

The Convention obliges Contracting States to guarantee to everyone within their jurisdiction the rights set out in it. For present purposes, it is significant that those rights include:

- in Article 2, the right to life;

- in Article 3, the right not to be subjected to torture or to inhuman or degrading treatment;

- in Article 4, the right not to be subjected to slavery, servitude, or forced or compulsory labour;

- in Article 5, the right to liberty and security of the person; and

- in Article 8, the right to respect for private and family life.

The Convention also guarantees, in Article 14, that people will not be discriminated against in the enjoyment of the rights enshrined in the Convention on the basis of matters such as religion or birth status.

Although some of the rights are guaranteed in absolute terms — the right not to be subjected to torture, for example — others may be subject to necessary and proportionate interference for purposes such as public order and the protection of the rights and freedoms of others.

The Convention also established the European Court of Human Rights, which sits in Strasbourg in eastern France. Contracting States can take a case against each other to the Court and, since 1966, the UK has agreed that individuals can take cases against it to the Court.

Since then, the Strasbourg Court has interpreted the Convention as imposing positive obligations of prevention and protection on states when they are aware of systemic dysfunctions or risks of human rights violations. Failure to undertake preventive measures by a state can lead to a finding of a violation of the Convention.

One of the Court's key functions is to interpret the Convention so that it can be applied in particular cases. In the analysis below, we consider the rights protected by the Convention as they have been interpreted by the Strasbourg Court in its judgments. We consider that case law as it is currently, and not solely by reference to how it was at the time the events described below occurred. We consider this approach to be broadly in line with that taken by the Court itself in its own application of the Convention, acknowledging the case law in this regard has not been entirely uniform or consistent.[6] We adopt the position that judgments of the Strasbourg Court are declaratory rather than constitutive, and that the obligations on Contracting States flow not from judgments but from the Convention itself, which has been binding on the UK since 1953.

This is a separate issue to the retrospective application of the Human Rights Act 1998, which, we acknowledge, would not, save to a limited extent in particular circumstances, apply in relation to the events between 1922 and 1995 which are the subject matter of the Truth Recovery Programme.[7]

2.1.3 Other relevant human rights commitments

In addition to the ECHR discussed above, the UK ratified the ILO's Abolition of Forced Labour Convention 1957, which required abolition of some forms of compulsory work still permitted by the 1930 Convention, and two conventions on prohibiting what remained of the slave trade in 1953 and 1957.[8]

In the context of its membership of the UN, the UK ratified all of the core UN human rights treaties, beginning with the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights, both signed in 1966, and both ratified in 1976.

The International Covenant on Civil and Political Rights protects many of the same civil and political rights enshrined in the ECHR, but on a global rather than a regional level. These rights include, therefore, the right to equality between men and women (Article 3); freedom from torture and cruel, inhuman or degrading treatment (Article 7); the right to liberty (Article 9); and the protection against arbitrary interference in one's privacy or family (Article 17). The equality of children enshrined in Article 24 is important in the current context:

1. Every child shall have, without any discrimination as to race, colour, sex, language, religion, national or social origin, property or birth, the right to such measures of protection as are required by his status as a minor, on the part of his family, society and the State.

2. Every child shall be registered immediately after birth and shall have a name.

3. Every child has the right to acquire a nationality.

The International Covenant on Economic, Social and Cultural Rights is intended to protect economic, social and cultural rights, usually on the basis of the principle of progressive realisation (i.e., states must work towards their gradual implementation). The Covenant guarantees the right to just and favourable conditions of work, including fair wages and safe conditions (Article 7) and the right to social security (Article 9). Article 10(2) states that '[s]pecial protection should be accorded to mothers during a reasonable period before and after childbirth. During such period working mothers should be accorded paid leave or leave with adequate social security benefits', while Article 10(3) provides, in relevant part, that '[s]pecial measures of protection and assistance should be taken on behalf of all children and young persons without any discrimination for reasons of parentage or other conditions'.

The implementation of the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights is overseen by committees of independent experts. These committees prepare commentaries on the Covenants' provisions, and some countries — though not the UK — allow the committees to hear individual complaints. The observations of the committees carry significant weight in understanding the nature of the obligations imposed by the Covenants.

Towards the end of the period 1922–95, the UK ratified several other relevant human rights treaties. The UN Convention on the Elimination of All Forms of Discrimination Against Women 1979 was ratified by the UK on 7 April 1986 and entered into force with respect to the UK 30 days later. Article 5 states that 'States Parties shall take all appropriate measures…[to] modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and

all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women.' The Convention on the Elimination of All Forms of Discrimination Against Women also prohibits discrimination in healthcare and guarantees access to family planning (Article 12), and requires measures to be taken to eliminate discrimination in social welfare (Article 13) and family law (Article 16).

In 1988, the UK ratified the UN Convention Against Torture 1984, which prohibits torture and cruel, inhuman and degrading treatment by state authorities.

The UK ratified the UN Convention on the Rights of the Child in 1991, and it came into force with respect to the UK on 15 January 1992. Although the Convention on the Rights of the Child did not apply until the last year of the period under investigation, it may nevertheless be relevant in considering actions the state has taken since then, particularly in relation to the right to access information about one's identity. In this regard, Article 8 states two key points:

1. States Parties undertake to respect the right of the child to preserve his or her identity, including nationality, name and family relations as recognised by law without unlawful interference.

2. Where a child is illegally deprived of some or all of the elements of his or her identity, States Parties shall provide appropriate assistance and protection, with a view to re-establishing speedily his or her identity.

2.2 Human rights in Northern Irish law

As far as the place of these treaties in Northern Irish law is concerned, it is important to note that the UK's legal system makes a sharp distinction between national law and international law. International law can only be relied on in court to the extent that it has been incorporated into national law by Parliament. For example, the ECHR did not become part of Northern Irish law directly until the enactment of the Northern Ireland Act 1998 and the coming into force in 2000 of the Human Rights Act 1998.

Even so, by participating in the Convention, and the other international human rights treaties mentioned above, the UK undertook to guarantee to everyone in its territory, including NI, the rights enshrined in them. So, for instance, the UK was obliged to give effect to the ECHR on its territory from the date of its entry into force in 1953 even though the Convention was not incorporated directly until 1998.

Before 1998, the approach of successive British governments was that the ECHR was given effect indirectly through the common law as reflected and developed in case law and by statutes enacted by Parliament (including, between 1922 and 1972, the Parliament of Northern Ireland) and secondary legislation made thereunder. This is also the approach taken in relation to the UK's obligations under other human rights treaties so that, in general, the UK will not ratify a treaty until it is satisfied that its law already complies with it.

2.3 Law in context

Our understanding of the law should not be detached from the experience of people living under it in the real world: just because particular treaties were signed or laws were enacted does not mean that they were actually enforced or effective in practice.

Many participants who spoke to the IP described legal loopholes and failures to enforce laws which should, in theory, have protected them. In the analysis below, we have tried always to consider legal rules in the context of how people affected actually experienced them.[9]

3.0 State oversight of the institutions

3.1 Introduction

The IP's Terms of Reference embrace state and non-state institutions, as well as their pathways and practices.

In circumstances where the public inquiry will seek to identify systemic failures in the operation of prescribed institutions and public bodies, it is important to stress again the overarching responsibility of the state as the protector and vindicator of human rights.

The human rights commitments made by the UK, referred to above, are relevant to events which occurred in the institutions within the IP's Terms of Reference in three principal ways:

- First, in the case of state-run institutions — the Workhouses for example, or mother and baby institutions which were operated by the welfare authorities — the state will be responsible for what happened in the institutions it operated, at the hands of its employees or agents.

- Second, in the case of non-state institutions, the state may be answerable for what happened at the hands of private individuals or organisations, including charitable or religious organisations, if it was aware of a risk of harm but it failed to detect or prevent it.

- Third, the state may be responsible for things its agencies did which, though they happened outside the institutions, were nevertheless part of their pathways or practices.

The relationships between the institutions and the state varied depending on the type of institution. They also evolved over time against a backdrop in which, even before the partition of Ireland, there was a long-established tradition of separate Protestant and Catholic voluntary organisations. These organisations were important because, from its establishment, NI 'lagged behind the rest of the United Kingdom' in terms of

services such as housing, public health and education.[10] The Poor Law 'remained more influential in the region than elsewhere in the UK and provided the bulk of free health care, emergency accommodation and aid to the destitute'.[11] The Poor Law was, however, inadequate to the task, leading to 'suffering and unrest'.[12] It has been observed that 'philanthropy was the main mechanism for poverty relief in the first two decades after partition'.[13]

It was not until the 1940s, following a series of governance scandals involving Belfast Corporation, that the NI government was shaken 'from its years of inertia into assuming responsibility of the administration of health and social services'.[14] Still, the government was cautious about committing money to health and welfare even as it felt that it needed to keep policies in line with those in the rest of the UK.[15] The Social Services (Agreement) Act of 1949 between the Belfast and Westminster governments was intended to ensure that services were provided in NI on the same basis as in Great Britain, with deficit financing by Westminster.[16]

While it was initially believed that voluntary organisations would become redundant in the new welfare state, health and welfare continued to be underfunded, and in fact voluntary organisations became 'ever more necessary to deliver services'.[17] Local authorities and government departments were content to allow these organisations to provide many social services on the basis that it saved money.[18] Additionally, there was a desire on the part of the Northern Irish government and, during the period of direct rule, the British government, not to interfere in the operation of the Catholic Church for fear of causing further alienation of the Catholic community.[19]

The authorities recognised, of course, that giving voluntary organisations so much power and responsibility in so many areas of Northern Irish life entailed risks, and that these risks were particularly acute in institutional settings. For that reason, various legal standards were established, and mechanisms of inspection put in place, to prevent abuses insofar as possible, and to ensure that such abuses as did occur would be detected.

However, the IP have identified, from their analysis of material in public and private archives, deficiencies in many of the regimes of regulation and inspection that applied to the institutions within our Terms of Reference.

3.2 Regulation and inspection of the institutions

3.2.1 Workhouses

The Workhouses were under the control of the state, albeit indirectly. The Poor Law (Ireland) Act of 1838 provided for the appointment of Poor Law Commissioners, who divided Ireland into 130 districts called Poor Law Unions. In each Union, a Workhouse was established under the direction of a local Board of Guardians.

The Workhouses were intended to provide a place for the destitute poor to go for material support in the form of food, shelter, clothing and medical care. The Board of Guardians levied a 'Poor Law' rate on property owners within the Poor Law Union to fund its operations.[20]

The support provided in the Workhouse was known as 'indoor relief'. Most Workhouses in Ireland were built in the early 1840s along similar lines: they had separate wards for men and women, older people, 'unmarried mothers' and children, and people with disabilities. The Workhouse infirmary incorporated, usually, a maternity ward.

The Poor Law Union system was overwhelmed by the Great Famine, and further measures, including the Temporary Relief Act 1847 and the Poor Law Extension Act 1847, were adopted to address the crisis by providing for 'outdoor relief', that is, support to the poor outside the Workhouse. This could be made available to certain categories of 'paupers' who were not 'Workhouse inmates': elderly and sick people, or widows with two or more 'legitimate' children. When the Workhouses were full, outdoor relief could be made available to others on a short-term basis.

As far as regulation is concerned, the Poor Law Commissioners for Ireland made rules for the Boards of Guardians relating to the operation of the Workhouses. The Commissioners were often selected from the landed gentry and professions and, as such, they 'shared the assumptions and prejudices of their class, including a tendency to view the poor as an alien species'.[21] On a day-to-day basis, the Workhouse was actually run by its officers, including the master, the matron, the schoolmaster, the medical officer, the chaplain and the porter.[22] Visiting committees were appointed by the Board of Guardians to conduct weekly inspections to ensure that the officers ran the Workhouse in accordance with the rules made by the Commissioners. The Boards of Guardians reported to the Commissioners, and the Commissioners furnished annual reports to Parliament.

In 1872, the Poor Law Commissioners were replaced by the Local Government Board for Ireland, which existed until 1921 when its responsibilities in NI were taken over by the Ministry of Home Affairs.[23] The Ministry appointed Workhouse inspectors who reported on the conditions in the Workhouses and infirmaries. In 1939, the Ministry decided that the visiting committees of the Boards of Guardians could visit a Workhouse institution 'at any time without giving notice to the officials'.[24] It is unclear, however, how regular inspections by visiting committees were. There are examples of Workhouses not being inspected for years; for example, a complaint about the treatment of an 'inmate' in the Armagh Union Workhouse stated that the visiting committee had not inspected the institution 'for about three years'.[25] Children who were boarded out from Workhouses were supposed to be visited and homes inspected on a regular basis by either the Home Affairs Inspector of Boarded out Children or the relieving officers appointed by the Board of Guardians. It appears, however, that medical and sanitary officers did inspect the Workhouse institutions regularly. The records suggest that when issues were identified (broken heating, for example) remedial measures were taken.

In 1906, the Vice-Regal Commission on Poor Law Reform recommended the replacement of Workhouses with alternative accommodation for groups including the sick poor and mothers of so-called 'illegitimate' children.[26]

When the Irish Free State was established, the Poor Law system there was replaced by a county-based approach with county and district hospitals and 'county homes', while in England, Scotland and Wales, the Boards of Guardians were abolished under the Local Government Act 1929.

However, the Poor Law system remained in place in NI until 1948. The number of Workhouses here fell gradually as many were converted into district hospitals in the 1920s and 1930s. The Poor Law system was finally replaced in 1948 by the National Health Service (NHS) and other parts of the welfare state. Even so, the Workhouse buildings continued to be used, albeit under different names, until new accommodation for 'residents' in other institutions was found.

3.2.2 The Good Shepherd Sisters St Mary's institutions and the Thorndale Industrial Home

The Good Shepherd Sisters (GSS) St Mary's institutions and the Salvation Army Thorndale Industrial Home would have been subject to various systems of state regulation and inspection:

- The first system established comprised the labour laws relating to the operation of industrial laundries under the Factories Acts and similar enactments. These laws governed an institution's laundry or other industrial operations, even if they did not regulate the operation of the residential part of the institution.

- The second relevant regulatory framework was that relating to 'special care' of people with disabilities established under the Mental Health Act (Northern Ireland) 1948. Places to which girls and women in special care could be sent, including St Mary's institutions and the Thorndale Industrial Home, could, in principle, be inspected by special care management committees.

- The third mechanism of regulation was the probation system, which allowed probation officers to inspect places to which girls and women were sent on probation, including St Mary's institutions and the Thorndale Industrial Home.

- The fourth mechanism of regulation was that relating to voluntary homes for children under the Children and Young Persons Act (Northern Ireland) 1950 and other child protection legislation. These rules applied because children were sometimes admitted to the St Mary's institutions and the Thorndale Industrial Home.

3.2.2.1 Labour law

Beginning with rules for the protection of apprentices in textile mills in the early nineteenth century, the Factories Acts were gradually expanded to include within their scope almost every worker in every manual industry, regulating hours of labour and sanitation, the age of commencing work, protection against accidents, breaks and holidays, and methods of pay. Section 103 of the Factory and Workshop Act 1901

extended this regulation to laundries, setting maximum hours of work, entitlement to breaks for meals, entitlement to holidays, safety standards for laundry machinery and rights of inspection by local authorities.

However, in 1895 there was 'overwhelming pressure' from Irish MPs, principally members of the Irish Parliamentary Party (which, it was argued, 'typically demurred' to the Catholic hierarchy on social matters), to exclude convent laundries from the draft Factory legislation.[27] The GSS, the religious order that operated the three St Mary's institutions in NI, were involved in the campaign writing to MPs and newspapers. They argued that the women working in their laundries required 'privacy' while they were 'reformed' and that the laundries were not operated for profit, the only financial target being, on their account, to 'meet the expenses of the homes and their numerous inmates'.[28] At the insistence of Irish MPs then sitting in Westminster, the 1901 Act excluded from its scope 'inmates of an institution conducted in good faith for religious or charitable purposes'.[29] John Redmond MP, leader of the Irish Parliamentary Party, argued in Parliament that the religious superiors in the GSS carried out their own inspections and this meant it was impossible that 'insanitary arrangements' or 'improper hours of labour' existed in their laundries.[30]

This exclusion was abolished by the Factory and Workshop Act 1907, which repealed Section 103 and applied the 1901 Act to 'any premises forming part of an institution carried on for charitable or reformatory purposes' where 'any manual labour is exercised in or incidentally to the…washing, cleaning…of articles not intended for the use of the institution'.[31] It introduced, in relation to all laundries, rules setting maximum hours of work and minimum hours of rest, and setting standards for working conditions, including drains to carry water away and fans to cool ironing rooms. It also introduced a regime of inspection by Home Office inspectors. The Act made a distinction between laundries which were part of private charitable institutions (under Section 5) and laundries which were subject to inspection by or under the authority of a government department (under Section 6). In the case of the former, the Act envisaged the possibility of the institutions setting their own standards, provided that the standards were not less favourable than those in the Act. The Act also allowed private charitable institutions, carried on for reformatory purposes, to give notice that factories inspectors were not permitted, without the consent of those managing the institution, to 'examine an inmate of the institution save in the presence of one of the managers' or the person having charge of the institution.[32]

Of potential significance in the present context is Section 16 of the 1901 Act (applied by the 1907 Act to the institutional laundries), which provided that while workers were inside, the doors 'must not be locked or bolted or fastened in such a manner that they cannot be easily and immediately opened from the inside.'[33]

Under the Police, Factories and (Miscellaneous Provisions) Act 1916, the Home Secretary was empowered to make special provision for securing the welfare of workers in respect of factories or workshops of any class or group or description.[34] This power was exercised to make the Welfare of Workers Employed in Laundries Order 1920, which required the provision of suitable protective clothing, adequate changing and messrooms, hygiene facilities, first aid boxes and drinking water. Following the

establishment of NI, the Home Office's role in the inspection of laundries seems to have been taken over initially by the NI Minister of Home Affairs. The Factories Act (Northern Ireland) 1938 repealed and replaced the Factory and Workshops Act 1901–20, consolidating previous measures into a comprehensive code for safety, health and welfare. This specified maximum hours of work and minimum hours of rest, applicable to all factories, including laundries. The 1938 Act even applied where the laundry formed part of an institution carried on for charitable or reformatory purposes but did not constitute a factory.[35] The provisions of the 1907 Act for modification of the regime by agreement between the managers of the laundry and the Ministry were replicated, including the provision providing that so-called 'inmates' were not to be examined by inspectors without the consent of the person in charge other than in the presence of one of the managers.[36]

The Factories Act (Northern Ireland) 1965 brought the standards contained in previous legislation up to date and, again, laundries forming part of institutions carried on for charitable or reformatory purposes were expressly included within its scope.[37] The relevant provisions of the 1965 Act remained in force until the making of the Workplace (Health, Safety and Welfare) Regulations (Northern Ireland) 1993 under the Health and Safety at Work (Northern Ireland) Order 1978. By then, the St Mary's institutions and the Thorndale Industrial Home had all ceased operation.

The IP have searched the Public Record Office of Northern Ireland (PRONI) and the records of the GSS and the Salvation Army, to which we have had access for records of inspection of the St Mary's institutions and the Thorndale Industrial Home. The only relevant records identified relate to visits by government officials to the St Mary's institutions during World War Two, but this was related to their ability to contribute to the war effort by laundering clothes for the military. There was no discussion of conditions or the payment of women or girls in the laundries.[38]

In the case of the St Mary's institutions, the absence of inspection records may be explained by the fact that there appears to have been an agreement between the Ministry of Labour and the GSS that the St Mary's institutions would not be inspected if the Sisters agreed not to undercut commercial laundries. The deal appears to have been negotiated in the 1920s between the firm of solicitors representing the Sisters and J.M. Andrews, then the Northern Irish Minister of Labour (and later Prime Minister of Northern Ireland between 1940 and 1943).[39] The agreement is referred to in correspondence between the solicitors for the Sisters and the GSS St Mary's Institution and Laundry, Derry/Londonderry in 1944, which relates to pressure being exerted by the Ulster Launderers' Association and the Ministry of Labour on St Mary's, Derry/Londonderry to increase its laundry prices, which were lower than commercial laundries in the area. The Reverend Mother in charge in Derry/Londonderry was told that the GSS St Mary's Institution and Laundry, Belfast had already agreed to raise its prices, and that if she did not 'keep in line' there would be an 'agitation' as there had been in the 1920s.[40] The prices in Derry/Londonderry were duly increased.

The absence of any records of Ministry of Labour inspections of the St Mary's institutions in PRONI or in the archives of the GSS, to which the IP have had access, suggests that the agreement remained in place until the laundries closed.

3.2.2.2 Special care

The Mental Health Act (Northern Ireland) 1948 set up a system known as 'special care' for people who were, in the language of the time, 'suffering from arrested or incomplete development of mind'.[41] This covered, for example, people 'unable to guard themselves against common physical dangers', people 'incapable of managing themselves or their affairs' and people 'in need of care, supervision or control for the protection of others'. It also covered children deemed 'incapable' of receiving education at school or of being taught to manage themselves.[42] The special care system was overseen by the Northern Ireland Hospitals Authority, but operationally, it was managed by regional special care management committees.

An order that a person required special care would be made by a court if it was satisfied by the Authority, on the basis of medical evidence, that the person required it. The person in special care could be sent to a psychiatric hospital or another suitable institution.[43] The 1948 Act provided for the annual inspection of hospitals and institutions by medical inspectors appointed by the Minister to ensure compliance with the law.[44] Those under supervision by the service were to be visited four times a year by a social worker and once a year by a doctor.[45]

The 1961 Act continued the special care scheme under a system of guardianship. The criteria for admission to special care did not substantially change, but the system was now largely administered by management committees rather than courts, subject to an independent review tribunal. People under guardianship could be assigned a place of residence by their guardian or local health and social services board.[46]

Of importance in the present context is that some girls and women in special care appear to have been committed to St Mary's institutions and the Thorndale Industrial Home by the courts.[47]

The IP have searched the archives of the special care committees in PRONI and has identified no records indicating that they ever inspected the St Mary's institutions or the Thorndale Industrial Home.

3.2.2.3 Probation

The Probation of Offenders Act 1907 provided the courts with an alternative to traditional sentencing options in cases where the circumstances were such that it would be unfair or impractical to convict the accused. Instead, the court could discharge the person if they made a promise (sometimes referred to as a 'recognisance') to be of good behaviour for a specified period not exceeding three years.[48] The court could attach conditions to the person's discharge, and these could be included in an order called a probation order.[49] The Act also provided for the appointment by the courts of probation officers to supervise compliance with probation orders.[50] The courts also had a power to appoint people who were not probation officers to supervise compliance with probation orders. An offender who failed to observe a condition of their probation was liable to be arrested or summoned to court and there to be convicted and sentenced for the original offence.[51]

The Criminal Justice Administration Act 1914 reformed the probation system by creating a mechanism for recognition of societies for the care of youthful offenders and appointment of voluntary probation officers drawn from those societies in cases of offenders below the age of 21.[52] The 1914 Act also amended the 1907 Act so as to include conditions as to residence as one of the permissible conditions which a court might include in probation orders.[53]

The 1907 Act remained in place in NI until it was replaced by the Probation Act (Northern Ireland) 1950. The 1950 Act empowered a court to make a probation order upon conviction requiring the person to be under the supervision of a probation officer for a specified period.[54] It provided that a probation order could require the offender to comply with such requirements as the court considered necessary for securing the good conduct of the offender or preventing further offending, and a probation order made under the Act could include requirements relating to the residence of the offender.[55] A person brought before the court for failure to observe a condition of their probation order could be dealt with as if he or she had just been convicted.[56]

The 1950 Act empowered the Minister of Home Affairs to enter into arrangements with voluntary societies whereby the societies would undertake the reception and care in institutions of persons who may be required to reside therein by a probation order.[57] The Minister could also contribute to the expense of a child or young person's maintenance in such an institution, and make rules for the regulation, management and inspection of institutions, including those in respect of which arrangements have been entered into by the Ministry. Inspectors were given the power to enter and investigate the treatment of persons required to reside in the institutions. Probation officers also had power to visit institutions, and obstruction of inspectors or probation officers in the exercise of their powers was an offence.

Arrangements were made under the 1950 Act with St Mary's, Belfast as a place of 'residence' for the purposes of probation and, accordingly, it should have been subject to inspection by the probation authorities. It is likely that similar arrangements were made with the other St Mary's institutions and with the Salvation Army on the basis that girls and women on probation were sent to them.

However, having searched the archives of PRONI for evidence of inspections of the institutions by probation officers, the IP have found none. No such evidence has been identified in the records made available to the IP by the GSS or the Salvation Army either.

3.2.2.4 Child protection legislation

The Children and Young Persons Act (Northern Ireland) 1950 established for the first time a system of registration and inspection for 'voluntary homes'. A 'voluntary home' was defined as one 'for the boarding, protection, care and maintenance of poor children or other children otherwise in need of help, being a home or other institution supported wholly or partly by voluntary contributions, but not being either a school or a psychiatric institution'.[58] The Act required that voluntary homes be registered with the Ministry of Home Affairs, and made it an offence to operate without registration.[59] Registration could

be refused or cancelled for failure to operate in accordance with regulations made by the Ministry, and a power to inspect voluntary homes was conferred on the Ministry to ensure compliance, so that any person appointed by the Ministry to inspect a voluntary home had the power to enter and to make 'examinations into the state and management thereof and the conditions and treatment of children therein as he thinks requisite'.[60]

The Children and Young Persons (Voluntary Homes) Regulations (Northern Ireland) 1950 prescribed the information which was to accompany an application for registration under the 1950 Act. These particulars included the number of children maintained in the home, but did not mention the number of adults, which would have been relevant in the context of a mother and baby institution.

The Children and Young Persons (Voluntary Homes) Regulations (Northern Ireland) 1952 required the administering authority, that is, the organisation operating the institution, to ensure that it was conducted 'in such a manner and on such principles as will further the well-being of the children in the home.'[61] They required the operators to make arrangements to have the institution visited at least once a month by a person 'who shall satisfy himself whether the home is conducted in the interests of the well-being of the children and shall report to the administering authority upon his visit.'[62] The person in charge of the institution was required to maintain records, and to make those records available to inspectors appointed by the Ministry.[63] The operators were required to organise medical and dental treatment for the children, and to notify the Ministry if a child died or contracted an infectious disease.

The Children and Young Persons Act (Northern Ireland) 1968 updated the 1950 Act. Voluntary homes were regulated under Part VIII, and inspections by the Ministry were provided for.[64] In 1972, the functions of the Ministry of Home Affairs relating to inspections were transferred to the Ministry of Health and Social Services, which exercised this function through the Social Work Advisory Group. The 1952 Regulations were revoked and replaced by the Children and Young Persons (Voluntary Homes) Regulations (Northern Ireland) 1975. The Social Work Advisory Group became the Social Services Inspectorate in 1985.

The 1968 Act remained in effect until it was repealed by the Children (Northern Ireland) Order 1995.

The St Mary's institutions were also registered under the 1950 and 1968 Acts because there were minors living and working in these institutions.

The *Report of the Historical Institutional Abuse Inquiry* found that the failure to put in place a system of monthly visitors was a 'systemic failure' on the part of the GSS and the state.[65] In addition, there are no surviving inspection reports of inspections of the St Mary's institutions.

As far as the IP have been able to determine, even though girls were sent there, the Thorndale Industrial Home was not registered under the 1950 Act. There is no trace of child protection inspection records for the Thorndale Industrial Home, suggesting that it was not inspected. The institution closed in 1955.

3.2.3 Mother and baby institutions

Some mother and baby institutions were operated by religious organisations on a voluntary basis. Others were operated by the local authorities, which were designated as welfare authorities under the Public Health and Local Government (Administrative Provisions) Act (Northern Ireland) 1946 and conferred with public welfare functions previously performed by Poor Law Guardians. There were also private nursing homes, and even private homes, which operated as de facto mother and baby institutions.

There was no regulation of mother and baby institutions until the enactment of the Midwives and Nursing Homes Act (Northern Ireland) 1929.[66] Local authority medical officers had a right to enter what were referred to as 'lying-in homes' under the Midwives (Ireland) Act 1918 for the purpose of supervising midwives, but the 1918 Act did not prescribe standards for the institutions themselves.

The 1929 Act provided for the registration of nursing homes, including 'maternity homes', with the Ministry of Home Affairs.[67] 'Maternity home' was defined as 'any premises used and intended to be used for the reception of pregnant women or of women immediately after childbirth.'[68] The Act did not apply to premises maintained by a health or welfare authority, so it regulated only private institutions.[69] Regulations made under the Act required records to be kept of patients received into the institution, miscarriages, and children born in the institution who were removed otherwise than by their parent, guardian or relative.[70] Inspection of nursing homes by local authority inspectors to ensure that the regulations made under the Act were complied with was also provided for.[71]

The system was updated but not substantially altered with the coming into effect of the Nursing Homes and Nursing Agencies Act (Northern Ireland) 1971.[72] Registration of private nursing homes, including maternity homes, was still required, and the definitions did not change, so institutions operated by welfare authorities were still excluded. Registration was made the responsibility of the Ministry of Health and Social Services. Regulations could be made by the Ministry for the operation of the homes, and inspection by the Ministry and by health authorities was provided for to ensure compliance.[73] The Nursing Homes (Registration, Conduct and Records) Regulations (Northern Ireland) 1974 required that the manager of every maternity home conduct it 'in a reasonable manner' and that they provide 'suitable accommodation, facilities and services having regard in particular to the age and the physical and mental condition of the persons received into or to be received into the home' to standards acceptable to the health and social services board.[74] The 1971 Act remained in place until 2003.[75]

There is no evidence that mother and baby institutions, other than Malone Place and Thorndale House, were registered under this legislation. The records of Thorndale House, where births took place, record how in 1951 there was a local authority inspection after a stillbirth occurred. There were three more inspections by the Ministry of Home Affairs in 1955, after positive tests for haemolytic strep.

Because children 'resided' in them too, mother and baby institutions appear to have been registered as voluntary homes under Part VI of the Children and Young Persons Act (Northern Ireland) 1950 and Part VIII of the Children and Young Persons Act (Northern Ireland) 1968.

Only partial inspection reports have been located in existing records. It was suggested by the Historical Institutional Abuse Inquiry (HIAI) that the Ministry of Home Affairs did not take more action to improve conditions in voluntary institutions because of the financial implications of doing so and because it 'was careful to respect the rights of the Catholic Church to manage its own affairs'.[76] There appear to have been some inspections carried out, under this legislation, of mother and baby institutions by the Ministry of Home Affairs until 1973, when the Department of Health and Social Services took over the inspection responsibilities of the Ministry.[77]

The IP have seen no records of inspections between 1973 and 1980. This is in line with the findings of the HIAI, which found that there was a lack of inspections in the 1970s and 1980s, and deemed this to be a systematic failure on the part of the Department.[78]

Records from one of the mother and baby institutions (MBI 6, 'MBI' in this chapter indicating the code for a specific mother and baby institution) suggest that from 1980 onwards, following a scandal relating to sexual abuse of children at Kincora Boys' Home in Belfast, the Department of Health and Social Services organised a detailed annual inspection of institutions for children in NI, including mother and baby institutions. Thereafter, the Department carried out an annual inspection of the institution. Records pertaining to admissions, discharges, food, fire safety, complaints procedures and 'untoward events' were examined.

With regard to the treatment of children, the surviving reports are generally positive. The minutes of one institution record internal inspections as well as external inspections being carried out, with various improvements made to give effect to the inspectors' recommendations. Inspections at the institution increased in 1982 following a claim that scabies had been contracted there. It was inspected by the local authority and by the Eastern Health and Social Services Board.

In the case of one of the institutions, Social Work Advisory Group and Social Services Inspectorate inspection reports exist from 1984 to 1990. The inspections were carried out under the 1968 Act. While the reports were generally positive, they note that there had been no monthly reports by a designated visitor. Monthly visitation and reporting was introduced from 1984. The visitor was a member of the organisation operating the institution. Girls and women were interviewed for the inspection reports, but it is unclear whether this was done individually or as part of a group, or whether members of staff were present.

3.2.4 Baby institutions

Baby institutions run by religious organisations along charitable lines were regulated as voluntary homes under Part VI of the Children and Young Persons Act (Northern Ireland) 1950 and subsequently under Part VIII of the Children and Young Persons Act (Northern Ireland) 1968. The system of regulation and inspection has been described above in relation to minors in the St Mary's institutions.

Institutions for babies and children, run by welfare authorities directly, were regulated by the Children and Young Persons (Welfare Authorities' Homes) Regulations (Northern Ireland) 1952. These obliged welfare authorities to ensure that their institutions were 'conducted in such a manner and on such principles as will further the well-being of the children'.[79] The principal responsibility for inspections was placed on the welfare authorities themselves. The 1952 Regulations remained in place until 1973 when the Department of Health and Social Services took over the responsibilities of the welfare authorities.[80] In 1973, responsibility for inspections was given by the Department to the Social Work Advisory Group, which was renamed the Social Services Inspectorate in 1985.

Few of the visitation or inspection reports for baby institutions under the relevant legislation have survived. In 1953, Miss Kathleen Forrest, an inspector for the Ministry of Home Affairs, recorded brief notes on all of the institutions. The results of the inspections were mixed. Some institutions were praised while others were described as 'utterly depressing' with babies in 'desperate plight'.[81]

3.3 Conclusions on state oversight of the institutions

3.3.1 Workhouses

Although the Workhouses were state-run and regulated after 1922 by the Ministry of Home Affairs, there is scant evidence of inspection by Ministry inspectors beyond inspection of infirmaries by medical and sanitary officers. There is limited evidence of inspection by the visiting committees of the Boards of Guardians of the Poor Law Unions which operated the Workhouses and, likewise, there is little evidence that children who were boarded out by the Boards of Guardians were checked on.

3.3.2 St Mary's institutions and the Thorndale Industrial Home

Regrettably, the legal mechanisms of regulation and inspection of the St Mary's institutions and the Thorndale Industrial Home were less effective than they should have been. The apparent agreement on the part of the Ministry of Labour not to inspect the St Mary's institutions if they did not undercut commercial laundries is new and compelling evidence of the state's abdication of its responsibilities to the girls and women admitted to the St Mary's institutions.

There is no indication in the records seen by the IP that the Thorndale Industrial Home was properly inspected during the period of its operation.

The IP's investigation points to a systemic failure on the part of the state to exercise effective oversight of the operation of the St Mary's institutions and the Thorndale Industrial Home. The IP recommend that this be further investigated by the public inquiry.

3.3.3 Mother and baby institutions and their pathways

It appears that the rules designed to protect mothers in mother and baby institutions went largely unenforced in most of the institutions within the IP's remit during the relevant period.

Most of the mother and baby institutions were regulated and inspected under the statutory frameworks designed to protect children 'resident' in them. The HIAI found, with regard to children's homes, that this regulatory regime was enforced until 1973 but that it was deficient between 1972 and 1980. The IP's investigation suggests that the position in relation to children in mother and baby institutions and baby institutions was broadly the same.

Moreover, inspection of foster homes and adoptive homes appears to have been much less rigorous than it should have been.

The IP's investigation points to a systemic failure on the part of the state to exercise effective oversight of the operation of the mother and baby institutions and the baby institutions, foster placements and adoption placements forming part of their pathways.

The IP recommend that this be further investigated by the public inquiry.

4.0 Equality

4.1 Introduction

The equal dignity of all human beings is the founding principle upon which the concept of human rights and the current international human rights regime are based. For that reason and because, as will be seen, failure to respect equal dignity has negative effects on all other human rights, it is considered first.

The Universal Declaration of Human Rights begins with two articles addressing equality and discrimination.

Article 1

All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

Article 2

Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status

of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty.

The principle of equality, the guarantee of equal treatment and the prohibition of discrimination have been included in every major international and regional human rights treaty ever since. Of particular importance in the present context is Article 14 of the ECHR, which provides the following.

4.1.1 Prohibition of discrimination

The enjoyment of the rights and freedoms set forth in this Convention shall be secured without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status.

When human rights violations occur because of a victim's status — whether their gender, or their birth status, or the circumstances in which they became pregnant or gave birth, or some other characteristic of theirs — the victim is also being subjected to discrimination in violation of the principle of equality.

Attitudes to differential treatment on the basis of gender, birth status and even marital status have evolved over time. For example, in 1979, the European Court of Human Rights observed that although it was regarded as permissible and normal in many European countries to draw a distinction between 'illegitimate' and 'legitimate' families when the Convention was drafted in 1950, it had then to be acknowledged that such differentiation could not in fact be justified.[82] Failure to recognise in law the bond between an 'unmarried mother' and her daughter in the same way as the bond between a married mother and her child was found to be a violation of Article 14 of the ECHR, taken in conjunction with Article 8 on the right to respect for family life.[83]

Article 14 prohibits discrimination by the state and its agencies, but also requires the state to address invidious discrimination by private individuals and organisations. The state must act as the ultimate guarantor of the principles of pluralism, tolerance and broadmindedness. This means that, sometimes, positive measures must be taken, even in the sphere of relations between individuals, to address discrimination. This positive obligation is of particular importance for minorities, because they are more vulnerable to victimisation.[84]

4.2 Legal and societal context

4.2.1 Equality and the common law

The common law historically placed a high value on equality of treatment as an aspect of the rule against unreasonableness, so that subsidiary legislation and administrative actions which involved partiality or unequal treatment as between classes could be challenged on rationality or public policy grounds.[85]

The UK Parliament, for its part, acted to address discrimination gradually and incrementally. For example, it removed most religious discrimination against Catholics, Jews and others who did not adhere to the established Protestant religion in the nineteenth century, though, of course, unofficial discrimination remained a problem into the twentieth century.[86] Other forms of entrenched discrimination were not addressed, nor even recognised, for that matter, until much more recently.

4.3 Discrimination against women

4.3.1 Gender discrimination and the law

Historically, women were officially discriminated against by the law in diverse ways. Some disadvantages were abolished in the nineteenth and early twentieth centuries.[87] Yet, until the 1970s, differential treatment on the basis of gender, in matters such as employment, pay and retention, was routine. For instance, the so-called 'marriage bar' required that women in certain positions leave their employment when they married. Indeed, married women were barred from working in the Northern Ireland Civil Service until 1972, compared with 1946 in Great Britain.[88]

Demands for equality on the part of women, sometimes supported by trade unions, led gradually to reform. The enactment in Great Britain of the Equal Pay Act 1970 and the Sex Discrimination Act 1975 was followed in NI by the enactment of the Equal Pay (Northern Ireland) Act 1970 and the Sex Discrimination (Northern Ireland) Orders 1976 and 1988. The 1976 Order established an Equal Opportunities Commission to enforce the legislation and to promote equality of opportunity between men and women.

4.3.1.1 Societal attitudes to discrimination against women

It is evident that women in NI, as elsewhere, were discriminated against by men. Legal developments notwithstanding, women still suffered discrimination in the workplace and were over-represented in part-time and low-paid employment.[89]

In a patriarchal society with high levels of church attendance and adherence, women experienced inequality, and this was particularly so whenever gender intersected with class and religion. In NI, 'the construction of political and social life around community loyalties has been a powerful force in maintaining women's subordination'.[90] The Protestant and Catholic Churches promoted a 'conservative view on social issues, particularly in relation to the family and sexuality' that reinforced 'notions of deference and obedience, and conformity to a rigid code of sexual behaviour'.[91] Around issues of female sexuality and behaviour, all denominations were able to find unity.[92]

At the time of NI's establishment, religious authorities expressed their concern about 'declining morals' and the behaviour of girls and women against a backdrop of the upheaval of World War One and the partition of Ireland.[93] In this 'period of rupture', anxieties 'came quite quickly to coalesce around the "unmarried mother" as a problem;

she symbolised a general collapse in morality and, importantly, obedience for which the family was deemed uniquely responsible'.[94]

In a society where 'rules governing sexuality may be tightly enforced'[95] and 'where religious and political beliefs are almost synonymous', deviation from 'the accepted tenets of behaviour may be regarded as a betrayal of one's own community'.[96] Such deviation could lead to ostracism and institutionalisation. Arguably, the very existence of institutions that aimed to 'rescue and reform' girls and women, or that were established for unmarried pregnant girls and women, demonstrates the societal double standard and discrimination against women: men or boys who had 'transgressed sexually' were not admitted to institutions and 'pre-marital sex, illegitimate pregnancy, and sexual precociousness were viewed as female "crimes"'.[97]

Ideas of respectability are extremely important in explaining why girls and women ended up in St Mary's institutions or mother and baby institutions. 'Respectable' families did not 'condone the behaviour of their daughters who conceived children outside of marriage by allowing them to live within the family with their "illegitimate children"'.[98] While the 'economic position of the family is critical in determining a family's social status, so too is family compliance with social norms'.[99] It has been argued that this can impose limits on support for women, particularly where the 'norms of the local community include the two-parent family and marriage as the ultimate "good"'. This may mean that support from within families and particularly from other female relatives had to be negotiated where 'such support would contravene strong social and cultural norms'.[100] It has been argued about the Republic of Ireland (RoI) that families did not operate in a 'uniquely cruel social vacuum of their own…separate to the ideological, social and economic pressures of the world around them.'[101] It was 'extra-household relations (between the household, the labour market, the state and organised religions) that formed the wider environment of social norms within which respectability and attained family status are located'.[102] In the view of the IP, these observations are likely to be equally true for NI.

The GSS told the IP that their mission was to respond to the inequality, exclusion and unfairness created by others. They said that the St Mary's institutions did not create inequality, but rather that their creation was a symptom of, and a response to inequality.

4.3.1.2 Intersecting discrimination on grounds of gender and marital status

Discrimination on gender grounds was frequently compounded by other forms of discrimination, such as that based on marital status, so that 'unmarried mothers' were doubly disadvantaged. For example, the Poor Relief (Ireland) Act 1838 made any unmarried woman responsible for providing for her children until the age of 15 but placed no responsibility whatsoever on the father of the child.

Parliamentary debates in 1924 relating to the passage of the Illegitimate Children (Affiliation Orders) Act (which allowed mothers of 'illegitimate' children, for the first time, to bring a maintenance case against putative fathers) illustrate the views held by the political class about 'unmarried mothers'. In the House of Commons of the Parliament of Northern Ireland, Dr Hugh Morrison, the MP for Queen's University Belfast (QUB),

who was a keen advocate of the legislation, described 'unmarried mothers' as 'innocent, helpless, possibly emotional girls'.[103] However, as Mrs Dehra Chichester, the MP for Derry City, stated during the same debate, sympathy for the 'seduced innocents' was not universal. Her view was that 'what we sow we must reap. It is the mother who reaps in shame, sorrow, anguish and suffering…it is not for the woman I am making an appeal; it is for the child'. The debates plainly reflected the class issues surrounding 'unmarried mothers', with considerable discussion of the threat to men of blackmail from 'unscrupulous and immoral women'.[104]

Mid-twentieth century societal attitudes towards single, pregnant girls and women are clearly seen in the *Northern Whig* newspaper's April 1943 headline, 'Unmarried Mother Problem'. The article reported on the campaign to open Hopedene Hostel and described it as a 'means of saving young mothers and restoring to them their self-respect'. The increase in so-called 'illegitimate' births in NI was described as 'a grave social problem.'[105] Similar language was used in 1960 by Mrs J.W. Haughton, chair of the Northern Ireland Council of Social Service, describing the 'deplorable illegitimacy rate'. She went on to say that 'Ulster people have, in the past, been noted for their integrity and good moral character' and she 'urged that people in positions of responsibility should not hesitate to denounce any lowering of standards'.[106]

Unmarried pregnant girls and women were often described in the same terms as those who had committed a crime. Into the 1950s, they were described as 'offenders' not only in the records of mother and baby institutions but also in official records. For example, an internal Ministry of Home Affairs discussion around the establishment of the GSS Marianvale Mother and Baby Institution, Newry in 1953 stated, in reference to girls and women pregnant outside of marriage, that 'first cases are relatively easy cases; second and subsequent cases are the "hardened cases"'. It went on to express concern that local authorities would be left with the 'more difficult persistent offenders'.[107]

Mid-century newspaper articles about the experience of being an 'unmarried mother' reveal the discrimination they faced in society, particularly around securing employment or housing as well as a lack of childcare.[108]

4.3.1.3 Experience of discrimination on the grounds of gender and/or marital status

The experience of participants who spoke to the IP was invariably that women and men were not treated equally. CNA107 ('CNA' in this chapter indicating the code for an individual child, now adult), whose mother was sent to a mother and baby institution (MBI 5) in the early 1980s, described how, even then, women were treated less favourably than men.

> "In my opinion, what happened to me and to my mother was that we were swept under the carpet and we were sent away as a problem. And when you're sent away as a problem from your, before you're born, you do feel like you're sent away, you know, that is your identity and part of it. So, I suppose there's a bit of undoing of that, like I mean, what way as a society is that to treat people, like, they didn't do it to the men and the men were never accountable and where are they like. Yeah so I suppose there's a lot of anger around that for people too.

BM035 (‘BM’ in this chapter being the code for an individual birth mother) observed that men who had children outside of marriage were not treated with the same disdain and ‘contempt’ as their female counterparts. She had learnt from the bitter experience of being rejected, aged 16 in the 1960s, by her baby’s father and then sent to a mother and baby institution (MBI 9) by her parents.

BM023 was sent to a mother and baby institution by her family in the 1970s when she became pregnant at the age of 22. They did this so that her brothers would not know she was pregnant. Unusually, BM023 spent almost her entire pregnancy in the institution. Years later, she discovered that her very religious father had wanted to have her committed to a psychiatric hospital. Her brother told her about a conversation that he had with their father.

> “He said to me ‘My Da was going to sign you in and he was never letting you out again, because you had a wain’.

CNA080 was adopted in the early 1970s. She described how she heard her adoptive mother using gendered slurs to describe her birth mother during angry outbursts.

> “I was adopted by people that really probably shouldn’t have been allowed to adopt, and there was myself and my younger sibling but our lives were just horrendous, as two adopted children in the ’70s. The woman that adopted us basically thought that our mothers were just the worst, that she was a sinner, and that that we, we were sluts, and she was a slut, and everything was bad, and everything was a secret, and it was the most shameful, shameful secret in the world.

CNA080 left the adoptive home at the first opportunity, aged 18.

In some testimonies where it was reported that pregnancy resulted from rape or incest, the IP heard that the woman or girl was placed in an institution and separated from family, whereas the male perpetrators escaped the consequences of their actions. In some cases of incest, perpetrators continued to live in family homes and there are no reports of them being pursued by the law.

BM077 was raped as a young girl and was taken to a mother and baby institution in the 1970s. She told the IP that she was made to feel like ‘it was my fault’. She states that she ‘was left almost comatose, not speaking…taken out of [the] family home, and put in this place. [It] has damaged me irreparably. It has completely damaged my life.’

Archival records also show how in some cases of incest women or girls were moved from mother and baby institutions to St Mary’s institutions, often very soon after giving birth with no steps taken to involve the authorities to pursue the perpetrators. In the records of a number of mother and baby institutions, there are examples of suggestions of rape or assault being treated with suspicion, and only in a few cases is there any reference to the police being involved.

Many women who spoke to the IP reported hospital staff discriminating against them in the provision of antenatal and postnatal care. BM003 was in a mother and baby institution (MBI 5) in the late 1970s, at the age of 19. She said that while in hospital, 'the staff avoided you, they avoided looking at you, talking to you', adding 'there's no way if I had been a married woman that I'd have been left and had the labour experience I had'.

Similarly, describing her experience in one private nursing home in the early 1970s, BM009 reported 'cold' treatment by medical staff who 'treated me like I was a shameful secret'. As a 17-year-old giving birth for the first time, she was left by herself and given a stick to bang on the floor if she needed help. She described her experience to the IP.

> "To be treated with such coldness by someone whose role was meant to provide care left me feeling utterly abandoned and dehumanised, amplifying the trauma of an already terrifying experience. I was then left alone in the room for several hours, right up until the final moments of the birth. I was in extreme pain the entire time, and in a state of extreme distress. I had no idea what was happening and felt completely isolated. I felt like I was being punished by the staff of [Private Nursing Home 1] for simply being pregnant outside of marriage.

BM009 recalled the days following her child's birth.

> "I was asked by a nurse at [Private Nursing Home 1] what I was calling my baby. Before I had a chance to answer, she sharply stated 'It doesn't matter, as his name will be changed anyway', and she walked away without allowing me to name my own child. I was denied the right to name my own son.

Some girls and women said they were prevented from seeing their babies after giving birth, and attribute this to their being from mother and baby institutions. For example, BM018, who was 18 when she was sent to a mother and baby institution in the early 1980s after her mother had consulted with a social worker, told the IP that 'I was told point blank that I wasn't to go to the nursery'. Having made 'several attempts' to go and see her baby in the nursery and 'got caught' by the nurses and sent back, she says: 'we weren't allowed [to go in] and I just thought is this normal or is this because I came from a convent? And I didn't really realise until I got home after everything that it was.'

Many women who spoke to the IP reported being 'disapproved of' for having had sex outside marriage. For example, BM035, who was sent by her mother to a mother and baby institution (MBI 9) in the late 1960s when she was 16, said: 'you were told practically every day how much of a sinner you were, sort of thing. And [long pause] that sort of stayed with me. This whole thing really mucked my head up from then, truthfully.'

After being chastised by a staff member in a mother and baby institution (MBI 9) in the 1970s when she was 17, BM058 reported 'that feeling that we were always in the wrong certainly I know I was not alone in feeling that. And that was constant. And it was

reinforced constantly. And to me, that reinforcement was deliberate. It was a means of exerting power. Keep them subdued and you can control them. We were subdued by the fact that society disapproved of us.' As a result, BM058 said that she 'kept her head down and went on knitting because we were so cowed by the constant suggestion that we…only had one place — that was in the wrong'.

BM046 became pregnant aged 19 in the 1970s. She was admitted to a mother and baby institution. When she spoke to the IP, she made this observation about the staff there.

> [T]hey took away all the joy and excitement of your pregnancy and replaced it with guilt and shame, everything, it was our fault we were there, and we were there because we were sluts, we were trollops, we were bad girls, we were less than anybody. Nobody wanted us. That's why we were there.

When she went into labour, BM046 said that she was placed in a side ward in the hospital where she felt 'shut away'. She overheard one of the nurses saying, 'that's one of the [institution] girls. So obviously they were used to the girls from there coming, and they put them in the side ward.' When she gave birth, her son was taken away without explanation, and she did not see him again until the following day. She was told by a nurse that girls from mother and baby institutions 'don't usually get their babies', but her son was brought to her after she stated her intention to keep the baby.

A discussion in the records of a mother and baby institution in 1950, about whether employers should be informed if women had more than one child, reveals discrimination surrounding pregnancy outside of marriage in the context of employment. One member of staff suggested that employers should be told, because otherwise 'it would be taken that the hostel recommended the girl'. Another member of staff took the opposite view, suggesting that this information should not be disclosed and that the institution 'did not recommend the girls, it mainly stated they had worked well in the hostel'. However, views on the girls and women were clear as it was then stated that 'the employer knew the type of girl we had in the hostel' and that was thought to be 'all that was necessary'. The 'type' of women in the hostel was also raised following concerns from an individual who had adopted a baby and felt 'very sore about how much information leaked out about the type of mother whose baby they had'.

4.3.2 Discrimination on the grounds of religion

4.3.2.1 Religious discrimination and the law

Official discrimination, direct and indirect, on religious grounds was, regrettably, a feature of life in NI during the early decades of its existence.[109] When the Parliament of Northern Ireland, which had been suspended in 1972, was abolished by the Northern Ireland Constitution Act 1973, the opportunity was taken to ban discrimination by public

authorities on religious or political grounds.[110] The Act also declared void any existing measure which discriminated against people on the basis of their religious or political beliefs.[111]

Measures to prevent religious discrimination by private individuals were also adopted, albeit only in very discrete circumstances such as employment. The Fair Employment (Northern Ireland) Act 1976 outlawed religious and political discrimination in employment and established a Fair Employment Agency to assist complainants and to investigate employment practices. Under the Fair Employment (Northern Ireland) Act 1989, the Fair Employment Agency was replaced by a Fair Employment Commission, with wider powers of investigation and inquiry. It also established a Fair Employment Tribunal to adjudicate on individual cases of alleged religious discrimination. New obligations were imposed on public and private sector employers, who were required to register with the Commission and monitor the religious composition of their work force (and, in some cases, their applicants).

Of course, all religious denominations necessarily treat their own adherents differently from people who do not share their beliefs, and such religious preferences were recognised by the law in many circumstances. Of relevance in the current context, for example, was the right of parents under the adoption legislation to make consent to adoption conditional on a particular religious upbringing.[112]

The state made some efforts to address ingrained sectarianism. For instance, the Prevention of Incitement to Hatred Act (Northern Ireland) 1970 contained provisions proscribing the use of written or spoken words to stir up hatred against a section of the public on various grounds, including religious belief. There was, however, only one prosecution, which was unsuccessful, under the 1970 Act until it was replaced by the Prevention of Incitement to Hatred Act (Northern Ireland) 1970 and the Public Order (Northern Ireland) Order 1981.[113]

4.3.2.2 Religious discrimination in society

As the Troubles deepened sectarian divisions, religious prejudice was a factor setting women on pathways towards the institutions under investigation. Where relationships across religious lines led to pregnancy and where families prevented a ‘mixed marriage’, the woman affected could be left with no support and, therefore, no realistic option but to have her child adopted. There was a long history of objection to mixed marriages, and the concern about what would happen to children of those marriages. The papal Ne Temere decree of 1907 meant that the Catholic Church did not recognise mixed marriages unless they were solemnised by a Catholic priest and it was agreed that any children of these marriages would be brought up in the Catholic faith.[114] Protestant and Catholic Churches discouraged mixed marriages and, when they did occur, the churches were keen to ‘retain allegiance’ of members and ensure children were brought up in their denomination.[115]

Religious discrimination existed in terms of the allocation and provision of housing in some parts of NI, with the housing record during the period between 1945 and 1971 described as one of ‘missed opportunities, mismanagement and deliberately unfair allocation policies by a number of local authorities, geared to secure voting

patterns rather than meet housing need'.[116] The impact of the Troubles led to increased segregation of housing, placing an even greater premium on affordable homes in areas that were deemed 'safe'.

Testimony suggests that discrimination around housing and single mothers could begin when news of a pregnancy first became known. BM081 explained what happened when she became pregnant in 1984: 'My landlady found out I was pregnant and was throwing me out…I wasn't sure what was going on and my dad just bounced in and just said, "You're going to a mother and baby home".'

Given the influence and the involvement of the Catholic Church in voluntary welfare institutions, Catholic women were more vulnerable to admission to an institution such as a St Mary's institution than Protestant women, who were more likely to engage with state welfare services. So, while it could be argued that Catholic women had more access to accommodation provision if homeless or destitute, this access involved institutionalisation. Protestant girls and women who were in mother and baby institutions did not generally move to another institution after the birth of their baby, whereas this was the experience of many girls and women in Catholic mother and baby institutions. Social workers and welfare authorities were often also involved in such transfers. Communities, families and the welfare authorities deferred to religious authorities in deciding what happened to Catholic girls and women in the institutions.

There were concerns among the staff working in some of the institutions about proselytism (i.e., attempts to convert people from one religion to another). There were also concerns that mothers of a different religion to that of the institution were being discriminated against: the records of one Catholic institution from 1950 record a concern that Catholic girls and women in a Protestant institution were having their letters censored and their children placed with non-Catholic foster parents. In 1953, there is a reference to a report from a Catholic woman who had been in the same Protestant institution that she had not been allowed to go to Mass while there.

4.3.2.3 Experience of discrimination on religious grounds

Records and testimonies note the difficulties around being in interdenominational relationships and how this adversely impacted on the outcomes of those relationships after pregnancy. In records of Catholic mother and baby institutions it was often recorded that the father of the baby was Protestant and then noted that marriage was not an option or 'not advisable'. In these cases, a birth mother's parents might act to ensure visits to the mother and baby institution by the Protestant father were prevented. For example, notes on one case recorded that her parents did not approve of their daughter's Protestant boyfriend and 'do not wish him to visit her here'. Case notes from one of the mother and baby institutions for 1949 observe of one Protestant father-to-be: 'thinks he might convert and marry her. But her family would prevent it if they knew'.

In cases where there was a 'mixed' relationship, the testimonies consistently highlight that this was a highly problematic issue. Many participants spoke of their experiences of intolerance of religious non-conformity and difference.

BM014 told the IP about her experience when she became pregnant in the late 1970s when she was just out of her teens. She explained what happened when her boyfriend attempted to visit her in the mother and baby institution.

> “
> [The staff] turned him away completely, and they said ‘She doesn’t want to know you, please don’t come back here again, you’re not welcome to come here’. He got as far as the door and they said to him ‘If you come back, we’ll get the police for you, she doesn’t want anything to do with you.’ I never knew that, they never told me he came. And I haven’t seen him since.

She reflected that ‘[him] being a Protestant, it probably would not have worked out’, although she thought that, had she been able to see him when he tried to visit the institution, ‘we would have got back together’. For her, religion was a factor in her child’s ongoing separation from his birth father. She said: ‘there was a chance he could have had his father, but [had] nothing’. Her case is but one example of intersecting discrimination on the grounds of gender and religion in many cases of family separation. Testimonies taken by the IP suggest that ‘mixed’ relationships added a further degree of pressure on birth mothers to agree to adoption. For instance, CNA095 has accessed her birth mother’s files related to her time in a Catholic mother and baby institution in 1969. The notes in her case record the staff’s concerns that she might convert to marry her Protestant boyfriend, something they were keen to discourage.

Another example is provided by the case of BM078, who became pregnant as a teenager in the 1970s. She was Presbyterian, but her boyfriend, the father of her child, was a Catholic. BM078’s mother consulted the family’s minister and BM078 was sent to a mother and baby institution. She was told that her baby was to be adopted. BM078’s account is very similar to many that were shared with the IP. Notably, when BM078’s sister became pregnant, their mother quickly arranged a marriage between BM078’s sister and her boyfriend. The difference, she believes, was that he was a Protestant.

P025 (P in this chapter indicating an anonymised participant) told the IP about the additional pressure that her parents faced when, before their marriage, they conceived their first child. P025’s mother was Catholic and her father was Protestant. They planned to escape the stigma they faced by emigrating to start a new life as a married couple. P025’s father took a course in order to convert to the Catholic faith. However, for some reason, they were thwarted in their plan to keep their first daughter and she was adopted.

Social Worker 1 explained that by the 1970s and 1980s, state adoption panels carried out a ‘matching process’ between potential adoptive parents and babies. There were two adoption waiting lists: one for Catholic families and one for those of the various Protestant faiths. Social Worker 1 explained that the birth mother had an input into the process in terms of requesting, for example, that her child be placed with a family that did not have children of their own. However, ‘most of them did not actually make any specific requests…other than religion. It was absolute.’

When the IP encountered cases where adoptions took place across religious lines, this tended to indicate an intention on the part of those organising the adoption to add an additional level of concealment and secrecy to ensure that the adoption remained closed.

4.3.3 Discrimination on the grounds of birth status

4.3.3.1 Discrimination on the grounds of birth status and the law

Discrimination on the grounds of birth status is one of the most persistent known to the law. Historically, a person whose parents did not marry was legally disadvantaged in many ways. Even the insulting language used historically to describe such a person, 'illegitimate' or 'bastard', implies that his or her existence has not been authorised by the law.

A non-marital child could not inherit property, and a mother was not entitled to maintenance for him or her. The only support available was under the Bastardy (Ireland) Act 1863, which allowed Poor Law Guardians to pursue a putative father of a destitute child 'resident' in a Workhouse for maintenance.[117]

The various ways in which non-marital children were discriminated against were abolished only very gradually. The Illegitimate Children (Affiliation Order) Act (Northern Ireland) 1924 finally created a system whereby a mother could seek an affiliation order against the father of her child as a precursor to his being ordered to support the child. This mechanism, which was of limited utility in practice, is discussed further below.

The Legitimacy Acts (Northern Ireland) 1928 and 1961 provided for legitimation of a child if the parents married, but they also highlighted the continuing discrimination against non-marital children who were not legitimated. Movement to redress this began with the Family Law Reform Act 1969, which provided for succession by so-called 'illegitimate' children in some circumstances in England and Wales, but this development was followed only belatedly in NI by the Family Law Reform (Northern Ireland) Order 1977. It was not until 1987 that the Family Law Reform Act 1987 in England and Wales provided for equal treatment of people whose parents married and people whose parents did not.[118] Again, NI was slow to follow suit, and similar legislation was not enacted here until the making of the Children (Northern Ireland) Order 1995.[119] This means that discrimination on the basis of birth status was a serious issue for the entire period covered by the IP's Terms of Reference.

4.3.3.2 Societal attitudes to non-marital children

Negative attitudes to children born outside of marriage were common in the early part of the twentieth century, and such children faced prejudice and discrimination. For example, a 1939 newspaper article commented that 'in the majority of cases the children of an unmarried mother are at a sad disadvantage'.[120] Similarly, the Committee on the Protection and Welfare of the Young and the Treatment of Young Offenders (the Lynn Committee) in 1938 commented how it was difficult for some fostered and boarded-out children to secure employment in later years when they had to produce birth certificates that revealed their non-marital birth. The committee recommended issuing a 'certificate for these children which would indicate merely the name and age without disclosing the illegitimacy'.[121] A similar issue was raised in 1943 when a letter sent from the Ministry of Home Affairs to all Boards of Guardians in NI stated that the use of the term 'Union Hospital' or 'Workhouse Hospital' for place of birth on a child's birth certificate 'may be detrimental to the child in later life applying for posts of employment…[it] cannot be

doubted that the use of the terms…may cause an undeniable stigma to attach to the person'. It suggested using the ordinary form of address for the hospital: for example, the Jubilee Maternity Home for Belfast.[122] The authorities then clearly recognised the discrimination that birth status could cause, but their suggestions were to conceal this rather than to address the negative attitudes which caused the discrimination in the first place.

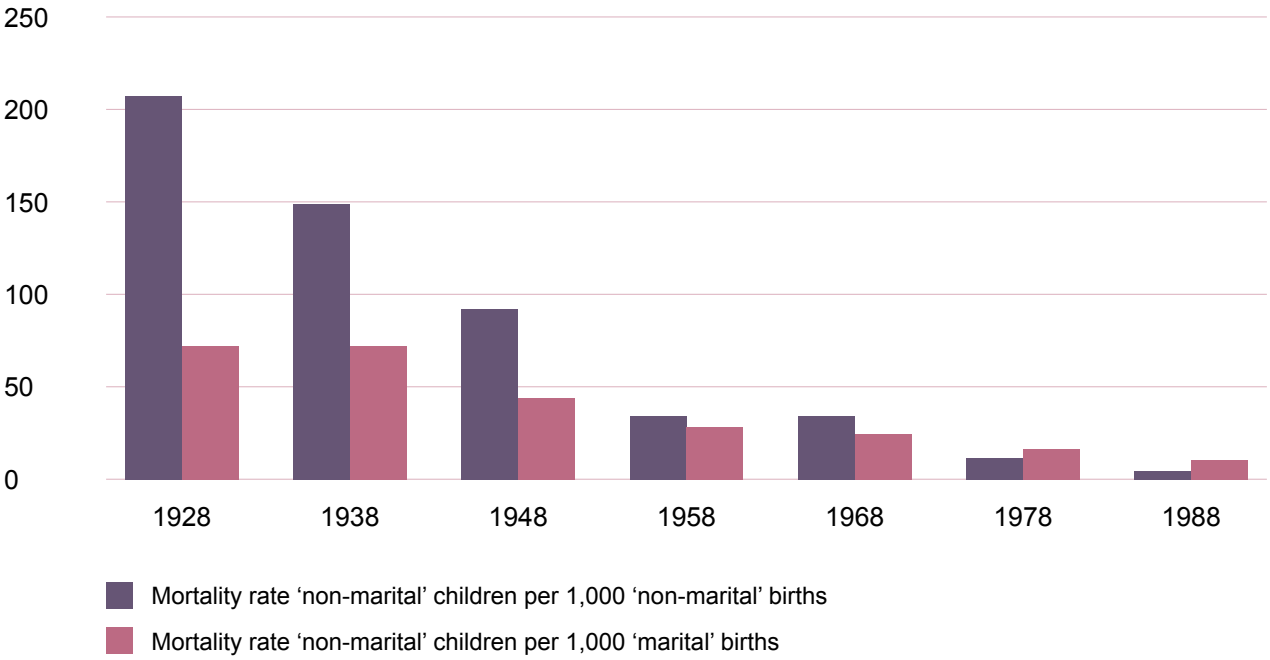
The following decade, the Northern Ireland Child Welfare Council, in its 1956 report, considered that the 'illegitimate child presents a special problem' and that 'failure to arrange for a satisfactory adoption or boarding-out at an early age' could lead to them becoming 'mentally unfitted for normal life'. The report went on to explain that it is 'regrettably common for prejudice to be expressed against the illegitimate child because of popular fallacies about heredity' which they regarded as 'not only unsound but deplorable from the moral and religious points of view'. They explained that the 'illegitimate child will in all probability be saddled with a heavy enough burden through life, without the addition of a debatable theory he may find difficult to disprove'.[123]

The stigma attached to children born outside of marriage was still being commented on in the 1960s in discussions around the Legitimacy Act (Northern Ireland) 1961, which provided that marriage of parents would legitimate a child born before the marriage even if either parent was married to another person at the time of birth. The Catholic Church was opposed to the legislation as they felt it damaged the sanctity of marriage, but Protestant denominations were in favour. The Church of Ireland Dean of Belfast argued he was 'in favour of anything which removes this stigma of illegitimacy from the child'. The convenor of the Presbyterian Social Service Committee 'deplored the fact that any child should have to bear the stigma of illegitimacy' and Rev. McKinney, former President of the Methodist Church, said that it was desirable to lessen the 'unfortunate effects of illegitimacy…one of which was an embarrassment which may follow an individual throughout his life'.[124]

There also appeared to be an additional prejudice attached to 'second or subsequent' children of an 'unmarried mother'. The Child Welfare Council writing in 1963 reported how some social workers had informed them that they were 'reluctant to place for adoption' these children as 'in their opinion this implies a taint of immorality that might be hereditary'. The Council went on to say that they could find no evidence of this and that they believed it would be a 'mistake to exclude the possible adoption of a child on this ground provided that the adopters are fully aware of the circumstances'.[125]

Until the mid-1970s, children under the age of one in NI, born outside of marriage had a substantially higher infant mortality rate than children born to married parents, as outlined in **Figure 1.**[126]

Figure 1: Mortality rate of 'marital' and 'non-marital' births in Northern Ireland, 1928-1988



There may be a range of factors for this extreme differential, particularly in the first half of the century. Women who were not married are likely to have been poorer, possibly concealing a pregnancy and, therefore, less likely to have accessed antenatal healthcare than their married counterparts. In addition, there were extremely high death rates of children born outside of marriage in baby institutions between the 1920s and 1940s, which certainly contributed to these rates.

By the mid-1970s, overall rates had dropped considerably due to improvements in living and healthcare standards, and the trend was reversed, with infant mortality rates for children born to married parents becoming higher than infants born to a mother who was not married. There may be a number of reasons for this change. For example, by the mid-1970s, in addition to the improvements in living and healthcare standards, girls and women who were not married and pregnant were more likely to be accessing healthcare than they had been in the past. In addition, there was a considerable age differential between the two groups, with girls and women who were not married considerably younger than their married counterparts. This may have meant that the younger cohort had fewer birth complications than the older.

4.3.3.3 Experience of discrimination based on birth status

Discrimination on the grounds of birth status manifested in a variety of ways for those who gave testimony. For instance, CNA124, whose birth mother was in a mother and baby institution in the 1960s, reported being taunted by other children who crudely revealed her adopted status to her when she was playing in the street.

> When I was young, I do remember children saying to me 'your Mum and Dad aren't your real Mum and Dad.' And that just made no sense to me at all. And it was at that point and I was probably only about eight or nine that I found out that I was adopted. I also heard words probably out in the street like illegitimate and bastard, but my parents were very truthful and factual in explaining what these terms meant. My parents were very down to earth, working-class people, no airs or graces.

CNA029 also faced discriminatory language after childhood friends mimicked what one of them had heard from a parent.

> Up until this point I was oblivious to the term adoption. My world literally changed when one of my friends at the time said that his father had mentioned that I was a Bastard. In my innocence I went home and asked my parents was I a bastard? not knowing what the term meant beyond being a word that you shouldn't use. I have quite a vivid memory of my parents explaining to me that I was adopted because as they put it, my real mother could not look after me whatever they meant by that. Following that conversation I never felt the same way again. My world had changed and not for the better.

CNA105 told the IP about the various incidents of discrimination he experienced after he returned home with his birth mother after she had been sent to a mother and baby institution (MBI 6) by her family in the mid-1970s. He gave examples of the treatment.

> My great-aunt and her daughters were often at my Great-Grandmother's house and used to be rather dismissive of my mum, telling my mum to 'fuck off, as she was a slut and to take her bastard boy with her'. I often asked my mum what this word meant and like any good mother, she used diversion tactics perfectly! Nonetheless, this is sadly one of my earliest memories.

At school, CNA105 experienced what he described as 'torrid times from the teacher and some students'. This teacher, who was from the local church, was 'abusive and ignorant and often called me "sawdust brain" and "half-bred"'. CNA105 was confused by this because both his parents were white, but realises it was a reference to his father being from a Protestant background. CNA105 explained that the teacher's 'favourite students then joined in the ridicule using the same words — "half-bred", "sawdust brain" and "bastard" — to describe me'.

CNA045 was adopted in the 1960s after his birth mother had been sent to a mother and baby institution (MBI 5). He reported that a teacher at school sexually abused him, and even told him that he was 'singled out because [he] was adopted'. When he told his adoptive father about the abuse, it was reported to the school. The teacher was questioned by the school principal, but his denials were believed. CNA045 explained that

when he next encountered the teacher, he said, ‘I told you’, then, ‘He says, “Nobody will believe you. You’re wasting your time”. He says, “I told you nobody would believe you”. And I never went back after that. I stayed out of school for the next six months of that term. I just never went back again.’

Another significant aspect of testimony in which discrimination around their non-marital status impacted many of those who shared testimony with the IP was in their exclusion in whole or in part from what should have been a central role at the funeral of their birth mother. As the eldest son or daughter, they were denied the customary role and acknowledgement in the funeral rituals and eulogy by the cleric officiating at the ceremony. For instance, P049 explained that her aunt was separated from her birth mother at a private nursing home in the early 1950s. Her aunt was adopted and raised within P049’s family and completely shunned by her birth family. Several decades later, her aunt’s birth mother died. P049 told the IP what happened.

> When her birth mother died, having married but without any further children, my aunt attended the wake. Her birth mother’s sister — an outwardly philanthropic figure who was often celebrated in the local press for her work [detail redacted], attempted to block her at the door, trying to deny her entry. But my aunt, determined to pay her respects, declared that she had come to see her mother, walked past the blockade, and stood by the coffin. For the first time in decades, they were physically together again — albeit in death.

P013 told the IP about the experience of her late husband, who had been reunited with his birth mother towards the end of her life. P013 read from the notes that her husband wrote at the time about the pain of his exclusion from fulfilling the role of a son at his mother’s funeral.

> [Name of youngest birth sister redacted] phoned with the funeral arrangements. There would be prayers in the house at 8pm the evening before the burial, which would be after 10.30am Mass in the chapel opposite [name of birth mother]’s house. The burial would be in [name of cemetery] and afterwards a reception for family and close friends in [name of venue]. She indicated how nervous they were about my appearance and felt I shouldn’t be at the reception, or indeed stay too long at the house, and in any case leave before the prayers. I always felt it was going to be like this, secrecy and intrigue to the very end, and I accepted it accordingly even if it hurt somewhat.
>
> [Birth mother’s name]’s death notice was in the *Sunday Independent,* from her three daughters and four stepsons. I had thought some message ‘from her wide family circle’ might have been inserted but no, I would have to live with this exclusion to the very end. No arranging your mother’s funeral, no carrying the coffin and so on. Thankfully I had [name of husband of youngest birth sister] who seemed to empathise with my situation. I thanked him for doing all those things I would have wanted to do.

> The evening before the funeral we arrived in [birth mother's home county] town and made our way to [birth mother]'s house. It was a grim dark evening and the rain fell incessantly. The street was packed with cars, the house with people. We were in an impossible situation but I felt the volume of people helped us sink into anonymity.
>
> I went to the coffin and prayed over [birth mother]. I kissed my finger and laid it on her cold hand, then walked away. [Birth mother's priest] then started the prayers. There seemed no reason for us to leave now so we joined in, then left.
>
> In the church the next morning we took our seats half way down on the left-hand side looking over at my three sisters and their families sitting in the front rows. I hadn't expected much different. It was a sad reflection of an Ireland of 50 years previously, whose legacy would only die out once all those who maintained the legacy were gone. [Birth mother]'s generation would, we hoped, be the last to live with those secrets, lies and hypocrisy. I was content to take my position at the edge of the aisle and hold my head high to anyone who looked in my direction. I was ashamed of nothing. I was proud of [birth mother] and I was going to lay my mother to rest with dignity…I resigned myself once again to the unpardonable exclusion from her life.

4.3.4 Discrimination on the grounds of race, including against Travellers

4.3.4.1 Racial discrimination and the law

Between 1922 and 1995, no legislation applicable in NI prohibited discrimination on racial grounds. The Race Relations Acts 1965–76, which banned racial discrimination and criminalised promotion of hatred on grounds of colour, race, ethnic or national origins in Great Britain, did not apply in NI, and comparable legislation was not enacted here until the Race Relations (Northern Ireland) Order 1997.[127] The 1997 Order recognised Travellers as a racial group.[128]

As noted above, there is some authority for the proposition that, at common law, racial discrimination was considered unreasonable, so that, for example, a hotel's refusal to accommodate a Black guest was held to be contrary to the common law duty of reasonable accommodation.[129] On this analysis, discrimination by adoption agencies against children belonging to ethnic minorities, including children of 'mixed race' and Travellers, on racial grounds, in the context of adoption, would have been unlawful.

The Prevention of Incitement to Hatred Act (Northern Ireland) 1970 and the Public Order (Northern Ireland) Order 1981 which replaced it made incitement of hatred on the grounds of religious belief, colour, race, of ethnic or national origins a criminal offence.[130] The 1981 Act was itself replaced by the Public Order (Northern Ireland) Order 1987, which also criminalised hate speech on racial grounds, though, according to a review conducted for the Department of Justice, it was little used.[131]

4.3.4.2 Racial discrimination in society

It is estimated that immigrants and ethnic minorities comprised less than 1% of the population in twentieth century NI. It is impossible to be precise because the NI census did not begin compiling ethnicity data until 2001.[132] At the beginning of the century, the immigrant population was principally composed of Italian and Jewish communities. Foreign sailors were present in the docks area of Belfast and, from the 1940s, a small number of Black African university students attended QUB. From the 1920s, immigrants from Southeast Asia arrived in NI and by the 1960s, the largest ethnic minority group was the Chinese community.[133]

It has been argued that the small numbers of immigrants and ethnic minorities in NI is related to the Safeguarding of Employment Act (Northern Ireland) 1947, which prevented anyone from outside NI obtaining employment in the region without a special permit from the Ministry of Labour. The Act was designed chiefly to prevent immigration from south of the border, but it also had implications for immigration from other parts of the world. Economic stagnation, isolation and the impact of the Troubles also contributed in making NI unattractive as a destination for immigrants.[134]

The attitudes of politicians in NI, it has been argued, 'reflected that of broader society, characterised by casual racism and a denial of migrants' presence and needs'. There was an assumption that 'barely any immigrants or people of colour lived in NI and those that did so were treated well'. This had 'severe policy implications which left migrants and minorities in NI more vulnerable to discrimination than their counterparts across the Irish sea'.[135] As noted above, the Race Relations Acts 1965–76 did not apply here, and there was little support from the authorities for minorities who were 'rated in importance below the two majority communities'.[136] Politicians in Stormont explained their failure to follow the Westminster Parliament's example and pass legislation to deal with racial discrimination by arguing that such measures were unnecessary because NI was free of racism.[137] The evidence from the archives and the testimonies from victims-survivors give the lie to this implausible claim.

Travellers were also treated with disdain by politicians, reflecting widely-held prejudices and negative stereotypes. NI, it has been argued, was the 'first place anywhere that engaged with the question of dealing with Irish Travellers as a specific project of the state'.[138] It was felt by the end of World War Two that Travellers had become a 'problem' for the modernising state, and two separate Stormont committees in 1948 and 1955 were set up to address the 'gypsy problem'.[139] The 1948 committee report described Travellers as 'a source for the spreading of vermin and disease wherever they go'.[140] Attempts were made during the 1950s and 1960s to criminalise the Traveller way of life, with the effect that the Traveller population in NI declined dramatically.[141]

Comments on race appear occasionally in the records of mother and baby institutions, generally with reference to the father of a baby. There are a few references to girls and women being admitted who were from ethnic minority backgrounds, including several occasions when Traveller women were described as 'gypsy'. The skin colour of babies was also commented on, with it usually described as 'coloured'. Staff at one mother and baby institution (MBI 7) were asked not to 'show any undue interest' in babies who were admitted in 1956 as they were 'coloured (although it is not noticeable at present)'. The issues of race were evident when a priest from Dublin explained in the 1950s that he 'did not know of any Orphanage that admitted coloured babies'.

Racial discrimination was also evident in the adoption system. The Child Welfare Council report of 1953 explained how they believed that one of the issues that could lead to a child being described as 'unadoptable' or 'unboardable' was its 'race or colour'.[142]

A welfare visitor's report from 1955 details the visit to the home of a 55-year-old widowed man who was 'most anxious to take a little coloured girl who was in a voluntary institution into his home'. He had a 20-year-old daughter who was at home during the day, but there were some concerns from the welfare officer who felt she 'seemed a little doubtful' about looking after a small child, leading the officer to request a second opinion on the case. The report stated that 'it is not always easy to find people willing to take an interest in a coloured child, although in one sense it is a sort of novelty'. Notes in a different handwriting suggested that if the personal references were satisfactory, then 'you approve the house provisionally' and they would visit it 'together when the child is there'. Both references were from clergy. The note went on to say that 'coloured children are very hard to provide for and this might be better than nothing'. It is not clear if the child spent much time in this home. The notes, dated several months later, stated that the child 'has been moved I think to the [a St Mary's institution] but she is not allowed out. [The man] occasionally visits her, but there is no word now of her going to live with them. I think we may close this case'.[143]

That the situation for children of minority ethnic and racial heritage had not improved significantly by the 1970s is suggested by the records of one mother and baby institution which stated, in relation to a child of minority ethnic and racial heritage, that 'adopted parents slow in coming forward owing to Putative Father's nationality'.

4.3.4.3 Experience of racial discrimination

CNA016 reported that her colour was the basis for discrimination relating to her adoption prospects. Her mother travelled from RoI to a mother and baby institution in NI in the 1950s and then returned across the border having given birth. Some time later, CNA016 was also sent over the border. She noted a distinction between the language used about her and her sibling in the paperwork in the two jurisdictions.

> "What is also very interesting is that in [Northern Ireland] we were described as 'illegitimate', nothing mentioned about our colour. As soon as we hit the Republic of Ireland, our colour was front and foremost of every single document. So in our admission notes it says 'healthy, well-adjusted, lovely babies, coloured'. And that term meant that we were never offered up for adoption.

She had obtained a copy of a letter written by staff at the mother and baby institution to another institution in RoI about the placement of 'coloured' babies. Reading aloud from the letter, CNA016 quotes: 'Do you think you could possibly help out?…I feel sorry for her [their mother] and the babies, being coloured. I think they have a very hard time ahead of them. They are lovely babies.'

CNA071 also shared with the IP what he has learnt about the impact of his minority ethnic and racial heritage. He was born in the early 1960s after his teenage mother was sent to a mother and baby institution (MBI 6) when she became pregnant to a much older man. He cites correspondence from the welfare committee that was involved, which stated: 'The baby is coloured and so there will be no possibility of placement for adoption.' CNA071 concluded: 'So, they've given up on me or made a decision.' He continued his testimony by reading from a medical form filled in about him. To the question, 'Can you give brief particulars of other physical, mental or nervous disorders?', the reply was 'baby is coloured'.

CNA016 reported that a similar approach was taken in her case. She told the IP: 'our colour was very much viewed as a disability. It was a disability, it was actually worse than being disabled. It was worse, you could have had the worst kind of disability, and it was still going to be better than to be a mixed-race child.' It is clear from these accounts that children of colour were often viewed as unsuitable for adoption.

CNA071 has accessed files on his early life and the lead-up to his adoption and has learnt that his future adoptive mother telephoned the welfare committee, during which she 'inquired about allowances' as she 'thinks the grant is rather inadequate in view of the child's [minority ethnic and racial heritage]'. He commented that she had 'worked out that she can get more money than the standard boarding allowance'.

In cases where the families of birth mothers suspected that the baby's father was a person of minority ethnic and racial heritage, racial discrimination heightened the stigma imposed on their daughter. P068 was one of the midwives who shared testimony with the IP. She recalled an event that she observed in the 1970s when a teenage mother had just given birth to a baby of minority ethnic and racial heritage.

> "An older midwife came over and she said to me, 'move away from the bed, move, move away from the bed'. And I thought what did I do? She just says, 'just move over there'. And she started to strip the baby. Now not one word was said to this girl [the young mother]. She started to strip, take the clothes, what we call take the clothes off the baby, stripping the baby. Because all the tests we do have to have a stripped baby because you have to see the baby in the flesh, and that's a normal procedure to strip a baby.
>
> And the midwife stripped the baby, then, all of a sudden at the door, was a lady and a gentleman, no lady, no gentleman. But that's who was standing there, a male and a female. The mother had a fur coat, very nicely dressed, and she had a hairstyle…And the father, the man had a suit, nice suit. And he was like some men, some men, you know pompous men have a turkey chest, do you know they're look at me…And I'm thinking what are they doing there, what, are they going to see somebody? But they never moved from the door. The midwife lifted the baby boy up in her arms like that and she just showed them the baby…in a certain way, that she was showing them their baby's bottom not the wee face of the baby, not. And I thought that is such a strange thing because usually you're showing the baby's wee

> face, look at that lovely wee baby and who's it like and all the rest of it. But not in this case you wouldn't be saying that, but you know that's normally what happens.
>
> Anyway, midwife did that and the girl is in bed, she never moved. These people were her parents. I didn't know that at the time. And she's in the bed terrified, because the baby had coloured genitals. So coloured babies, coloured as in, their scrotum and genital area is always dark, their skin sometimes is light, particularly from a mixed race.
>
> So those parents wanted to see the genitals and then once they realised they were black, they went away.

Other more experienced midwives explained afterwards to P068 that the parents had visited to ascertain if their grandchild was of minority ethnic and racial heritage. P068 assumed that when they learnt that he was, they would want him to be adopted. The IP's review of the files from the mother and baby institution that sent girls and women to the maternity ward where P068 worked indicates that this baby boy was indeed adopted.

4.3.5 Discrimination on the ground of disability

4.3.5.1 Disability and the law

The first legislative measure to prohibit discrimination on the grounds of disability in NI was the Disability Discrimination Act 1995 though, as has already been said, at least in the context of administrative law, discrimination on the grounds of disability could have been considered unreasonable and, therefore, unlawful. Thus, discrimination against disabled children by registered adoption agencies in the context of adoption would, we feel, have been unlawful at all material times.

Clearly, the language used to describe people with intellectual, cognitive, physical and sensory disabilities reflected people's attitudes at the time and is considered derogatory and offensive today. The word 'lunatic' was used to describe a person who was 'sometimes of good and sound memory and understanding and sometimes not'. The word 'idiot' was used to describe congenital intellectual disabilities. Belfast had a 'Cripples Institute', and the word 'dumb' was used to describe muteness, as in the title of the Ulster Institute for the Deaf, Dumb and Blind.

When NI was established, the care and treatment for people with intellectual disability, such as it was, was provided in large asylums. The Irish Lunatic Asylums for the Poor Act 1817 had been intended to establish a national system of asylums paid for from public funds, but by 1821 only two had been set up, neither in what would become NI. Provision was improved by the Lunacy (Ireland) Act 1821, which gave the Lord Lieutenant power to set up and operate publicly funded district asylums. The first such asylum was established in Armagh in 1825 and is now St Luke's Hospital, a psychiatric

hospital. District asylums were subsequently established in Antrim, Belfast, Down, Derry/Londonderry and Omagh. Oversight was provided by the Commissioners in Lunacy for Ireland, composed of four doctors and four lay people.[144] The Mental Treatment Act (Northern Ireland) 1932 discontinued the use of the term 'lunatic', substituting the term 'person of unsound mind'. It established a mechanism whereby people in need of mental health care could be involuntarily committed to a psychiatric hospital by a court under a reception order.[145] That system developed under the Mental Health Act (Northern Ireland) 1948 and the Mental Health Act (Northern Ireland) 1961 with alterations to the applicable procedures. The system of special care which the 1948 Act established has already been described above.

Similarly, people with physical disabilities were often placed in institutions from an early age. The Ulster Institute for the Deaf, Dumb and Blind opened on the Lisburn Road in Belfast in 1845. It remained there until 1961 when it moved to Jordanstown on the outskirts of Belfast. It is known now as Jordanstown School. In the 1940s, the services for people with disabilities were taken over by the Health and Social Care Service. The Northern Ireland Orthopaedic Services operated nurseries and then schools for children with physical disabilities.

4.3.5.2 Societal attitudes to disability

During the relevant period, society approached disability as a medical problem. It was believed that people were disabled by their impairments or differences, and that these impairments or differences should, where possible, be 'fixed' by medical intervention. Disabled people were viewed as needing care and being incapable of exercising choice and control over their own lives.[146] This approach is at odds with the modern social model of disability — reflected in the UN Convention on the Rights of Persons with Disabilities 2006, ratified by the UK in 2009 — which considers disability to be caused by the way society is organised rather than by a person's impairment or difference.

There are a small number of references in the institutional records to girls and women with physical, intellectual and cognitive disabilities. Unfortunately, the language used reflects the discriminatory attitudes of the time, so that girls and women with disabilities were referred to as 'mental', 'mentally retarded', 'mentally deficient', 'mentally unstable', 'severely retarded' or 'educationally subnormal'. There is reference in records from the 1950s to a woman who was described as 'paralysed and cannot use her arm, also has a stoppage in her speech' who was admitted to an institution, but her notes recorded that they 'could not keep her, too delicate'. Records from the 1970s refer to a deaf woman who was admitted to a mother and baby institution (MBI 6) because she was 'not wanted at home because she was too demanding'. While at the institution she was recorded as being 'under heavy sedation'.

Discriminatory treatment of children with disabilities is evident in the records of baby institutions. In the 1950s, a seven-year-old described as 'mentally deficient' was left in St Joseph's Baby Institution on the Ravenhill Road in Belfast for seven years because, although he had been assessed as requiring special care, there were no vacancies in any suitable institution. Similar problems arose in the 1960s, with two children under

five left in St Joseph's for a protracted period because there was no room in Muckamore Abbey Hospital, even though, as the file records, 'their present care in a home catering for normal children is highly undesirable'.

Babies born with disabilities were viewed as problematic because caring for them was more complex and because the possibility of securing adoption placements for them was challenging. In 1956, the Child Welfare Council explained what it saw as 'particular difficulties' that hindered adoptions. These included 'mental, physical and psychological defects in children', which they stated could 'be serious drawback[s] to adoption'. They also said that one of the factors leading children to be thought of as 'unadoptable or unboardable' was 'some physical disfigurement, lack of mental development, behaviour problems'.[147] Their 1960 report endorsed the view that it would be best for children with disabilities to remain in institutional accommodation. It said that although 'adoption or a foster home is probably best for the illegitimate baby, the toddler, the orphan and the child in need of care by reasons completely outside himself…the child who, because of some behavioural maladjustment, or physical or mental handicap, finds himself in the care of a welfare authority would in many cases be more suitable for group treatment'.[148]

Institutional records contain evidence of prejudice against people with disabilities and their children. Records from 1954 contain a description by a doctor of a woman in a mother and baby institution (MBI 7) as having the 'mentality of a child'. The doctor expressed the opinion that her baby should not be adopted but 'placed in a home'. Similarly, the records of a deaf woman admitted to another mother and baby institution (MBI 6) in the 1960s record a belief that her child was 'retarded and backward' due to a disability on his mother's part. Another set of records, again from the 1960s, refer to the baby of a mother who was epileptic as 'unsuitable' for adoption.

Disability continued to be discussed as a barrier to adoption in the 1970s, when the Chief Welfare Officer of a county welfare committee wrote to a mother and baby institution (MBI 5) about a baby who was born with a cleft lip, stating: 'it is rather unfortunate that [this] child has been born with the handicap mentioned but as you indicate it would be impossible at this stage to assess the suitability for adoption'. There was also concern about the suitability for adoption of a baby whose mother who had two members of her family 'ascertained as requiring special care' on the basis that 'in view of this history all possible advice and help will have to be obtained before her baby can be offered to prospective adopters'.

Similar views were evident in a letter from a social worker about the baby of a 24-year-old woman with disabilities admitted to a mother and baby institution (MBI 5) in the 1970s, which stated: 'regarding the possibility of placing the child for adoption I feel that I would need to have a talk with you about this as the background is very bad'.

4.3.5.3 Experience of discrimination based on disability

Reference was made by participants to girls and women with disabilities being treated badly in some of the institutions. In her testimony to the IP, P069 referred to staff in a St Mary's institution in the 1970s having 'bullied' and 'alienated' girls with cognitive disabilities. She shared her concern for the welfare of a girl with 'learning difficulties'

who was bullied in one institution by the staff: ‘she was partially sighted…and our hearts broke for her because she was bullied…’. Despite her disabilities, the girl was made to work: ‘They said she was lazy…she was bullied for it.’

When P070 left a children’s residential institution as a teenager, she was sent to the nearby St Mary’s institution, having been assessed as incapable of independent living. She remained there for most of her adult life. Her description of work in the laundry was generally positive. She spoke of ‘a busy public laundry’ with around ‘80–100 girls working in the laundry’s different departments: the sorting room, the laundry room, the ironing room, the sewing room, the packing room.’ She said it was work ‘from 9am–5pm and it was hard work, but the atmosphere was great and we all enjoyed it.’

She did however describe an experience of damaging discriminatory language when a new senior member of staff arrived.

> “Things changed however when a [name redacted] came to the Convent…. Put in charge of St Mary’s, she changed the whole atmosphere of the place. She was so strict and hard on us. She was narrow minded and had no heart. She took away all my confidence. She always told me I was a nobody. That I was stupid and would never be able to get a job. She treated the other girls in the same horrible way. She was the only Good Shepherd I encountered who demeaned me in this way.

P017 and P067 both shared testimony about their experiences of working with elderly women with disabilities in one of the St Mary’s institutions. The women had lived and worked in the institutions for several decades. P017 and P067 understood that many of the women had entered the institutions under special care arrangements or ‘voluntarily’ on the basis of arrangements made by their families. They were renamed in the institutions, so that their identities were removed. This was a source of great confusion to them when social workers sought to find out information about their original names and identities and began to use them again.

CNA014’s birth mother was one of these women. Her birth mother was placed in the institution by her birth mother’s father in the 1950s after she became pregnant twice while unmarried. CNA014 described tracing her birth mother in the 1980s and visiting her, twice, in the institution. Her birth mother was emotionless and as far as she can remember, ‘we did not even hug’. CNA014’s uncle also shared testimony with the IP and indicated that his sister had some form of learning disability. He explained as follows.

> “She didn’t know the clock, and I could never understand that. She didn’t know the time. I taught her the time. And I found out by different people, not family, that she was kept off school to mind the younger children, while my Dad went to work. And whatever little bit of education we got, I don’t think she got as much as we did. Which is unfair and she was a little bit vulnerable.

CNA014 wondered why similar measures for patients leaving Muckamore Abbey Hospital had not been put in place for her mother so that she could leave the laundry.

> [W]e have houses down in the middle of [participant's hometown] here, that were specially built for people coming out of Muckamore, but they're supervised in there, but I wondered why didn't they let her out to, you know, to try that. Why was she in there for all them years? And no, well I'm saying, she'd no life, she didn't experience anything really, did she?

The IP found very few records relating to the pathways taken by children with disabilities born to women 'resident' in mother and baby institutions.

4.4 Conclusions on equality

It has been said that equality is the right of all human beings to be equal in dignity, to be treated with respect and consideration, and to participate on an equal basis with others in any area of economic, social, political, cultural or civil life.[149]

When equality is approached in this way, the inescapable conclusion arises that the existence of the mother and baby institutions, St Mary's institutions and Thorndale Industrial Home was fundamentally incompatible with respect for the principle of equality. That they existed at all was at odds with equality between men and women. Discrimination was in their nature: discrimination on the basis of gender, marital status, birth status, disability, race or religious background and, in many cases, on more than one of these grounds at the same time.

It does not matter whether discrimination was actively intended or not, or whether it was normal at the time. While it is true that the institutions, and their pathways and practices, reflected the attitudes and norms in Northern Irish society, and responded to them, they also reinforced and compounded those attitudes and norms.

The state endorsed and co-operated in discrimination against unmarried women and their children. Instead of promoting equality and confronting discrimination, the state used the institutions for its own purposes. Its judges, doctors and social workers sent girls and women to them. It funded them directly and indirectly. It participated willingly in their pathways and practices. When it came to regulation and inspection, there is evidence of systemic failure.

The IP suggest that, when looked at through the lens of the fundamental principle in Article 1 of the Universal Declaration of Human Rights that '[a]ll human beings are born free and equal in dignity and rights', the very fact that these institutions were permitted by the state to exist at all points to a systemic failure on its part to guarantee equal treatment and to prevent discrimination. The IP recommend that this be further investigated by the public inquiry.

The IP also recommend that the public inquiry further investigate discrimination against women and children in the institutions and their pathways and practices on the grounds of gender, marital status, birth status, race and disability, and on more than one of these grounds at the same time.

The IP recommend that the public inquiry investigate where children with disabilities, born to women 'resident' in mother and baby institutions, were sent.

5.0 The right to life and the prohibition of torture and inhuman and degrading treatment or punishment

5.1 Introduction

5.1.1 The right to life

5.1.1.1 The protection of life as a universal value

The principle that human life is worthy of legal protection is an ancient one, reflected today in all legal systems subject to the rule of law. In the UK, the common law principle of the sanctity of life has constitutional importance, and it was given effect long before the UK's ratification of international human rights law treaties, by rules such as those prohibiting homicide and creating duties of care in circumstances entailing risks of causing death.

5.1.1.2 The right to life in international human rights law

In 1948, the Universal Declaration of Human Rights declared in Article 3 that '[e]veryone has the right to life, liberty and security of person'.

In 1950, the right to life was enshrined in the ECHR in Article 2, which provides:

Right to life

1. Everyone's right to life shall be protected by law. No one shall be deprived of his life intentionally save in the execution of a sentence of a court following his conviction of a crime for which this penalty is provided by law.[150]

2. Deprivation of life shall not be regarded as inflicted in contravention of this article when it results from the use of force which is no more than absolutely necessary:

a. in defence of any person from unlawful violence;

b. in order to effect a lawful arrest or to prevent the escape of a person lawfully detained;

c. in action lawfully taken for the purpose of quelling a riot or insurrection.

Article 15 of the Convention, which relates to circumstances in which the obligations imposed by the Convention may be derogated from, states that no derogation may be made from Article 2 except in respect of deaths resulting from lawful acts of war.[151] Some of the most important judgments of the Strasbourg Court on Article 2 relate to NI.[152] It is clear from this case law that the state must establish an 'effective investigation' wherever there is an 'arguable claim' that an unlawful death has occurred, whether at the hands of state agents or private individuals.

In the present context, it is also significant that in cases relating to provision of institutional care — in hospital, for example — the Court has held that states are required to make regulations to require providers to adopt appropriate measures to protect lives.[153] In evaluating whether a breach of Article 2 has occurred, the Court considers whether there existed, at the material time, any systemic or structural dysfunction which the authorities knew or ought to have known about and in respect of which they failed to undertake the necessary preventive measures.[154]

On a global level, the right to life is protected by Article 6 of the International Covenant on Civil and Political Rights, which the UK ratified in 1976. The Human Rights Committee, which monitors compliance with the Covenant and issues General Comments on its interpretation, has observed that under Article 6, States Parties are 'under a due diligence obligation to take reasonable, positive measures that do not impose disproportionate burdens on them in response to reasonably foreseeable threats to life originating from private persons and entities whose conduct is not attributable to the State'.[155]

5.1.2 The prohibition of torture and inhuman and degrading treatment or punishment

5.1.2.1 The prohibition in international human rights law

The prohibition of torture and inhuman and degrading treatment or punishment is one of the most fundamental values of democratic societies. The prohibition of torture is part of customary international law, and has been recognised by the International Court of Justice as a 'peremptory norm': that is, a rule to which there can be no exceptions.[156] In 1948, it was included in the Universal Declaration of Human Rights, which provides, in Article 5, that '[n]o one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment'. Article 3 of the ECHR is framed in similar terms.

No one shall be subjected to torture or to inhuman or degrading treatment or punishment.

The right protected by Article 3 is absolute, meaning that no infringement of it, or derogation from the obligation it imposes, is ever permitted. The case law of the

European Court of Human Rights has generally approached torture as an aggravated form of ill-treatment, and degrading treatment as ill-treatment connected with humiliation.[157] In Article 3 cases, the Court speaks of ill-treatment attaining a 'minimum level of severity' that involves actual bodily injury or intense physical or mental suffering. The assessment of the level of severity is relative and depends on the circumstances, bearing in mind such factors as duration, effects and, in some cases, the age, sex and state of health of the victim.[158] Among the violations of Article 3 identified by the Court have been:

- the anguish suffered by relatives caused by the unexplained disappearance of a loved one[159]
- the sexual abuse of a child by a school principal[160]
- the physical and emotional abuse by teachers of a child in a nursery school[161]
- the non-emergency administration of medical treatment and a gynaecological examination without the patient's consent.[162]

In the case of O'Keeffe versus Ireland, the European Court of Human Rights considered a complaint by a victim of sexual abuse at a school in Cork that Ireland had violated Article 3 by failing to protect her. The court recognised that Article 3 required states to take measures designed to ensure that individuals within their jurisdiction are not subjected to torture or inhuman or degrading treatment, including such ill-treatment administered by private individuals. It said that this positive obligation to protect had to be interpreted as requiring states to provide effective protection, in particular of children and other vulnerable persons, including reasonable steps to prevent ill-treatment of which the authorities had or ought to have had knowledge. Ultimately, the court was satisfied that Ireland was aware of the risk of sexual abuse in schools by the time the abuse occurred in 1973, and that because the state's mechanisms of detection and reporting child abuse did not provide effective protection for children attending a national school against the risk of sexual abuse, there had been a violation of Article 3.[163]

The prohibition against torture is also contained in other human rights treaties to which the UK is a party. For instance, the UK ratified the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment in 1989. The Convention provided for a system of international monitoring of places of detention.[164]

Also in 1989, the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment came into force with respect to the UK, having been ratified in 1988. The Convention required that States Parties criminalise torture, defined more narrowly than by the Strasbourg Court as 'any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him, or a third person, information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in, or incidental to, lawful sanctions.'

In the testimony analysed below, there is reference to prohibitions on communication between girls and women in institutions as measures of control. In addition to the implication these prohibitions have for the dignity of the people affected, it should be noted that they engage the right to freedom of expression, including the right to receive and impart information and ideas — guaranteed by Article 10 of the ECHR, and by common law.

5.2 Legal and societal context

5.2.1 Protection of life and person

5.2.1.1 Legal measures to protect life and person, including laws against abuse and neglect

During the relevant period, the right to life and the protection of the person against mistreatment was protected both by the criminal law and by the civil law even if, in the early decades between the foundation of NI and the end of World War Two, it would not have been expressed in those terms. The taking of a person's life, save in certain exceptional conditions, was at all material times a criminal offence, usually amounting to murder, manslaughter or infanticide, according to the circumstances. If death was caused by a negligent act or by an intentional and unjustified act, the law considered it a wrong against the deceased, and his personal representatives could bring an action in tort against the person whose act caused the death.[165] A cause of action for the deceased's dependants for loss of income was provided for in the Fatal Accidents Act 1846.

From 1922, the law in NI made a distinction between murder and infanticide, so that the killing of an infant child by its mother was treated as a less serious crime.[166] If it could be proved that the defendant 'had suffered from 'mental disturbance' at the time she had killed her baby, she would be punished as if she had been convicted of manslaughter rather than murder, so that she would escape the death penalty.[167] It has been argued that this reform reflected the new female political networks that had come into existence, as well as the sympathy for the accused mother that was generated around a case of infanticide that occurred in 1921.[168]

In principle, protection of the person, including against torture and inhuman and degrading treatment and punishment, was achieved through the national criminal law and civil law.[169] During the period under investigation, physical and verbal abuse was a criminal offence if it amounted to a threat or use of force against a person, usually amounting to battery (unlawful physical contact) or assault (causing a person to apprehend unlawful contact) at common law. The Offences Against the Person Act 1861 created statutory criminal offences which would have embraced torture and inhuman and degrading treatment, including assault occasioning actual bodily harm and assault occasioning grievous bodily harm.[170]

Further, during the period 1922–95, a person who was severely ill-treated could, in principle, bring an action in tort for trespass to the person against the person or persons responsible. Relevant causes of action included battery, assault, false imprisonment and

intentional infliction of emotional suffering. If the ill-treatment was inflicted by a person in the course of his employment, the victim's action would usually lie both against that person and against his or her employer.

During the material time, rape was an offence at common law, as were indecent assault, unlawful carnal knowledge of a girl under 17 and indecent conduct towards a child. Depending on the age and sex of the victim, rape and sexual abuse would also have been punishable under the Offences Against the Person Act 1861, the Criminal Law Amendment Act 1885 and the Children and Young Persons Act (Northern Ireland) 1968.[171]

Incest was criminalised by the Punishment of Incest Act 1908.[172] Inciting a girl under 16 years old to have incestuous sexual intercourse was an offence under the Criminal Justice (Northern Ireland) Order 1980.[173]

The Infant Life Protection Act 1872 was enacted to regulate the practice of placing children at nurse, whereby parents unable to care for a child would pay someone, usually a woman, to look after them. In Ireland, a licence from the town council or Poor Law Commissioners was required before a nurse could accept children for this purpose. The 1872 Act applied only to houses in which more than one child was placed. The Infant Life Protection Act 1897 repealed and replaced the 1872 Act with a system which required people receiving children to look after for pay to give notice to the Board of Guardians of the local Poor Law Union. The Guardians were required to appoint infant life protection officers to inspect houses in which any children were placed at nurse, and to remove children 'improperly kept', that is, kept in premises 'which are so unfit or so overcrowded as to endanger [the child's] health or by any person who by reason of negligence, ignorance or other case, is so unfit to have [the child's] care or maintenance as to endanger its health'.[174]

Cruelty to children and young persons was specifically criminalised by the Prevention of Cruelty to Children Act 1904. Various child protection offences were also created by the Children Act 1908, the Children and Young Persons Act (Northern Ireland) 1950 and the Children and Young Persons Act (Northern Ireland) 1968.[175] In addition to the creation of criminal offences relating to cruelty to children, the Prevention of Cruelty to Children Act 1904 established a system of care for children who had been the victims of such offences, including their removal from the custody of the perpetrator and their placement in the custody of another fit person or society.

The mechanism created by the 1904 Act coexisted with the historic wardship jurisdiction of the High Court, which could be invoked to protect children whose welfare was at risk. Further measures to protect child victims were included in the 1908 Act.[176]

When the Children Act 1908 was enacted, it introduced a requirement that any person taking on the 'nursing and maintenance, for reward' of one or more infants under the age of seven apart from the infant's parents was required to give 48 hours' notice in advance to the Board of Guardians of the local Poor Law Union, stating their name, address, and the sex and date of birth of the child. It required Boards of Guardians to appoint infant protection visitors to visit infants placed at nurse, and to remove children being 'improperly kept'.[177] This provision did not apply to children placed at nurse or boarded out by Guardians themselves, or to institutions established for the care of infants

and conducted in good faith for religious or charitable purposes.[178] The 1908 Act also provided for annual inspections of reformatory industrial schools, but these inspection provisions would not have applied to Workhouses themselves or to St Mary's institutions or mother and baby institutions, which were not certified schools.[179]

After World War Two, and as part of the introduction of the welfare state, the powers of the Boards of Guardians were transferred to new welfare authorities under the Public Health and Local Government (Transfer of Functions) Order (Northern Ireland) by 1947. In that year, 308 children were boarded out and 1,109 children nursed out for reward.

A more comprehensive system of child protection was established under Part IV of the Children and Young Persons Act (Northern Ireland) 1950, which imposed a duty on welfare authorities to take any children whose needs were not being provided for into their care, including, if necessary, by applying to court for a parental rights order vesting it with parental rights in respect of the child.[180] When a child was taken into the care of a welfare authority, it was the duty of the authority to exercise its powers so as to further the child's best interests, and to afford them the opportunity for the proper development of their character and abilities.[181] Children in care could be boarded out to foster families or, where this was not practical or desirable, accommodated in an institution such as a voluntary home.[182]

The framework of the 1950 Act was largely replicated under the Children and Young Persons Act (Northern Ireland) 1968, which remained the framework whereby children were taken into the care of the state until the enactment of the Children (Northern Ireland) Order 1995.[183]

5.3 Experiences of abuse and neglect

5.3.1 Workhouses

The majority of reports relating to inspection of Workhouses between 1922 and 1948 focused on the need to improve the physical infrastructure of many of the buildings, with little detail on how those within the Workhouses were treated.

However, some reports indicate that pregnant unmarried women 'resident' in the Workhouses were expected to look after the elderly 'without even adequate supervision'. The medical inspector's report of the Enniskillen Union Workhouse in 1947, which was one of the last Workhouses to close, was particularly critical. It described the nursery, which was heated by an open coal fire with no fireguard, and that 'two inmate mothers' were in charge of the 11 children aged from under one year to school age. The other children's mothers were working elsewhere in the Workhouse and the two mothers in charge of the children were described as being 'of poor mentality'. The report described how mothers were given a quantity of milk in a jam jar for their child in the morning and this sat unprotected on a table until used, 'a most unhygienic sight'. The only way of heating the milk was on the open fire and there was no convenient way of washing bottles. The preparation of food was left to the 'inmate mothers' and the 'menu and preparation of the food' were described as 'totally unsatisfactory'. The room was

described as ‘very untidy and far from clean’. The nursery for sick children was also ‘in a very untidy state’ and the report described how a ‘very small infant’ was lying in a cot with a ‘¾ full feeding bottle at the side of its face on the pillow, there was no cover on the valve side of the bottle and there was every possibility that the child could have come to harm’. The nursery was being looked after by a ‘female inmate’ while the nurse was at dinner, and this nurse blamed the ‘inmate’ for the poor condition in the room. However, the report pointed out that ‘it was quite apparent that too much responsibility was being placed on the inmate by the nurse in charge’. It concluded that ‘the conditions under which the infants in this nursery are being cared for are very inadequate and unsatisfactory’.[184]

Katherine Forrest was the first welfare officer for Belfast in 1948. She was interviewed for a book on the history of social services in the 1990s. She said she was in a state of ‘stunned shock’ when she was first taken around Belfast Union Workhouse. There were ‘children sitting in rows, abnormally quiet and passive’, holding books upside down as many could not read. As in the Enniskillen Union Workhouse, female ‘residents’ helped to care for the children and Forrest said that she was keen to encourage the boarding out of children or their transfer to welfare authority residential institutions. She said that those aged between two and five years old had ‘suffered most from the dire lack of stimulation’.[185]

The oldest person who shared testimony with the IP was CNA111, who was 100 years old when she did so. Her mother was thrown off the family farm in the 1920s when she became pregnant for the third time. She was forced to enter the local Workhouse. CNA111 spent most of her childhood there. She explained how the pregnant women were expected to work right up until they gave birth in the Workhouse.

> “
> You could be there and they could be expecting their baby tonight, pains in the stomach and all, and every Saturday morning they would say, there was a big, big dining room, as big as a hayshed that you’d see now. And they still had to go down, in threes often, on their knees and a bag or sack for an apron, nothing to kneel on, and that was scrubbed every morning, every Saturday morning, no matter how you felt.

CNA111 also recalled abusive language being used to address the unmarried pregnant women by Workhouse staff.

> “
> All the names that they called them when they came to the front door. They forgot that through them poor, unfortunate girls, that’s how they had their good jobs.

CNA111 was also able to explain to the IP the risks of abuse faced by the children in the Workhouse. She reported that ‘Their only way of escape out of the Workhouse was to put an advert in the paper’, which would inform local farmers that ‘there’s a wee girl or wee boy, 12, he’d be very useful on the farm’. CNA111’s sister was one of the children exploited when she was boarded out. She was sent to live with a farming family and it

was understood she would be treated like one of their own children. However, they 'didn't send her to school. That's right. They had a family of their own. And she was made to do all the donkey work. No time for education or anything else. Nobody ever investigated as to how they were doing in school or anything else.'

5.3.2 St Mary's institutions and the Thorndale Industrial Home

In NI, girls and women were admitted to St Mary's institutions for a variety of reasons. In at least 15 cases, the girls and women admitted were victims of incest and sexual assault. In at least 150 cases, girls and women were admitted to St Mary's institutions after giving birth in a mother and baby institution. It is evident from testimony shared with the IP that these girls and women had little say in their transfer and were unclear about the length of time they might have to remain working in the laundry. For girls and women in vulnerable postpartum situations and those who had suffered abuse, it is hard to understand how anyone could have considered their being sent to live and work in an institution where the majority of their time was spent doing heavy manual work in a laundry was appropriate to their needs.

The records suggest that approximately 50 girls under 17 were admitted to St Mary's institutions on the grounds of so-called 'moral danger'. This meant that their families or religious or state authorities were concerned that their behaviour was 'immoral' in some way, and that they should be removed from the reach of those considered to be 'bad company'. Sometimes, girls were considered to be in 'moral danger' because they had been victims of abuse, the implication being that they had been somehow compromised by the abuse and could constitute a moral risk to themselves or others.

The HIAI concluded that it was 'wholly inappropriate' for girls as young as 12 to be admitted to St Mary's institutions, and that, by accepting children 'on a long-term basis', the institutions 'failed to ensure that proper care was provided for these children and that was a systemic failing on their part'.[186]

P017 and P067 had separate experiences of working with some women who had been admitted to the laundries decades earlier. They both recalled that social workers assigned to work with the women when they left the institutions struggled to find any information about their identities, families or experiences before institutionalisation. P017 told the IP that it was difficult to make a care plan for them because the information they had was 'simply names and where they lived and that. So, it was just starting from scratch, really.'

BM005 reported being sent to a St Mary's institution in the mid-1960s, after her second pregnancy, on the basis of an arrangement between her mother and the GSS. She understood being sent there as a punishment. She remained in the institution for one year and described the fear and uncertainty of not knowing how or when she might be able to return to the outside world. Describing her daily life, BM005 explained that 'we didn't talk'. She put this down to the fact that some of the older women had been there '40 years, 50 years, they'd come in at 18 and they were going to die there. So, there was very little to talk about.' BM005 said she felt 'awful' for them and herself. She compared herself to a 'prisoner'.

> We were controlled at all times, there was always a nun around, so really the only person you could confide in was going to be a nun, but you didn't know what she was going to say to all the other nuns.

BM005 said that she was subjected to electroconvulsive therapy during her time in the laundry.

Girls and women were also admitted to St Mary's institutions because they had mental health needs or learning disabilities and were in special care. Records sometimes indicate the involvement of medical professionals in these placements, but it is unclear how much individual support was given to girls and women or whether any support was given to them to leave the institutions and live independently. Priest 2, who shared testimony with the IP, explained that this was one area where he would criticise the management of the St Mary's institutions. He explained his view, which was: 'I think they should have needed more encouragement…I felt that they should have tried to get these girls out into houses in the community'. At this point, Priest 2 referred to the example of the woman who bought her own home after departure from one of the St Mary's institutions and who was obviously capable of independent living.

Other testimonies also explained a woman's admittance in one of the laundries as being part of a punishment. CNA050 told the IP about his mother, who was sent from a mother and baby institution to a Magdalene laundry in the early 1960s. He said: '[t]he social worker informed us that it was probably a form of punishment or maybe to keep her away from the man who was our birth father.' CNA050 believes his mother became part of what he called 'the St Mary's Institution Industrial system' and asked: 'Why? Why for thirteen months, would you be put into such a place?'

CNA071's mother was also sent to a St Mary's institution in the 1960s. He shared letters written about his birth mother between social workers and his birth mother's family in which the view was expressed that she had 'learned her lesson' after she had been sent to the laundry after she gave birth to him.

The GSS told the IP through their legal representatives that their mission was a pastoral, charitable and compassionate one. They make the valid point that the laundries provided a means of support for many destitute women who, in the absence of family support or adequate social welfare provision, had nowhere else to go.[187]

The GSS acknowledged that the St Mary's institutions were 'not an ideal solution for women effectively isolated by society or abandoned by their families'. They told the IP.

> It is easy to be critical in hindsight. It is perhaps easy to be critical without considering what the alternatives were or what they should have been and who, if anyone, was going to organise, fund, resource and staff the alternatives.[188]

Even so, evidence in the records and the testimony of former 'residents' of practices, including unpaid labour, which were experienced as humiliating, point to structural dysfunction.

As has already been said, these institutions were subject to several legal regimes of regulation and inspection, but the absence of records suggests that the responsible public authorities, for reasons of their own, did not implement these rules effectively.

There can be little doubt but that the authorities ought to have inspected these institutions more effectively. Had they done so, they could have taken appropriate preventive measures, including measures to address the underlying legal and societal discrimination against women which led to the establishment of these institutions in the first place.

5.3.3 Mother and baby institutions and their pathways

5.3.3.1 Mothers

Birth mothers, in their testimonies to the IP, described instances of abuse in mother and baby institutions.

At the age of 19, BM046 was admitted to MBI 6 in the 1970s. She recalled being pinched, pushed, shoved, and that when she refused to attend a prayer session she was threatened with being deprived of food.

> "They had you praying. I remember refusing to go one evening, and I was told that I either went or I didn't have my supper. I remember being pulled again by the arm, nails digging into you, being pushed and shoved and sent down a corridor, had to go.

BM011 was admitted to a mother and baby institution (MBI 6) in the 1980s aged 19 after her widower father reacted with great negativity to her pregnancy. She told the IP about physical punishments for breaching the restrictions on speaking or communicating with other women in the institution.

> "I saw other girls being struck and other girls saw us being, me being struck, you know, and you generally just hoped it wasn't you, you know. And it was for talking or doing something minor that you shouldn't have been doing, it wasn't necessarily that you were being cheeky or rude, you just forgot it was silent time.

BM014 was sent to a mother and baby institution (MBI 5) in the 1970s, arriving when she was 20 years old. She recalled punishment for not performing chores adequately: 'we were scrubbing floors, if I didn't do what I was told I got a slap, or I got my hair pulled'.

For BM043, the physical mistreatment in a mother and baby institution (MBI 3) during the 1970s gave the impression of a prison-like atmosphere: 'it was like a prison camp. Where, you know, I mean, they would grab you. There was abuse, like, just trying to picture things, um, these people were very demanding, and before you would get your ears pulled, slapped and shouted at and, you know what I mean?' BM043 had already given birth to her child when she was admitted, aged 19, to the institution.

The resemblance to a prison also struck the then 19-year-old BM046, when she entered a mother and baby institution (MBI 6) in the 1970s.

> [T]he feeling is like regimented, things had to be done at a, like prison, it had to be done at a certain time in a certain way, and you weren't allowed to talk if you didn't, if you stood out of line, or if you weren't, if you were having a laugh you were pulled, you know they would grab your arm, and it was nipped, and you were pushed and pulled.

BM019 was admitted to a mother and baby institution (MBI 6) in the 1980s. She told the IP that she was told to share intimate details of her pregnancy and when she refused to do so she was placed on a rota for excessive chores as a punitive measure, including cleaning the toilets 'with a toothbrush'. As a further part of her punishment, the other girls and women were told not to talk to BM019, she was not allowed to watch television with them, and she had to eat her meals separately.

In the records of one mother and baby institution (MBI 7) dating from 1950, it was recorded that the 'residents' had 'been made to work very hard, and scrub floors within a week of their confinement and re-scrub them for punishment'.

The IP was told of failures to protect girls and women from predatory and inappropriate behaviour in several mother and baby institutions. In one mother and baby institution (MBI 3) during the 1970s, BM080 was groped by a visiting member of the clergy. She told the IP that staff saw and ignored this.

BM063 was sent to a mother and baby institution (MBI 9) in the 1970s after she became pregnant aged 15. When her baby tragically died a few days after birth, she was asked inappropriate questions about her sex life by a member of the clergy.

Social Worker 39 told the IP about a concern she had that staff at one of the mother and baby institutions had failed to report a case of rape and incest. This occurred when she was trying to place a pregnant teenager in the institution (MBI 6) in the 1980s. When Social Worker 39 spoke to a member of staff there, she was informed that the teenage girl could not be admitted because a place had already been promised to another teenage girl who was from the same town. For reasons of privacy, the institution's policy was not to admit girls or women from the same location. When Social Worker 39 discussed this with her colleagues in the area office, none of them were aware of the case of the girl who was already in the institution even though the reporting of underage pregnancy was mandatory and the institution should have alerted social services.

5.3.3.2 Laws relating to medical treatment in the context of pregnancy and childbirth

At all material times, consent to medical treatment was, except in very limited circumstances, a requirement for lawful medical treatment. In principle at least, this rule applied with equal force in the context of pregnancy and childbirth. Subjecting a woman to a medical examination or procedure without her consent would have been a crime (a battery or an assault) and would have been actionable either as a battery or in negligence. What a doctor had to tell a person before obtaining their consent evolved over time, and during the material period, consent was not vitiated by a failure on the part of a medical professional to provide sufficient information: it was only if obtained by fraud or misrepresentation that it could be said that an apparent consent was not true consent.[189]

In at least two mother and baby institutions (MBI 5 and MBI 6), medical tests for syphilis were carried out on mothers and babies. These tests were mandated for children being placed for adoption, but the institutional records suggest that all babies had syphilis tests performed, not just those identified for adoption, and in one of the institutions (MBI 6) between 1970 and 1982, all mothers had the tests performed on them also. The institutional records do not contain any evidence of formal consent having been obtained, and there is only one record of a test returning a positive result for syphilis.

In her testimony, BM009 explained her shock at discovering, when she accessed her records, that she had been tested for syphilis without her knowledge.

> “
>
> On the document entitled ‘Obstetric Report for the Mother of a Child Proposed for Adoption’, there is a question 9 ‘Serological test for Syphilis’, the answer handwritten by Miss [surname redacted] as ‘Negative’. I was unaware that I had even been tested for syphilis until recently, and I certainly have no recollection of this test nor was I asked for my consent to have this test carried out. The thought that I was even tested for syphilis is extremely upsetting, and even more so because I did not give consent for this nor are there any consent forms for this in my file.

The IP are concerned that the purpose of the tests was moral rather than medical, that the intrusion associated with them may have been disproportionate to any risk, and that, even where consent was obtained, they may have further stigmatised the mothers on whom they were performed.

5.3.3.3 Experiences of abuse and neglect in the context of medical treatment

Many of the birth mothers who spoke to the IP told of abuse and neglect related to medical treatment, including the administration of unknown drugs or medicines and insufficient or inappropriate medical treatment.

BM078 recalled that, as she would not be breastfeeding after the birth, she was given a tablet without any consultation or information.

> So that I wouldn't produce any milk. So, it just wouldn't happen. Just there just wouldn't be any…Nobody even mentioned that people would be doing that, you know…just take this tablet now, this will make sure…you dry up quickly you know, like and that was it. And…nowadays you would think, oh I might get mastitis, I might get all these different things, but nobody even, there was no, nobody ever checked, were you alright, was everything, your bits alright, you know, like, just…They were very…just very cold.

Some children, now adults, added to birth mothers' concerns regarding administration of unknown drugs. In particular, concerns were raised about the administration of diethylstilboestrol (DES), sometimes called stilboestrol, a synthetic oestrogen drug used between the 1940s and early 1970s to dry up breast milk. Its administration was not confined to women 'resident' in the institutions under investigation. The drug has been connected to long-term health issues, including cancer, particularly in women exposed as babies in the womb.,

BM031 raised a concern about DES.

> Yeah I remember it because as soon as they mentioned the drug I sort of went oh yeah, because my second son was born in the '70s, both my children, in fact the three of them, were born in the '70s and I do remember with my second child I tried to breastfeed him and I couldn't, so they give me Stilbestrol. And I don't know whether they give us Stilbestrol in the convent or not, I don't know…I don't remember, but obviously they gave us, or did something, because where did the milk go at the end of the day?

CNA095 raised similar concerns about DES.

> She said that she was left totally alone in a room during labour at [nearby] Maternity Hospital and told to be quiet and was only attended to when my birth was imminent. I don't know if she was given any drugs. It says in my records that I was purely bottle fed, and as I was with my mother for 11 days at [MBI 6] I often wonder if she was given the oestrogen DES, diethylstilbestrol to dry up breastmilk. My health record would suggest it's a very strong possibility and there is evidence and ongoing research into the long-term effects of those exposed to DES in utero.

Midwife 2 gave testimony to the IP about her experience of working in a maternity unit in a hospital in NI. She began work there in the 1970s and remembered that the drug DES was given to all women who were not going to breastfeed.

> But the stilbestrol, the suppressant was given, and it would have been said 'you're getting this now because it will stop that milk coming'. But in the little girls, it took away that, because there's a desire to give that milk to somebody, your, the breast feels like something should be on the other end of the breast. So, if these little girls were not going to have a baby and breastfeed which was quite clear, they made that clear that that wasn't going to happen, which I can understand that.

CNA096 described her 'first' mother's experience when her pregnancy was discovered. She was sent from the family home in NI to Scotland until after CNA096's birth. CNA096 was adopted in Scotland and her mother returned to NI. CNA096 has met her 'first' mother and told the IP about the treatment her mother received in hospital. CNA096 also raised concern about the possible administration of the drug DES.

> And so, she was discouraged, actively discouraged from spending any time with me, I was removed from her. The kindly midwife allowed her to hold me at times if she was on shift, and feed me, but not breastfeed me. She was given probably the very contentious drug for stopping breast milk, and then she stayed in the hospital for two weeks.

As recorded already in the chapter on the GSS Marianville Mother and Baby Institution, Belfast, nine women placed there reported invasive unwanted 'internal examinations' by one member of staff, Sister Z. The assaults took place repeatedly, as often as 'once or twice a week'. One of the victims, BM027, said that 'bedtime was a terrible time because you didn't know when it was going to happen'. Independently, social worker P008 told the IP that at least one social worker familiar with Marianville was aware that something unusual was taking place in regard to Sister Z's examinations of pregnant girls and women.

BM027 was admitted to a mother and baby institution (MBI 6) in the 1980s. She told the IP that she 'never, never, never' saw a doctor during her time there.

BM021, who became pregnant as a schoolgirl, having been raped in the 1970s, was sent to a mother and baby institution (MBI 5) where she remembers being 'left for three days bleeding' prior to going into labour.

BM020 was admitted to a mother and baby institution (MBI 5) in the early 1970s when she was 16. She said that she was administered drugs without knowledge of what they were or why she was being given them. She said that the staff 'lined us all up and asked "do you want a tablet?" I says "Aye, I'll take a tablet if the girls are taking one."' BM020 told the IP that some of the other women believed that the drugs were sleeping tablets. The impact on her was significant.

> “
> It knocked me out for three days. But they come up and made me get out of bed…. they let me sleep till eleven, I couldn’t move, it was the first time ever I had taken a sleeping tablet. And they got me out of bed and down to the workroom and I fell asleep again. And it felt like that for about three days.

The records of the institution contain correspondence from a GP confirming the use of sedatives there.

While giving birth or on the labour ward, several women who spoke to the IP reported being heavily sedated. BM028 entered a mother and baby institution (MBI 5) aged 19 in the late 1970s. She referred to ‘doping’, saying that ‘they gave you so much stuff you were really out of it’, so much that she had not even realised she had given birth.

BM017 became pregnant at 16, during the late 1970s, and was then sent to a mother and baby institution (MBI 6). She still questions what happened during her experience of labour: ‘how did I sleep and only wake up when I was in severe labour? They must have given me something to make me sleep through it.’

BM005 was in a mother and baby institution in 1965, aged 21. Recalling her experience of childbirth, she said she was ‘knocked out for the birth’ with ‘some sort of a painkiller’. She remembers ‘waking up and they would bring the baby to me to be fed’. She also had a baby in 1960 but did not make similar remarks about strong medication on that occasion.

BM004 was admitted to a mother and baby institution (MBI 6) in the 1970s. In her testimony to the IP, she referred to the effects of ‘drinks’ she was given by staff in MBI 6 when she was sent there, aged 19. She said that the drinks caused a reaction she described as ‘brain freeze’. These drinks were administered ‘maybe once, twice a day’ upon admission and when her waters broke and she was taken to hospital she reports ‘not knowing’ what hospital ‘because I was still getting drinks’.

Other birth mothers reported the experience of not being given drugs when they needed them. BM009 told the IP about her experience of giving birth in Private Nursing Home 1. It was the early 1970s and she explained that she was only 17 and ‘terrified of the consequences’ of her pregnancy due to ‘the conservative environment I grew up in’. BM009 spoke about the denial of pain medication during her labour: ‘I wasn’t given any medication for pain…I do recall being given medication after the birth but I was not told what this was…there is no record of [it] in [Private Nursing Home 1].’

Other birth mothers told the IP that they were not given any pain relief during labour at the hospital maternity wards to which they were sent. This included the then teenage BM014, who was sent to a mother and baby institution (MBI 5) in the 1970s, and BM006, also then a teenager, who admitted herself to a mother and baby institution (MBI 6) also in the 1970s.

BM061 described her experience, in the 1980s, of giving birth to her first child as a young woman who had arrived at the maternity ward from a mother and baby institution (MBI 6). She compared that experience with the birth of her second child some years later. She believes that her status as an 'unmarried mother' impacted on her treatment.

> "And the doctor came in and stitched up and cleaned up and left there, and the wee cot with her in it wrapped in a wee blanket. And the next bit's equally horrifying because the nurses and the midwives left, the doctor left, and they left my trolley opposite the two doors of the labour suite, open, and my trolley, me, my trolley facing out into the dark corridor. No lights on. Listening to all the other women screaming, giving birth. My baby by my side in a wee cot. And they just cleared off. They left me there. No pain relief, no bottle for my baby. And I had, I had taken mastitis as but wee baby [name of BM061's eldest daughter] was crying away and looking fed, and I hadn't the strength to lift her. And then I did lift her and put her in between my legs, and I went, 'I just can't even lift you. I can't. I was just numb. I just was just numb. And it felt like hours I was left there. Because I remember shouting up the corridor and no one heard me, no one came. And by the time they came, I could hear laughter and all, like, you know, I could hear the [midwives'] wee teacups and all, probably people celebrating when you think now, probably, 'Ach, I'll go get you, your mummy's getting a wee cup of tea', you know. After my second birth I got a sweet, 'Do you want a wee cup of tea and a bit of toast?' Got something to bring you round a wee bit. And I didn't get offered any of that. I was just left on this trolley, like abandoned. Me and my baby abandoned, just forgotten about. And that's horrific because I was crying. And although I was numb, I was crying, and I was shouting for help. And I was shouting to try and get attention because she was crying, and she needed something, and I had nothing to give her.

The IP heard testimonies from four women who worked as midwives from the 1970s. Each acknowledged failures in training at that time. They were not prepared to deal with the emotional needs of girls and women who arrived in maternity units from the mother and baby institutions. These girls and women often had no family member of partner to support them during the birth. When asked what training she had received to support these patients, Midwife 4 said the following.

> "Absolutely none. Absolutely none. No, no support at all. No, we certainly weren't trained in any kind of support.

Midwife 4 recalled that 'the wee mothers from a mother and baby institution [MBI 5] spoke very little to us about anything, emotionally like that. Which was absolutely dreadful. They were closed into those side wards and they, I would say they sobbed their hearts out.' She and her colleagues explained that they were unaware of anyone from (MBI 5) being put under pressure to have their child adopted and explained how she felt when she started to see media coverage about mother and baby institutions in recent years.

> Just very, very recently. Even when the babies, got — it all all started up about the Mother and Baby Homes, and the Tuam babies and all this, and I thought Oh that's dreadful, and I just was so heartbroken…but I had no idea it was going on in my back door. At in my back garden. And that I had been a part of it.

Midwife 2 worked in the same maternity unit as Midwife 4 and told the IP about how the chaos of the Troubles made the difficult task of being a midwife even more complex and argued that with the conflict as a backdrop, there was no time for discriminatory behaviour: 'any sort of planned discrimination of these girls was crazy to even think about, nobody, that was not, because we had so many other things to think about, do you, can you understand? So, you know, if there was cruelty to these girls it didn't come from us, it really didn't.' However, she did recall her first trip out with an ambulance driver to a mother and baby institution (MBI 5) to collect a pregnant woman who had gone into labour and the instruction she received from a 'senior midwife'.

> So, she said you're just going to [MBI 5] to pick up a patient, or a woman, I don't know, I don't know what word she used to describe that patient. She said 'don't say anything to this person'.

Midwife 3 and Midwife 4 recalled that girls and women from a mother and baby institution (MBI 5) were always met by one of the senior midwives when they came for their first antenatal appointment at the hospital. They were unable to explain why this was the case but they believed that this midwife had assisted one young woman from (MBI 5) to keep her baby.

Humiliating practices were reported by many women who gave testimony. These included gynaecological examination without consent by Sister Z in Marianville.[190]

In addition, some of the interactions that were described to the IP between male doctors and young pregnant girls or women also suggested a lack of respect on the part of the doctors for these vulnerable patients. BM003 recalled her experience after she was sent to the hospital from a mother and baby institution (MBI 5) in the late 1970s, aged 19.

> And at one stage this man came in wearing scrubs, didn't look at me, didn't introduce, didn't even look at me, didn't introduce himself or anything. He came in and he literally, I know this is very graphic but, he literally shoved his hand up inside me, and done like an internal examination, and walked out, without even speaking to me or looking at me. It was really awful.

BM047 was in her late teens when she entered (MBI 6) in the early 1980s. She told the Panel about the treatment she received from a doctor at the maternity unit where she gave birth: '[He] just grabbed me by the legs…and slid me down the bed and I don't think he even said hello […] and stitched me up [after the birth]…he didn't even take his hat off.'

BM025, who was admitted to a mother and baby institution (MBI 6) in the 1970s, described having her breasts bound in the maternity hospital after giving birth to her child: 'They wrapped my breasts up with bandages, really, really tightly, I could hardly breathe. And I said to them, "you know it's hurting me", and they said "we have to do this"'. Before this, when BM025 was in labour, she recalled that 'they allowed a student nurse to cut me, and I lost two pints of blood'. She told the IP that after the breast binding was finished, 'they moved me into a gynaecological ward away from the maternity ward, and so I was isolated again'.

Two women who shared testimony with the IP suggested that staff in two of the mother and baby institutions (MBI 6 and MBI 9) responded too slowly to reports from pregnant women that they were concerned about their baby. In the early 1970s, BM063's baby tragically died a few days after birth, after what she reported was the slow response of staff to complications in her pregnancy. BM063's grief was compounded when she was not allowed to attend the funeral of her baby. She was herself only 15 at this time.

At another mother and baby institution (MBI 6) in the 1970s, BM013 reported to staff that another pregnant woman was not well and that she was concerned about her. She recalls asking a member of staff 'would she not go and see her' and that the staff member gave her a pessary to give to the woman. However, by the time a staff member arrived, the woman had collapsed on the bathroom floor. BM013 said that the woman's baby was being born breech and died shortly after.

5.3.3.4 Differential treatment of women from mother and baby institutions in hospital

It is important to stress again the evidence of participants that women from mother and baby institutions experienced discrimination on the basis of their gender and marital status.

For example, BM018, who gave birth in the early 1980s, told the Panel that she felt that she was treated coldly because of her unmarried status. She was in her late teens and had arrived from BMI 5.

> So I was helped onto the bed and the strangest thing about it was there was a midwife and nurses around but none of them spoke to me. And I started to make small talk, you know, kind of nervous small talk you know to distract me from what I was going to be going through, but they didn't speak, they didn't answer, they didn't talk…It felt awful, and I felt angry too because I was in pain and I tried to hide my pain, because I thought I'm not having an audience looking at me in pain who aren't willing to give me any words, any words of, do you know, to help me through this or to tell me this was natural, there was none of that. And I had my child about twenty past eight in the morning, which I was glad it wasn't longer because I was just lying, and like looking at a big round, I think it was a big round light and then these people who didn't talk, they might have said a few, they talked among themselves, but nobody put me at ease.

BM003, who attended the same hospital a few years before BM018, described how hospital staff avoided looking at or talking to her. She was certain that 'there's no way if I had been a married woman that I'd have been left and had the labour experience I had'. One of the most disturbing testimonies that addressed this theme was shared by BM080, who described what happened to her after she left a mother and baby institution and gave birth, in the mid-1970s.

> "
> And this is where I'm really, really, really, really angry — and I'm determined I'm going to find out who this person is, who she is. I suppose you'd have to go through the Health Boards? The matron of [maternity unit redacted] — I want to find out who she is. When I went in…Now, again, I am so, I was so naive, that you never would have dreamt that people would be, you know, would have behaved like this. But now I know. Now, I had just been there for a few hours and the matron had come up to see me. And I was lying in the bed and she said: 'Well, a girl like you, I'm sure, will want to get her figure back as soon as possible. I'll tell you what to do.'
>
> Nowadays if any doctor or nurse told me to do anything that I knew…I'm not doing that if I thought it would…But I was naive….never thought that anybody would — medical person — would go out of their way to do, basically, any harm? So I did. She took the pillow, pillows from the bed, so I was lying flat on my back. She told me to touch my toes [this was just days after giving birth]. So I did that. And she told me to keep going. Now, well, naturally the inevitable happened. All my stitches burst.

When the doctor next examined BM080 he said: '"You do realise now, don't you, you're never going to enjoy sex again in your life?" And she's standing behind him like this [demonstrates a smirk]'. BM080 said that 'the penny dropped' that for some reason the matron did this deliberately and explained that 'I see that as assault. That was a huge assault' and 'a deliberate punishment'. BM080 has tried to work out if there is any other logical explanation for what this medical professional advised her to do, but without success.

> "
> I knew it happened, but I was even doubting myself, as I say, searching for reasons — and I couldn't find any reason for this at all? Why she would have done this? But the only reason, you know, I have to accept that it was a malevolent, malicious act — that's all it was. And, you know, whenever they told me I would never enjoy sex again? That was a source of great joy to her by the expression on her face.

As noted above, a number of midwives shared testimony with the IP and explained that they had no training to deal with the particular needs of girls and women who had given birth and whose child was to be adopted. Midwife 1 began work in the early 1970s. She explained that midwives were professional in their treatment of women from mother and baby institutions but admitted that they were 'perhaps cold' towards them. Midwife 1 put this down to the training she had received: 'you were told by the senior staff not to engage in personal conversation with them, and that's what you did, you didn't even know what part of the country they came from'. Midwife 1 summarised her view.

> It was the time, we were in it. It was the advice you were given. It was…well if you were talking to them on a personal level you could be seen as, you know, interfering in their personal life…I was conscious when you were told about, you know, about unmarried mothers coming in [from MBI 6] and other homes, not to be, get into conversation with them much or you could be seen as, you know, nosy or prying into their business or whatever. We were told that and we just abided by those rules.

Midwife 1 explained the ways in which her training and instructions meant that she was not prepared to offer all the support that was necessary.

> So our role as a midwife, you were there to care for the mother and baby, that was your, your job…And some of these girls were in their teens, and you know you, ok you were caring for them, you were doing your job as a midwife, but you weren't communicating with them, and…because you didn't have the skills. That was just the bottom line. And you went by what you were told by senior colleagues that you didn't ask anything with their personal lives or their circumstances or anything like that…But you know looking back, I mean that could also say that we had fear and anxiety just looking at them, you'd know that they were full of fear, full of anxiety and maybe some of them needed to talk, others maybe didn't. But you didn't go down that road, you just…you didn't have the skills yourself.

The testimonies shared with the IP by Midwives 1, 2, 3 and 4 were reflective and open, offering insight into why many women who passed through the mother and baby institutions had such negative memories of the experience of giving birth. Midwives were instructed to follow protocols that were based around offering a straightforward medical professionalism rather than tending to the broader emotional and psychological needs of the isolated and vulnerable girls and young women who arrived in the maternity units. Moreover, the practice of placing them in side wards added to their isolation, even if it was done with the good intention of keeping them away from prying eyes and judgemental comments.

5.3.3.5 Children

Many children born to women 'resident' in mother and baby institutions were transferred to baby institutions as infants. The IP have considered these baby institutions to be part of the pathways of the mother and baby institutions.

In the 1920s, 1930s and 1940s, baby institutions experienced very high mortality rates. In St Joseph's Baby Institution in Belfast, between 1922 and 1933, 52% of all babies who were admitted from other institutions died. Of the babies who died, 43% were recorded as healthy when they were admitted. The majority of the causes of death were recorded as congenital debility — sometimes referred to as 'wasting disease' and

used in a general sense to describe babies suffering from weakness — and marasmus, which describes an inability to absorb enough nutrients and is usually associated with an underlying but undiagnosed medical condition.

Although these causes of death are not in themselves proof of neglect, other sources point to neglect as a serious problem. In 1926, newspapers reported on the deaths of six babies from the institution who were brought to the Workhouse infirmary. They were badly malnourished, and in two cases it was recorded that they had lost 'all subcutaneous fat', while another baby was described as 'emaciated'.[191] The infirmary doctor stated that babies admitted from the institution were so unwell that there was 'virtually nothing that could be done to prevent their deaths'. He explained that babies were being nursed together in the same room by a small number of staff and that children could not remain healthy for long.[192] There were clearly issues around hygiene and sanitation in the institution as well as overcrowding and poor staffing.

Babies placed at nurse by St Joseph's also had a very high death rate — 34% — between 1922 and 1933. The records of the institution show that they continued to place babies with at least six foster mothers who had a history of at least four infants dying in their care. For one woman, in 1928, who had two babies who died in her care, a note was recorded to say that she should receive no more babies to nurse. However, two more babies were placed with her in the next four months, and both died.

Concern is expressed in the records about the activities of one individual, Winifred Cosgrove, who was involved with placing babies in St Joseph's and finding nurse mothers for young children. She was prosecuted several times for not registering with the Board of Guardians children she placed 'at nurse'. Cosgrove was never convicted, but there were also accusations made that she was allowing her own address, which was a public house and hotel, to be used by unmarried pregnant women who came to Belfast to give birth in the Belfast Union Infirmary. Many of these women then left their babies with Cosgrove to place in a baby institution or at nurse. Many of these children died in the Belfast Union Workhouse.[193]

Death rates were also high in St Joseph's across the period 1934–54, with 375 deaths, or 27% of total admissions. Rates were particularly high during the years of World War Two. High mortality rates were also seen in other institutions on both sides of the border. This may have been related to wartime food shortages, but also due to higher rates of babies born outside of marriage during the war.

The IP heard a number of testimonies that recounted experience of poor conditions impacting the health of infants in St Joseph's. One participant, who as a young woman had a work placement there in the 1970s, told the IP that she was expected to work unsupervised with up to 12 babies at a time. Some of the babies were at the crawling phase. She has a memory of one baby sitting up and developing a habit of hitting his head against a wall. There was no play equipment in the room.

Some of her recollections are worth comparing with those of CNA036, who spent around a year in this institution. At this time, he developed a behaviour that involved banging his head against hard surfaces as a self-comforting technique.

A number of birth mothers who visited their babies in St Joseph's also told the IP about the concerns they had about the wellbeing of their children. BM007 explained that during the week that her son was there, she visited daily and observed that he was being looked after by 'young girls…[who] might have been sixteen…very young [perhaps] from other care homes'. She recalled having to tell these young girls 'on several occasions' that 'you have to wash your hands now love'. She was right to be concerned: her son caught E. coli in St Joseph's and only recovered after spending many weeks in a 'fever hospital'. Her memory is that another baby died as a result of an E. coli infection at the same time.

Another birth mother, BM072, recalled that another woman who was in the same mother and baby institution she was in in the early 1970s suffered the loss of her baby due to gastroenteritis in St Joseph's. BM072's own baby was there for a short time and left with a rash on his face that she concluded was due to his having been left lying in a cot for most of the day.

Social Worker 3 told the IP that she had been told by the religious order running St Joseph's that conditions were much worse before the construction of a new building in the 1950s. She had been told that 'maybe forty or fifty babies at a time' were in the institution. This, she said, put 'the nuns under pressure…to get the babies out, get them somewhere, because they couldn't contain the numbers, and they had what they called a topping and tail system. They had literally buckets of water outside the windows to [put dirty nappies in].' Social Worker 3 said she was under the impression that the state was providing 'no financial support' at this time.

When, after 1950, mother and baby institutions and baby institutions came under the remit of Ministry of Home Affairs inspectors, it became apparent that understaffing was a problem, and that it was 'difficult for the staff to attend to all the physical details of their care'. For example, one report noted that some babies had been sunburnt as there were 'insufficient staff' to watch them.[194] There were also issues raised over poor record-keeping up to the late 1960s.

There is also evidence of neglect of children with disabilities. For example, in 1957 a seven-year-old and in 1968 a five-year-old and a one-year-old with disabilities were being accommodated in St Joseph's because there was no appropriate placement available for them elsewhere.

It was not possible for the IP to ascertain the number of children who died in private nursing homes during the relevant period. This is because the relevant records at the General Register Office Northern Ireland cannot be searched for specific addresses. The IP note, however, that there are newspaper reports of the death of a baby that was in a private nursing home in Portstewart in 1943, and that it was suggested at the time that the woman running the nursing home had been charging unmarried women considerable sums to have their babies adopted after giving birth there. While most of these babies were adopted, the report states that at least four other babies had died while under her care. She was found guilty of neglect and manslaughter of a baby whose mother had given birth in the nursing home in 1943 and signed consent papers for his adoption on the day of his birth before she left the nursing home.[195]

The IP have been unable to investigate the situation of children in baby institutions run by Barnardo's or the Sisters of Mercy because these organisations refused to share the relevant records with the IP. The reason given for this refusal was that the IP had no statutory basis and that there was, therefore, no basis for sharing the records with the IP. The IP do not accept this explanation, given that it was conducting its investigation on behalf of the Executive Office, which has a clear statutory basis in the Northern Ireland Act 1998. In any event, the IP recommend that the public inquiry investigate the baby institutions run by Barnardo's and the Sisters of Mercy in NI during the relevant period to the extent that they have not been investigated by HIAI.

5.3.4 Adopted children and children in foster care

Records from the 1920s indicate that the Ministry of Home Affairs was concerned that children should be removed 'from the distressing and demoralising influence of the Workhouses' and that as many children as possible should be boarded out. The view was expressed in 1925 that 'poor children of today have now every chance of growing up into healthy citizens, as contrasted with the old arrangements under which the poor children were brought up in the Workhouses and imbued with Workhouse ideas to their physical and moral detriment'.[196]

Even so, archival research reveals that there were concerns about how the system of boarding out and nursing out was being operated. The records of the Belfast Board of Guardians in the 1920s reveal concerns that babies being placed at nurse were not being registered properly and then could not be traced.[197] There are several examples of women brought to court in the late 1920s and 1930s accused of failing to register with the Board of Guardians or not giving notice of the movement of children. One woman in 1929, who had not registered with the Board of Guardians, said she had been given a baby at a train station by a woman who was unknown to her. In another case in 1929, a woman was accused of receiving payment for nursing a child but, as she had given a false address, neither she nor the baby could be found.

In 1931, concern was expressed in the Northern Ireland Senate about 'baby farming', something that Unionist senator Joseph Cunningham argued was contributed to by the restrictions placed on single mothers in the Workhouses.

> "There is an innocent girl — or at any rate, a girl who has unintentionally made a slip — she has to earn a living for herself. How is she possibly to make a new start in life if she has to carry out with her the evidence of her offence? The girl has no other option but to dispose of the child as early as possible to any person who can be got to take it of her hands […] if the [the Workhouse] would only keep the child and give the girl an opportunity of trying to walk straight and of making a living for herself, I believe there would be less of this.[198]

The Protection and Welfare of the Young and the Treatment of Young Offenders Report published in 1938 by the Lynn Committee (named after the chair of the committee, Sir

Robert Lynn MP) also raised concerns about payment for children at nurse, concluding that there seemed to be a 'general practice' in some areas of concealing payments for such children so as to avoid the obligation to notify the Board of Guardians. The Lynn Committee recommended that in all cases where children were put out to nurse 'whether for reward or not', notification with the Board of Guardians should be compulsory. It also recommended involving the National Society for Prevention of Cruelty to Children (NSPCC) in the inspection of foster-children's homes.[199]

There was further concern in 1945 when a memorandum from the Ministry of Home Affairs Inspector stated that a number of children who 'should be visited are not known to the authorities as the foster parents and their mothers are becoming increasingly aware of how easy it is to evade the law'. She was concerned that children were being nursed or boarded out without involving the authorities so they were unsupervised.[200]

Under the 1950 Act, inspections of boarding-out applicants became the responsibility of the welfare authorities. Welfare inspectors worked with voluntary visitors. There was some concern over the running of the Belfast County Borough Child Welfare Services, and they were inspected in 1951. While the acting welfare officer was confident that the system was running well, one of the welfare visitors explained that 'she was unable to visit children nursed for reward at intervals of not less than three months owing to pressure of other work and shortage of staff'. She said, however, that 'the children board-out and adopted children were visited regularly'.[201] The welfare inspector added that the register of day-nursed children was 'very incomplete' and that while boarded-out children were visited 'at least once monthly', children nursed for reward 'were not visited frequently enough owing to the shortage of staff'. He went on to say that 'adequate steps to deal with known cases needing care and protection were not generally taken'. This was further confirmed by a Royal Ulster Constabulary Head Constable who said that 'rather than refer cases for care and protection and neglect to the Welfare Committee, the Police prefer to take their own cases to Court'. In her experience she felt that the NSPCC were 'infinitely more capable, and the cases referred to them were properly supervised'. In the inspector's conclusions, he felt that the welfare officer was 'not qualified academically, or by training and experience' and that steps should be taken to appoint an appropriately qualified person.

The number of children boarded out 'increased dramatically' following the commencement of the 1950 Act. There was a 43% increase in numbers to 934 by 1943.[202] The Northern Ireland Child Welfare Council in its 1956 report commented how 68% of children in the care of welfare authorities were boarded out. It believed that the 'child in care has a right to a house of his own as much like other children as possible' and that the best way to do this was through adoption but, where that was not available, boarding out should be considered as the best alternative.[203] The Council's 1960 report noted that while the number of children in voluntary institutions was declining, with the exception of those in Barnardo's institutions, voluntary organisations rarely boarded out children.[204] Their recommendations were influential in the revision regulations concerning children boarded out from voluntary organisations.[205]

While there were procedures in place to vet families and homes for fostering and adoption, the records suggest that the inspection and approval process was not always rigorous. The records of one mother and baby institution (MBI 7) discuss how, in the

1940s, demand for foster families was such that staff went out knocking doors to try and find suitable candidates. It was not unusual to see advertisements seeking foster and adoptive families in the newspapers. The testimony of Social Worker 2 also recounts that older nuns who she worked with in the 1970s explained that before the 1950s, they had to go door-to-door in search of foster homes for babies and young children.

As noted above, approval of homes for fostering appears to have been less rigorous in the cases of children belonging to ethnic minorities. It will be recalled that a welfare visitor's report from 1955 on approval for a foster home records the view that 'coloured children are very hard to provide for and this might be better than nothing'.[206] CNA071 has found advertisements placed in newspapers that relate to him, which alerted potential foster parents to the fact that there was a 'Foster home wanted for baby. Baby is coloured.'

Records from one mother and baby institution (MBI 7) relating to the 1940s state that some birth mothers went to inspect the homes of potential foster families. In several cases, once mothers had done so, they refused to leave their children as they felt the houses were 'unsatisfactory'. For example, in one instance a mother visited a home and found the woman there was already fostering another baby who was described as being in a 'very neglected state'.

Concerns were expressed in testimony shared with the IP about a lack of vetting of foster families and adoptive parents and inadequate welfare checks. BM062 was placed with a foster family with a number of her siblings in the 1960s. The foster mother was a widow and had several older sons in the household. BM062 told the IP that she was sexually abused by one of the sons. She said that she believed her foster mother was aware of what was happening but chose to ignore it: 'I think she actually knew. I remember it clearly her coming up the stairs one night…and she says, "I hope there's nothing funny going on here or you'll go back where you belong."' She understood this as a threat to the foster children that they would be sent to an institution. BM062 explained that social workers failed to note the changes in her behaviour, such as staying out late at night. She was labelled as 'uncontrollable' but told the IP that 'I wasn't uncontrollable, I was keeping myself safe. And sometimes I was only across the street, yards from the house.' She said that the minute she saw that the lights were out and that everyone was in bed, she would return to the house but would then risk 'a beating' from her foster mother because 'I just didn't want the abuse happening.' BM062 said that her foster mother was motivated by the financial element of fostering.

> Basically, us children was like her money line. This woman was a sixty cigarette smoker a day. I [BM062] ended up doing all the cleaning, all the cooking, everything in the house. That's what we were there for. And she was getting paid for it. And for her sons, [to be used as a] play toy for her sons.

A number of people who experienced adoption noted that religiosity and respectability were viewed by adoption agencies as indicators that a family would be successful adopters, whereas in fact this might not be the case.

CNA077 told the IP that her adoptive mother had professional connections with the adoption agency through which her adoption was arranged. She said that she had asked her adoptive mother what prompted her to adopt a child from a mother and baby institution. The reply was: 'It's what was expected of middle-class Catholic families, we'd take these children in off these women.' Reporting another conversation with her adoptive mother, CNA077 remembered being told: 'We just rang up and we just said, "can we have, we want a baby." And they just came out and pretended to do checks but didn't really do checks and just said you know, there you go, have this baby, you know.' Of the visit by a social worker, CNA077's adoptive mother told her the following.

> They called it, called — an inspection but I mean, they didn't inspect anything, they sat and had tea and then they talked about a fire guard and went out to the garage and looked in the garage and I simply said, well we don't have a fire guard, and he said, that's fine, I'll just put it down to say you have one.

CNA077 concluded: 'So, they were literally falsifying the documents'. On this same theme, CNA077 said that her baptismal certificate was 'fake', by which she meant it recorded her adoptive parents as her birth parents.

> I do know, one thing my mum and dad were very honest about was that all our baptism certificates were fake and they had an arrangement with the priest in the parish because they didn't have, they just said 'you were all baptised by the time we got you'. And they created fake baptism certificates for us.

In the case of CNA077 and the others adopted by her adoptive parents, a second baptism was arranged in their local parish.

CNA072 was another person whose adoption involved individuals who were known to each other personally. In her case, the social worker who organised her adoption was a good friend of her adoptive mother. In fact, the social worker became CNA072's godmother. As it turned out, the adoptive family was completely unfit, and CNA072 described the appalling abuse she suffered.

> My adopted Dad told me I was stupid all the time and demanded to know why I was stupid, and would then resort to hitting me, just to terrorise me…I was looked upon with utter contempt and I think more so because I was adopted and seen as being a less valuable person.

CNA072 connected the selection of her adoptive parents with their relationship to the social worker and their relative prosperity.

> He had a pretty good job actually. I think I was the only kid at school who had to pay for their, pay for school meals…I went to school in a place called [location of school], which had you know very high unemployment, all that sort of thing. So, but I always remember that sort of sticking out for me that I was the only person who paid for their dinner because my dad had a job, I guess a lot of people didn't have a job at that time.

P005 told the IP about how she adopted a number of children in the 1960s. She described a superficial vetting process.

> I mean we, we never had any any worries about whether we'd be passed or anything, it never occurred to us, you know, and she [the social worker] must have given us that impression that it was all straightforward you know, that we were suitable parents. We, that, I'm thinking here we didn't have a jail sentence behind us or we didn't have, we weren't unemployed, we owned our house. He [P005's husband] was in business with his father at that time. And I mean, to all intents on paper it was a suitable place to place a baby, you know. And I got that feeling from the very start, the start. I mean I didn't go to bed worrying about thinking oh do you think they'll allow us.

P005 also commented on the limited involvement of social workers once the adoptions had been finalised.

> I got no support at all as an adoptive mother. They would get a lot of support nowadays to fostering mothers and adoptive mothers, you know. But it never occurred to me, you know, I never noticed a lack of it, because it never occurred to me.

CNA020 was born in a private nursing home in the late 1960s, then transferred across the border into RoI and then adopted by a couple in NI. CNA020 told the IP that 'I find it difficult to believe that my adopted parents were given a fit and proper persons test to determine their suitability to adopt, especially as at that time, my adopted Dad was already a recovering alcoholic.'

CNA080 told the IP how she and her sister were treated by their adoptive mother.

> The woman that adopted us basically thought that our mothers were just the worst, that she was a sinner, and that that we, we were sluts, and she was a slut, and everything was bad, and everything was a secret, and it was the most shameful, shameful secret in the world.

CNA080 said she suspected that her adoptive family was approved for economic reasons rather than because they would make good parents.

> I think, that they were allowed to adopt because they were a middle-class family. They were an [both in professional occupations], and they owned their own home, and for all appearances, all hunky dory, but they they'd wanted their own children, and she was extremely disappointed not to have her own children, and my sibling and I were really not any kind of compensation for her, she was very angry, and she'd blame my dad, and aww she was just so abusive, and physically and mentally abused my dad as well. It was horrible.

Social Worker 39 provided information in testimony that offered some insights into how difficult it might be to remove a child from a couple once the placement had taken place.

> You were appointed by the Court and you'd report to the Court, but you reported on the placement already been made by the, you know, placement been made by say [Social Worker A]. And we had to go out and report to the Court before the whole thing was signed off. And you'd go out and find that it wasn't as advertised.

Social Worker 39 also raised a concern that she had, that financial considerations may, at times, have impinged upon decisions about the placement of children. Social Worker 39 discussed the high volume of children who were placed into foster placements on the basis of voluntary arrangements (meaning that the child's parent or parents retained their legal rights and parental responsibility even though the child was not in their care). Social Worker 39 remembers many children living in fostering placements on this basis for years because it was cheaper for the welfare authorities than going to court to take children into care.

Social Worker 39 also told the Panel about another social worker, referred to here as Social Worker A, who was active in adoption placements between the 1960s and the 1980s. A number of birth mothers and two other former social workers also raised concerns about adoption work in which Social Worker A was involved. Social Worker 39 suggested that a number of adoptions had been organised by Social Worker A that were 'totally wrong and illegal', but that there were difficulties making this known to the courts making the adoption orders.

> You had your hands tied because by the time you went to Court, the baby was already there, the Judge would mutter and moan and complain and say this, and the child is still there, because they wouldn't take a child off a couple that already had the child for a good few months.

Social Worker 39 gave the example of a case in which 'a child [was] placed for adoption with an alcoholic mother whose brother was a priest [because]…the priest felt that adopting a child would steady her up'. The priest's sister applied even though she and her husband were in their late forties, which the adoption guidelines stipulated to be too old. As Social Worker 39 put it: 'This bloody woman was [late forties]'. However, when it came to Social Worker 39's attention, the baby was already placed. The case was referred to by other social workers as 'a [Social Worker A's name] special'.

Social Worker 39 gave another example of a vulnerable pregnant woman who previously had a child in care. The woman was traumatised and concluded that she could not proceed with her pregnancy. Two psychiatrists had assessed that should this woman proceed with her pregnancy it would be a serious risk to her health and that it would be necessary to terminate the pregnancy. The evening before a termination was planned, Social Worker A came to the ward, accompanied by a member of the clergy, with a suitcase to bring this woman to a mother and baby institution. The vulnerable woman became hysterical and refused to leave the hospital with Social Worker A. In the view of Social Worker 39, Social Worker A was interested in providing 'babies for childless couples. You're talking trade, here.'

Social Worker 39 also explained that Social Worker A was involved in movement of children between RoI and NI.

> [Social Worker A] would often have been involved in the placing of children maybe from the South. I mean I remember with families in the North. So she was sort of like a baby trader, really…But this is when there was loads of irregularities and things.

Social Worker 39 also recalled that one of her colleagues discovered that in an adoption arranged by Social Worker A, the consent form was not signed by the baby's mother. Instead, it was signed by the baby's grandmother, who happened to have the same name.

Social Worker 40 expressed similar concerns to the Panel about the role played in adoptions by Social Worker A. Social Worker 40 explained how she felt when approaching any casework in which Social Worker A had been involved.

> Well you knew there were going to be complications, you knew it wasn't going to be straightforward. The next one…where I was annoyed with [Social Worker A], and that might have been involving that couple. The birth mother was taken out of a psychiatric hospital to sign the consents when she was undergoing psychiatric treatment, and this was in a different jurisdiction. And two of our senior male staff went down to interview her, they felt this was a can of worms and they probably felt it was better that two senior people should go and see about this, and that was another placement from [Social Worker A].

5.3.4.1 *Medical research*

In the context of medical research, the law on consent described above was supplemented by ethical rules of the medical and scientific professions. The first line of the first article of the Nuremberg Code, formulated in 1947 by the Nuremberg Military Tribunal as an ethical framework for medical experiments in response to Nazi medical atrocities revealed in the Doctors' Trial, states that '[t]he voluntary consent of the human subject is absolutely essential'. This requirement is also present in the Declaration of Helsinki, developed by the World Medical Association in 1964, and in its subsequent revised versions.

There is evidence that a drug trial took place in 1962 conducted by researchers from QUB and the health departments of Counties Antrim, Down and Belfast County Borough, on behalf of Glaxo Laboratories Limited. The published article on the trial for a vaccine for polio, diphtheria, tetanus and whooping cough was given to 44 children between the ages of 6 and 19 months. There is reference in the article to nine children 'living in close contact with one another in the same ward of a children's home'.[207] It is not clear if all 44 children were in a children's home, and GlaxoSmithKline and QUB have both stated that they have no information on where this trial took place, or if consent took place. QUB stated that requirements for 'informed consent' did 'not exist in 1962, indeed did not come into being for many years after'.[208] By reference to the standards referred to above, this response is not satisfactory.

5.4 Conclusions on abuse and neglect

5.4.1 Workhouses

The evidence the IP have seen and considered, relating to treatment of pregnant women and children 'resident' in the Workhouses between the foundation of NI and the establishment of the welfare state, suggests that living conditions were harsh, care was inadequate, and discrimination and humiliation were part of everyday life. In light of its own investigation and the time that has passed since the Workhouses closed, the IP consider it unlikely that further investigation of conditions in the Workhouses by the public inquiry will add meaningfully to this conclusion.

5.4.2 St Mary's institutions and Thorndale Industrial Home

On the basis of the records the IP have seen and the testimony they have heard, no woman or girl should have been sent to the St Mary's institutions, whether by the state, or by her family, or because there was nowhere else for her to go. This is especially so given that the institutions were not properly regulated or inspected, and that there was, accordingly, no effective protection for 'residents' against abuse and neglect.

The IP did not receive any testimony relating to the Thorndale Industrial Home. The IP had access to the PRONI and Salvation Army records in relation to Thorndale Industrial Home. The Salvation Army records contain only one return under the Factories Acts. The

IP's investigation did not uncover any evidence that women admitted to the institution suffered abuse or neglect, but the lack of records of inspection suggests that the institution was not effectively regulated or inspected.

The IP consider the treatment of girls and women in the St Mary's institutions and in the Thorndale Industrial Home to be a serious human rights issue. The IP recommend that it be further investigated by the public inquiry.

5.4.3 Mother and baby institutions and their pathways

Many participants who spoke to the IP spoke of abuse and neglect in mother and baby institutions. While the IP acknowledge the relatively small number of victims who gave evidence, as compared with the total numbers that passed through the institutions between 1922 and 1995, it is striking that so many of the mothers who gave testimony described very negative experiences. In many cases, the experience described amounted to degrading treatment, especially given the level of vulnerability of the victims at the time. In some cases — as in the reports of sexual assault by Sister Z in Marianville referred to above and discussed in detail in the Marianville chapter — the experiences described are likely to reach the threshold of harm of inhuman treatment.

The IP consider that although legal mechanisms of redress may in principle have been available, the level of vulnerability of the victims means that such measures were unlikely to have been effective safeguards on their own. In some cases, the fraught relationship between law enforcement and the Catholic minority community will also have been relevant.[209]

In this regard, it is very important to emphasise the role of effective state regulation and inspection in managing risk and detecting human rights violations. The Midwives and Nursing Homes Act (Northern Ireland) 1929, the Nursing Homes and Nursing Agencies Act (Northern Ireland) 1971 and the secondary regulations made under them were designed to ensure that the mother and baby institutions maintained high standards, and that violations of these standards were detected. Yet the archival evidence suggests that this important oversight mechanism, which should have prevented abuse and neglect in the mother and baby institutions, did not operate effectively. As we have said, there is no evidence that any institutions other than Malone Place and Thorndale House were registered under these Acts. The fact that some were registered as voluntary homes under the regulations made under the Children and Young Persons Acts (Northern Ireland) 1950 and 1968 does not alter the position because those regulations protected children rather than mothers.

Even if some of the humiliating treatment experienced in hospitals would not necessarily have been confined to 'residents' of mother and baby institutions, we note the observations made by participants that they were discriminated against even by hospital staff, and the evidence of midwives that they were actively told not to talk to mothers from the institutions about their situations.

The IP consider the treatment of girls and women in the mother and baby institutions to be a serious human rights issue. The IP recommend that it be further investigated by the public inquiry. In particular, the conduct of Sister Z in Marianville merits special attention, given the allegations of abuse made against her by women who spoke to the IP.

Insofar as the experiences of children are concerned, the IP note the very high mortality rates in St Joseph's Baby Institution in the 1920s, 1930s and 1940s, and the clear evidence of neglect of children there during this period.

As noted above, the IP did not receive co-operation from Barnardo's or the Sisters of Mercy in relation to the baby institutions they operated. On the basis that these institutions were part of the pathways of the mother and baby institutions, the IP recommend that these institutions be investigated by the public inquiry to the extent that they were not investigated by the HIAI.

The IP have been unable to access death records for private nursing homes. However, the death of a baby in a nursing home in 1943 and the concerns this raised about 'baby farming' as well as abuse and neglect suggest that the treatment of children in the private nursing homes is a serious human rights issue. The IP recommend that it be further investigated by the public inquiry.

When children left the institutions, both the archival records and the testimony of participants suggest that there were systemic deficiencies in the regime for the selection and inspection of foster homes and adoptive homes, leading to failures to protect children in these homes against abuse and neglect. The IP consider these deficiencies to be a serious human rights issue. The IP recommend that they be further investigated by the public inquiry.

The IP also consider the drug trial that took place in 1962 by QUB and the health departments of Counties Antrim, Down and Belfast County Borough on behalf of Glaxo Laboratories Limited to be a serious human rights issue. The IP recommend that it be further investigated by the public inquiry.

6.0 Freedom from forced labour

6.1 Introduction

6.1.1 The prohibition of forced labour in international human rights law

The suppression of forced labour was one of the aims of one of the world's first international human rights agencies, the ILO, which operated initially under the auspices of the League of Nations. The ILO's Forced Labour Convention 1930 came into force with respect to the UK in 1932.[210] The Convention defines forced labour as 'all work or service which is exacted from any person under the menace of any penalty and for which the said person has not offered himself voluntarily'. It does not include 'any work

or service exacted from any person as a consequence of a conviction in a court of law, provided that the said work or service is carried out under the supervision and control of a public authority and that the said person is not hired to or placed at the disposal of private individuals, companies or associations'.[211] The Convention was supplemented by the Abolition of Forced Labour Convention 1957, which prohibited forms of forced labour still allowed under the 1930 Convention, and which the UK also ratified.

The 1930 Convention obliged States Parties, including the UK, to 'suppress the use of forced or compulsory labour in all its forms within the shortest possible period'. Importantly, it required the state not to 'permit the imposition of forced or compulsory labour for the benefit of private individuals, companies or associations'.[212] It also provided that '[n]o concession granted to private individuals, companies or associations shall involve any form of forced or compulsory labour for the production or the collection of products which such private individuals, companies or associations utilise or in which they trade'.[213] In addition, it required that '[t]he illegal exaction of forced or compulsory labour shall be punishable as a penal offence, and it shall be an obligation on any Member ratifying this Convention to ensure that the penalties imposed by law are really adequate and are strictly enforced'.[214]

The Abolition of Forced Labour Convention 1957, meanwhile, required the UK 'to suppress and not to make any use of any form of forced or compulsory labour…as a means of…education or as a punishment for holding or expressing…views ideologically opposed to the established…social…system' or 'as a means of…social…or religious discrimination'.[215]

Article 4 of the ECHR provides the following:

Prohibition of slavery and forced labour

1. No one shall be held in slavery or servitude.

2. No one shall be required to perform forced or compulsory labour.

3. For the purpose of this article the term 'forced or compulsory labour' shall not include:

a) any work required to be done in the ordinary course of detention imposed according to the provisions of Article 5 of this Convention or during conditional release from such detention;

b) any service of a military character or, in case of conscientious objectors in countries where they are recognised, service exacted instead of compulsory military service;

c) any service exacted in case of an emergency or calamity threatening the life or wellbeing of the community;

d) any work or service which forms part of normal civic obligations.

Considering what was meant by 'forced or compulsory labour', the European Court of Human Rights held that it brought to mind 'the idea of physical or mental constraint'.[216] The court found that the applicant — a 15-year-old girl who was kept as a housemaid, working seven days a week for no pay — was in fear of arrest by the police because she was unlawfully present in France, and that she had no choice but to do the work she was given, and that she had, therefore, been subjected to forced or compulsory labour. The court also held that she had been subjected to servitude, which the court held was the imposition of obligation to provide one's services by the use of coercion. It based this conclusion on the fact that she was young, vulnerable, overworked and isolated, having no resources of her own, and being entirely at the mercy of her exploiters.[217]

The Strasbourg case law also makes clear that Article 4 requires that not only must the state refrain from subjecting people to forced labour itself, but also that it take positive steps to put in place a legislative and administrative framework to prevent and punish treatment incompatible with Article 4.[218]

On the global level, Article 8 of the International Covenant on Civil and Political Rights requires states to guarantee that no one shall be held in servitude or be required to perform forced or compulsory labour in similar terms to Article 4 of the European Convention. The UK ratified the Covenant in 1976. That same year, the UK also ratified the International Covenant on Civil and Political Rights, Article 7 of which declares that States Parties recognise the right of everyone to the enjoyment of just and favourable conditions of work, including fair wages and safe and healthy working conditions.

6.2 Legal and societal context

6.2.1 Legal measures of protection against forced labour

By the end of the eighteenth century, the legal status of slavery and servitude had ceased to exist in the UK.[219] The international trade in slaves had been outlawed by the Slave Trade Act 1807, and the Slave Trade Act 1824 declared the purchase, sale or contract for slaves unlawful.[220] Slavery in the overseas possessions of the British Empire was not finally abolished until the passage of the Slavery Abolition Act 1833.[221]

During the relevant period, UK law required that labour be freely given under contract, with contracts of service terminable by either party on due notice. In cases of breach of contract, the employee would not generally be obliged to perform the labour, and a remedy in damages would be available instead. Contracts involving any form of servile obligations were illegal as contrary to public policy.

A person subjected to forced or compulsory labour would have had, in principle, a right of action against their exploiter for false imprisonment if they were subject to wrongful detention or confinement for the purpose of exacting labour. False imprisonment was also a criminal offence at common law and, as discussed in more detail in the context of the right to liberty, the writ of habeas corpus was available in all cases of unlawful detention, whether in prison or in private custody.

As discussed above in the context of domestic measures to protect life and person, any unlawful threat or use of physical violence, including for the purposes of compelling a person to work, would entail the criminal liability of the offender and entitle the victim to bring a civil action against him or her.

The powers of the courts to order convicted persons to perform unpaid work, those provided for under the Treatment of Offenders (Northern Ireland) Order 1976, for example, do not constitute forced or compulsory labour, being excepted by Article 4(2)(a) of the ECHR. They are, in any event, not relevant to the matters under consideration by the IP in this report.

As discussed above, from 1907, the Factories Acts applied to the laundries attached to charitable institutions and, even where special arrangements were made with the Ministry, these could not be less favourable to the workers than the Acts themselves. Nothing in those Acts, or in the regulations made under them, dispensed with the obligation to pay workers or to comply with rules on maximum hours of work or minimum hours of rest.

As regards the mother and baby institutions, the Nursing Homes (Registration, Conduct and Records) Regulations (Northern Ireland) 1974 required that the manager of every maternity home conduct it 'in a reasonable manner' and that they provide 'suitable accommodation, facilities and services having regard in particular to the age and the physical and mental condition of the persons received into or to be received into the home' to standards acceptable to the health and social services board.[222]

Payment of wages was regulated by contract, subject to certain statutory requirements. The Truck Act 1831, which required the payment of wages to manual workers in money rather than in kind, was extended to Ireland in 1887.[223] Any agreement to accept accommodation or food in lieu of wages had to be in writing and signed by the worker.[224] Modern rules relating to how wages should be paid, including the prohibition of unauthorised deductions by employers, were introduced by the Payment of Wages Act (Northern Ireland) 1970 and the Wages (Northern Ireland) Order 1988.

6.3 Experience of work in the institutions

6.3.1 Work in the Workhouses

The nature of work in Workhouses changed over the nineteenth century with 'inmates' involved in the domestic work of the institution and agricultural food production, and some larger Workhouses had industrial departments.[225] By the 1880s, salaried staff had taken over many of the domestic jobs, and industrial work declined in parallel with the reduction in able-bodied 'inmates'. This was due to the enforcement of an admission policy requiring absolute destitution before any individual was taken into a Workhouse.[226] Generally, this meant that those able to work were ineligible for admission, and so in the early twentieth century, the population of the Workhouses mostly comprised elderly and infirm people and women with children. Older girls and boys were recorded as being trained in trades or domestic skills in the Belfast Union Workhouse in the 1880s.[227]

It is evident that in the Belfast Union Workhouse, by 1911 some female 'inmates' were employed in the Workhouse Union Infirmary and male 'inmates' as attendants in the 'lunatic department'.[228] This appeared to have remained a feature of Workhouse life, as an inspection of the Enniskillen Workhouse in 1947 reported that 15 elderly women in the Workhouse needed bed care, 'yet the only persons to look after them were young inmate girls who were unmarried expectant mothers.'[229]

As already noted above, CNA111 lived in a Workhouse for most of her childhood in the 1920s and 1930s. She told the IP about the work that the 'unmarried mothers' were expected to carry out, even on the eve of labour.

> "They could be expecting their baby tonight, pains in the stomach and all, and every Saturday morning they would say, there was a big, big dining room, as big as a hayshed that you'd see now. And they still had to go down, in threes often, on their knees and a bag or sack for an apron, nothing to kneel on, and that was scrubbed every morning, every Saturday morning, no matter how you felt.

6.3.2 Work in the St Mary's institutions

As early as the 1890s, there was public criticism of the failure of the GSS to pay women working in their institutional laundries. Criticism of the laundries' modus operandi began in France, which was home to the congregation's 'Motherhouse', in Angers. The Catholic Bishop of Nancy is recorded as having said that the Sisters were 'obliged in justice and charity to pay fixed rates of wages to the inmates' of their French laundries. The Bishop alleged that 'they give no help…to the young women and persons who leave the house having worked there for five, ten, fifteen and twenty and thirty years'.[230] This last point was a reference to suspicions that it was against the congregation's interest to encourage young women to leave their institutions if the economic success of the establishment was based on a requirement for a supply of labour to maintain the laundry's profitability. In England, liberal Catholic thinkers had also urged the Sisters to pay wages to the women referred to in the language of the time as 'penitents'.

Laundry work in the St Mary's institutions was seen by those who operated them as providing essential income for the operation of the institution, as well as a means of ensuring that women were 'kept fully employed in helping towards their own support'.[231]

The financial records of the GSS that have been viewed by the IP, though partial, indicate that the laundries generated significant profits during World War Two, when military contracts were secured by the laundries in Belfast and Derry/Londonderry. The women who worked in the laundries were not paid. Only in the 1970s did they receive what has been described as 'pocket money'. As Sister 1 explained in her testimony: '[they] got some money every week anyway. Not a whole lot I think…It was more pocket money I would say, more or less.'

BM005's testimony described her experience of working in one of the laundries in the 1960s. She was sent there after her mother had arranged that she be admitted as punishment for having her second child. She was required to work long hours without pay.

> The job had to be done, and it had to be done well, and had to be done by a certain time, and a certain date, so it was an all-hands-on deck all the time. And of course you weren't getting paid for it, so there wasn't even the reward at the end of the day, there wasn't, there was never a reward of any sort for doing a good job. You didn't, you didn't go for dinner and find you had a jelly and ice cream, because you know, you were supposed to be doing it to apologise to God for your sins.

BM038 remembered working in the laundry after being admitted to one of the St Mary's institutions during the 1970s. She was 16 and had been sexually abused at home. She told the Panel that 'I do remember it being better than being at home' and then she added: 'but it was because of family circumstances I guess that it was horrific for me at home so, I remember I was working in a laundry'. One of her memories is getting her hand burnt on a heated instrument.

> I remember one really strong memory that I've always had is like ball, like a brass ball and putting hats over the top like a cap or something over the top. I don't know whether that was a form of you know, hat or a veil or something that the nuns wore, or something the priests wore, I don't know, but it was…I remember being burnt on that a couple of times, not badly but you know, catching my hand on it, whatever it was. It was like a heated thing, it was like something you put, I don't know if it was attached to something else but I used to remember putting a hat over it, a cap, it wasn't a full hat but it was like a cap thing.

BM038 said her memory has been impacted by her processing of trauma. She said: 'I don't remember much about the laundry at all'.

BM005 was in two mother and baby institutions before being sent to a St Mary's institution after she was separated from her child. As noted above, her mother had arranged for her detention in the St Mary's institution. BM005 thought she may have been given one of the better jobs in the laundry because of her background.

> And I was allocated a job in the laundry. I was introduced to the nun who was running it, not running the whole laundry, running my section of it. And she told me what we would be doing. Actually, it was a quite clean nice job. We had the, the packing of the laundry to hotels and restaurants. So, the sheets and table napkins would come from the laundry, and we would fold them and allocate them according to the, to the mark on the corner to whichever hotel or restaurant they belonged to…it was all day, every day. I don't know if you've ever spoken to a prisoner, they'll always tell you that the library is the best place to work in, well I think, and they give those library jobs to people who are white collar workers.

BM056 was sent to one of the St Mary's institutions in the early 1960s. She described the routine to the IP.

> I remember more in the laundry, because I was shaking out sheets and, you know, for it to be put through a roller. And you were there from, well you were up at seven o'clock in the morning, you had to go to Mass, then you came back and you had your breakfast, and then you went into the laundry to work from that to five o'clock. So that's basically what I had to do.

Asked if she was paid a wage for working in the laundry, BM056 replied the following.

> Oh, no, no, no, you, because, for your keep you got your bed and you got your food and that was it. And I'm sure anybody that was in there would have told yous the same.

P069 was sent to a St Mary's institution in the early 1970s as a 14-year-old girl. This was arranged by a court order after her parents had approached social workers because P069 and her sister, P001, who was 15, were attending discos for British soldiers. This had attracted the attention of the Irish Republican Army (IRA), and P001 was brutally assaulted. The court authorised their placement in the St Mary's institution as a place of safety for the sisters. Both girls were expected to work in the institution's laundry. P001 did so all day, whereas P069 was required to do so when she arrived back from the school that she travelled to each day. She explained to the Panel that she had complained to her social worker about this at the time.

> [A]nd as I say sometimes, well quite a few times, I didn't get to do my homework when I got in, because I had to go to the laundry. And…I have evidence. I wrote him [her social worker] a letter which is over 52 years old, saying to him about I couldn't do my homework again you know because I had to go straight down to the laundry. You know so it's not something I'm making up, there are quite a few letters to the social worker.

As well as working after school, her school holidays were spent in the laundry.

> My school holidays were spent in the laundry working, Easter holidays, Christmas whatever, whenever the laundry was open I was there.

P001 and P069's experience of working in the laundry was different from those women who were there before the 1970s in that they received 'pocket money': P069 explained that it was 'One or two pound pocket money, if you were going into town. They let us one Saturday.'

P001 spoke to the Panel about the experience of working in the laundry and thought the aim was to 'get them [all the women there] working like a work horse, the laundry, the laundry, do the routine. Just continually do the routine.' She recalled that the work in the laundry was physically demanding: 'you were tired. And there was lots of people tired in the laundry. But this was it. Nobody got a day off'. P001 explained that if you did not feel well, it was not like working in the outside world where you 'ring in work' and say 'you don't feel well'. In the St Mary's institution, she asked: 'Where were you going to go? You couldn't go back to your bed. Are you going to go sit in the dining room? Where could you lay, where could you lay on the settee? You know, so no, the people just kept going.'

P001 described the institutionalisation of the older women that she encountered working in the laundry by reference to the Japanese internment camp for women in World War Two television drama series *Tenko.*

> Everybody adjusts, it's just like *Tenko,* you know *Tenko*? When I saw that years later and like everybody, you know, routine, regime, you get used, you know. Like wee, wee sheep, you know, going into the laundry or ding ding ding ding, going in to the dining room, ding ding ding going, you know, that way there. So that's what it was like. So [name of Woman 11 redacted] was an unmarried mother.

BM085 was sent to a St Mary's institution, aged 16, after she ran away from the children's home in which she had spent her childhood. She was returned there not long after the birth of her first child in a mother and baby institution. BM085 described the laundry as 'just a sweatshop'. She recalled beginning work at 8am and finishing at 4.00 or 4.30pm, and that she was not paid.

> [T]hey didn't give us any pay or nothing. I think they were actually getting paid for us to be there, but they weren't giving us like a wage as such. It would probably be about £2 a week if that.

The money she received, she said, was to be spent on toiletries, bought during the weekly trip out of the laundry on Saturday afternoon: 'We'd be out once a week and… we would have to pay for our own toiletries out of that'.

BM085 also raised questions about her pension arising from the fact that she was working without pay in the St Mary's institution.

> We didn't receive money. So, what happens when I'm pension age? Have I got enough stamps to cover me? I don't know. We didn't have a wage slip saying right there's…we didn't have a wage slip saying, right, your tax and insurance is paid. So, there's nothing…So I'm panicking when I hit sixty-five, or is it sixty-seven, I don't know, am I going to have enough stamps to cover my pension? They're liable for that, I'm not.

P066's sister was sent to one of the St Mary's institutions as a teenager. In her testimony, she mentioned the issue of National Insurance, wondering whether anyone who worked in a laundry for any time without being paid might see an impact on the value of their state pensions. As far as the IP have been able to determine, National Insurance contributions were not paid in respect of the women workers in the St Mary's institutions. The records of one St Mary's institution contain reference to the fact that contributions were not paid because the girls and women who worked there were not considered employees.

On the issue of work in the St Mary's institutions, the GSS told the IP.

> "In base terms it is unfair to suggest that the residents received nothing in return for their work. The work of the residents contributed to the financial stability of the home and in turn the residents received lodging, food and provisions. As time moved on it is the Sisters' belief that additional pocket money would have been paid too. The terminology 'forced labour' is something that the Sisters would consider prejudicial. It is accepted that many residents had limited options, in terms of life in the community, but that is a far cry from 'forced labour' indicative of a POW camp or that type of image. If woman were sick, unwell or tired they were accommodated within the ethos of the Sisters' mission which was principally one of compassion.

The IP have taken this observation into consideration.

6.3.3 Work in the Thorndale Industrial Home

In the Thorndale Industrial Home, a factory inspectors report from 1946 recorded that nine women were employed in work in the laundry of the institution (this was for the laundry of the institution not for external customers) and that 33 women were described as being 'otherwise engaged' in needlework. In 1947, seven women were employed in the laundry and 16 otherwise engaged in the workroom. There is no evidence that these girls and women were paid.

6.3.4 Work in the mother and baby institutions

In testimonies given to the IP, women report that they carried out unpaid work in the institutions, even late in pregnancy. Some described this as 'chores', while others were more critical of the amount and type of work they were directed to perform.

This work often went well beyond doing basic chores, such as washing dishes or making beds. Testimony in relation to five different mother and baby institutions (MBI 3, MBI 5, MBI 6, MBI 7 and MBI 9) indicates that girls and women were scrubbing floors days before giving birth. Birth mothers also remarked on the punitive nature of this work. There were numerous examples of cleaning when it was not necessary or being made to reclean areas if the standard set by staff was not met.

BM072, who was sent to a mother and baby institution in the 1970s, explained that she was required to undertake dangerous work, such as cleaning windows on tall ladders, even while heavily pregnant. BM017, who also spent time in a mother and baby institution (MBI 5) in the late 1970s when she was 16, reported having to do hard manual work late in her pregnancy: 'I was expected to clean [a big flight of marble stairs] on my hands and knees [while] eight months pregnant.'

In the case of one of the institutions, it is clear from its own records, and the testimony of women who spoke to the IP, that from the 1950s to the 1970s, girls and women were sometimes sent out of the institution while pregnant to carry out domestic work in private family homes. For example, one professional man frequently contacted a mother and baby institution looking for 'a girl' whenever his own domestic help was unavailable. Payment for this work was made to the institution rather than to the woman or girl who performed it.

In the late 1960s, BM074 was sent out to work shortly after she had given birth. She explained to the IP.

> We never got any money, any pocket money, anything. And they [the institution] were claiming benefits and I know that. They put me out to work. In a house next door. I had to go and clean for this couple next door. I never got paid for it. It was very difficult. It wasn't far away but I was leaving my baby to go and work for these people that I didn't know. And no money for it, nothing.

Any idea that the work done may have been necessary to defray the women's living expenses is undermined by the fact that fees were payable for 'residence' in the mother and baby institutions. Sometimes, the fee was charged to the woman's family, sometimes the fee was paid by the welfare authorities, and sometimes the fee was deducted by the institution from the woman's social welfare payments. For example, BM070, BM075 and BM003 all explained that their weekly welfare payments were either handed over to or taken by the institutions, with small amounts being made available to the girls and women to cover the costs of 'basics'.

At least some elements of the work carried out by the girls and women in mother and baby institutions resulted in financial gain for the institutions. Some women reported doing embroidery that was then sold on by the institution. BM006 recalled that after she admitted herself to an MBI in the 1970s, 'most of us helped with orders that the home received from the Tourist Board for Irish Colleen dolls'. BM037, a mother who was in MBI 6 in the 1970s, told the IP that 'we were all engaged in sewing on green and red garments to tiny Colleen dolls which were then apparently sold somewhere in aid of the home's funds'. BM065 remembers, 'there was other girls and they were hand embroidering hankies with the shamrock, and these were all sold on'.

Having arrived in a mother and baby institution (MBI 10) in the late 1940s as a pregnant schoolgirl, BM083 was expected to wash and clean for private fee-paying maternity patients who also used this institution. She did this both before and after giving birth. She recalled being exploited by the GP who arranged her placement. He sent her to live secretly with his sister, for whom she carried out unpaid domestic work.

6.4 Conclusions on forced labour

6.4.1 Workhouses

The evidence seen by the IP suggests that between 1922 and 1948, pregnant women and women who had given birth who were admitted to Workhouses were required to care for elderly and sick 'residents'. The records suggest that they performed this work without pay. In light of its own investigation and the time that has passed since the Workhouses closed, the IP consider it unlikely that further investigation by the public inquiry of work done in the Workhouses will add meaningfully to this conclusion.

6.4.2 St Mary's institutions and Thorndale Industrial Home

The evidence of women who worked in the St Mary's institutions, taken together with the records of those institutions, suggests that labour laws were not respected. In particular, women who worked in them were not paid for the work that they did. Women sent to and required to work in the Thorndale Industrial Home were also unpaid. Given that few women entered these institutions voluntarily, it is likely that many women experienced forced labour in them.

The role of the state in managing risk and detecting forced labour is important in this context. The St Mary's institutions and the Thorndale Industrial Home were subject to state regulation and inspection, yet none of the oversight systems appear to have operated as intended. There are no records of any inspections such as would have identified infractions and led to corrective action. In the case of the St Mary's institutions, there is evidence of a deliberate decision by the Ministry of Labour not to inspect the laundries in exchange for a commitment by the institutions not to undercut commercial laundries.

The IP consider the work done by girls and women in the St Mary's institutions and the Thorndale Industrial Home a serious human rights issue. The IP recommend that it be further investigated by the public inquiry.

6.4.3 Mother and baby institutions

Many participants who gave testimony to the IP spoke of being required to work in mother and baby institutions, or of being sent out to carry out domestic labour in private homes. In some cases, the experience described may have amounted to forced labour inasmuch as it was involuntary and unpaid. Moreover, it is hard to reconcile the work regime in some of the institutions with the labour laws relating to pay and working conditions applicable at the time. Some of the work described — washing windows while standing on ladders, scrubbing floors — was manifestly unsuitable for pregnant women or women who had recently given birth.

As for the possibility that women who were required to work involuntarily and without pay could obtain remedies themselves, the IP consider that, although some remedies may in

principle have been available in criminal and civil law, the vulnerability of the victims and the stigma and shame imposed on them, taken together with state–community dynamics during the relevant period, makes it unlikely that such measures would have been effective safeguards in practice.

As regards the mother and baby institutions, it appears from the absence of inspection records that the Midwives and Nursing Homes Act (Northern Ireland) 1929 and the Nursing Homes and Nursing Agencies Act (Northern Ireland) 1971 were not properly enforced. Even where inspections were conducted under the Children and Young Persons Acts (Northern Ireland) 1950 and 1968, it is significant that this framework did not contain rules to protect pregnant girls or women against having to work, and so can hardly be expected to have uncovered the practices described to the IP.

Here again, the IP consider that the evidence points to systemic failure on the part of the state to regulate the institutions.

The IP consider the work done by girls and women in the mother and baby institutions a serious human rights issue. The IP recommend that it be further investigated by the public inquiry.

7.0 Liberty

7.1 Introduction

7.1.1 The right to liberty in international human rights law

That everyone has the right to liberty is recognised by Article 3 of the Universal Declaration of Human Rights. Article 9 adds that '[n]o one shall be subjected to arbitrary arrest, detention or exile'.

Article 5 of the ECHR provides:

Right to liberty and security:

1. Everyone has the right to liberty and security of person. No one shall be deprived of his liberty save in the following cases and in accordance with a procedure prescribed by law:

a) the lawful detention of a person after conviction by a competent court;

b) the lawful arrest or detention of a person for non-compliance with the lawful order of a court or in order to secure the fulfilment of any obligation prescribed by law;

c) the lawful arrest or detention of a person effected for the purpose of bringing him before the competent legal authority on reasonable suspicion of having committed

an offence or when it is reasonably considered necessary to prevent his committing an offence or fleeing after having done so;

d) the detention of a minor by lawful order for the purpose of educational supervision or his lawful detention for the purpose of bringing him before the competent legal authority;

e) the lawful detention of persons for the prevention of the spreading of infectious diseases, of persons of unsound mind, alcoholics or drug addicts or vagrants;

f) the lawful arrest or detention of a person to prevent his effecting an unauthorised entry into the country or of a person against whom action is being taken with a view to deportation or extradition.

2. Everyone who is arrested shall be informed promptly, in a language which he understands, of the reasons for his arrest and of any charge against him.

3. Everyone arrested or detained in accordance with the provisions of paragraph 1.c of this article shall be brought promptly before a judge or other officer authorised by law to exercise judicial power and shall be entitled to trial within a reasonable time or to release pending trial. Release may be conditioned by guarantees to appear for trial.

4. Everyone who is deprived of his liberty by arrest or detention shall be entitled to take proceedings by which the lawfulness of his detention shall be decided speedily by a court and his release ordered if the detention is not lawful.

5. Everyone who has been the victim of arrest or detention in contravention of the provisions of this article shall have an enforceable right to compensation.

During the relevant period, the application of Article 5 in NI was complicated by the Troubles. Importantly, the derogations made by the UK in this context were specific to security-related detention, and did not absolve the state of compliance with Article 5 in contexts such as those within the remit of the IP.[232]

According to the Strasbourg Court, the notion of deprivation of liberty within the meaning of Article 5(1) contains both an objective element — of a person's confinement in a particular restricted space for a not negligible length of time — and an additional subjective element, in that the person has not validly consented to the confinement in question.[233] Relevant objective factors to be considered include the possibility to leave the restricted area, the degree of supervision and control over the person's movements, the extent of isolation, and the availability of social contacts.

The right to liberty is also protected at the international level by Article 9 of the International Covenant on Civil and Political Rights and by Article 37 of the UN Convention on the Rights of the Child.

7.2 Legal and societal context

7.2.1 Protection of liberty in Northern Irish law

Liberty is among the most important of the rights at common law. During the relevant period, the common law prohibited detention other than in accordance with law. In very general terms, a deprivation of liberty can only be lawful where one of the following is the case:

- The person has been convicted of a crime and sentenced to a term of imprisonment.
- The person has been remanded in custody pending trial.
- The person has been arrested for questioning as part of a criminal investigation.
- The person was detained for assessment or treatment on the grounds of mental illness.

The key domestic mechanisms for securing the right to liberty in NI during the period 1922–95 were:

- the law criminalising false imprisonment and kidnapping, both indictable offences at common law;
- the tort of false imprisonment at common law; and
- the possibility of obtaining from a court a writ of habeas corpus, whereby a person having custody of another may be directed to produce the detained person in court and to set out the lawful basis for his or her detention.

During the period 1922–95, there existed, as there exists today, common law offences of false imprisonment and kidnapping. False imprisonment consists of the unlawful and intentional or reckless restraint of a victim's freedom of movements from a particular place. Historically, kidnapping was an aggravated form of false imprisonment; aggravated, that is, by secreting or carrying away. In 1984, the offence was judicially reformulated so as to contain four ingredients: the taking or carrying away of one person by another, the use of force or by fraud, the absence of consent of the person so taken or carried away, and the absence of any lawful excuse.[234]

It appears that the offence of kidnapping required, at least until the 1940s, that the abductee had capacity to consent, but did not. For that reason, abduction of children — who did not have capacity to consent as a matter of law — was criminalised as child-stealing.[235] A statutory offence of child-stealing was created by the Offences Against the Person Act 1861. A person who unlawfully or by fraud took away or detained a child under the age of 14 years with intent to deprive his or her parent of the possession of the

child was guilty of this offence.[236] The offence was abolished in NI by the Child Abduction (Northern Ireland) Order 1985, which created instead the offences of child abduction by a parent and child abduction by another person.[237]

Between 1922 and 1995 there was also, as there is today, a civil remedy in tort for false imprisonment. The tort involves the unlawful imposition of constraint on another's freedom of movement from a particular place.[238] Imprisonment includes physical barriers, guards and threats.[239] There is no requirement for battery or even for the person to know they are being detained.[240]

A person who claims to be unlawfully detained can make an application for habeas corpus to any judge of the High Court. The application requires that the detained person be brought before a court so that the legality of the detention may be considered. In Ireland, habeas corpus in criminal matters was provided for under the Habeas Corpus Act (Ireland) 1781. The powers of courts were extended to non-criminal matters by the Habeas Corpus Act 1816. The 1816 Act allowed judges more thoroughly to investigate the facts when responding to a habeas corpus writ, enabling them to determine if the detention was justified. The right to bring a writ of habeas corpus to a court exists to this day.

7.2.2 Basis for 'residence' in the institutions

7.2.2.1 Parental consent to confinement of a child

Historically, a parent, more particularly, a father, could make decisions in respect of a child until the child reached the age of majority, which was 21 until 1970, and 18 thereafter. This parental entitlement included the making of decisions relating to the custody of the child.[241] The law, therefore, permitted parents to arrange for the placement of a child in an institution, and to have him or her confined there. From 1986, the entitlement of older children with capacity to make their own decisions to do so was recognised.[242]

At least 275 girls and women had family recorded as the referral for their admission to a St Mary's institution or the Thorndale Industrial Home.

P003 explained that his sister was sent to a St Mary's institution in the 1950s after the birth of her second child. She was in her thirties at the time, and she had already been admitted twice to a mother and baby institution. P003 understands that it was his widowed father that placed his sister there. He explained his upset that his sister remained in the St Mary's institution until her death several decades later. P003 said his understanding was that she had been institutionalised to prevent her becoming pregnant again but he wondered why she could not have been allowed to leave at some point.

> I just want to know why they didn't let her go at 50 years of age and get a flat for her, because there's plenty of social workers at that time and they would have helped people. And if she was coming out of the Home she would have been homeless and the Housing Executive would have got her some little place to live. Because she could cook and she could wash herself and…And I think she would have been able to look after herself with her whatever benefits she was entitled to. At least she would have had freedom.

BM005 said that she was sent to a St Mary's institution in 1966 by her mother as punishment for her second pregnancy as a single woman. The IP have located the relevant entry in the admission register and confirmed that BM005 was 22 when she entered the St Mary's institution and worked in its laundry. Even if this was agreed by her mother, there was, it appears, scant legal basis for her detention there. BM005 told the Panel that she remained for almost a year and was allowed to leave just before Christmas. She explained how that came about.

> My youngest brother and my sister had blackmailed my mother into taking me home. I don't know how much longer she intended I should stay there, but they said that you know it wasn't on and Christmas was Christmas, and they had to come and collect me and take me home.

BM056 was also placed in a St Mary's institution by her family after she gave birth in one of the mother and baby institutions in the early 1960s. She was 17 and had been taken by a social worker to the institution after her parents became aware of her pregnancy. BM056 is not clear on the process by which she was admitted to the St Mary's institution but recalled three years of trying to contact her parents to ask to be allowed to leave it.

> My [Her daughter] was born, and then transferred when the baby was taken, I was transferred to the Good Shepherd convent where there was a laundry, and I worked there for three years. I couldn't get a letter to my parents to say I wanted home, because each letter you would write would be scrutinised, and I don't know whether they ever got it, but eventually I got a letter smuggled out. Somebody was going out, and they posted the letter. My mother got it. My mother got it and she got the lady, who I used to work for in [name of town in NI], and her son to come and take me home. And I could still be there, but I think it's closed now! So that's, that's what happened…I didn't want to be there, of course, until I got the letter out and got home. But there was no buses from [her hometown] at that time to [location of the institution], I don't think, I don't know. And my mother lived out in the country, so obviously it was difficult to be able to, to go. And she didn't drive at that time or anything, you know…I thought I'm here, I was put here, and I have to stay here.

Neither BM005 nor BM056 had any opportunities to leave the St Mary's institution in the 1960s, other than for medical appointments. Whenever they left, they were chaperoned by one of the 'auxiliaries', who were women who had committed themselves to long-term 'residence' in the St Mary's institution.

The birth mother of CNA002, CNA005, CNA050 and CNA007 was sent to a St Mary's institution after she became pregnant while unmarried for a second time. They have learnt that this admission was arranged by her own mother, and that their mother's brother was motivated by concerns about his respectable reputation and the family's religious beliefs.

7.2.2.2 Fit Person Orders

The Children Act 1908 conferred a power on the courts to commit a child to a relative or other 'fit person' where the person having custody of the child was accused of, or had been convicted of, an offence against the child.[243] It also provided a mechanism where young children found begging, wandering, destitute or otherwise in need of care or protection could be committed by the petty sessional courts to the care of a relative or other 'fit person'.[244] Children charged with offences could also be committed to the care of a relative or other 'fit person' if the court was satisfied of their guilt.[245] In this context, a 'fit person' included any society or body corporate established for the reception or protection of poor children or the prevention of cruelty to children.[246]

The Children and Young Persons Act (Northern Ireland) 1950 likewise empowered the Juvenile Courts, which dealt with young people accused of criminal offences, to commit a child or young person convicted of an offence to a training school or to the custody of a 'fit person'.[247] Similar provision was made in relation to children and young persons 'in need of care or protection'.[248] A child or young person was deemed to be in need of care or protection if they had no parent to exercise care and guardianship over them and if they were 'falling into bad associations' or exposed to 'moral danger'. Also placed in this category were children at risk of abuse, including girls from households in which a member had committed an offence under the Punishment of Incest Act 1908 against another member of the household.[249] This system was largely re-enacted by the Children and Young Persons Act (Northern Ireland) 1968.[250] It remained in place until it was superseded by the Children (Northern Ireland) Order 1995.

In 1957 it was recorded that 23% of those who were admitted to the care of the welfare authorities were under Fit Person Orders, with 8 of the 263 cases having committed a criminal offence.[251] This was the largest group in welfare authority care. Forty-nine were placed in voluntary institutions by welfare authorities. The Child Welfare Council felt that 'in some instances, residence in a voluntary home where there is a religious background would be more beneficial than boarding out for those committed to the care of welfare authorities under fit person orders'. They recommended that the courts should be given power 'in any case they think desirable, to impose a condition of residence in a particular home…without, however, limiting the period of such residence'.[252]

Of those who were admitted under Fit Person Orders, the majority were cases of neglect by parents and those considered to be in 'moral danger', with 15 who had been treated with cruelty, 15 who were assessed to be beyond the control of their parents and 16 who were persistently absent from school.

In some cases, Fit Person Orders were used to commit girls under the age of 18 to St Mary's institutions. Usually this occurred where a teenager was convicted of minor crimes or had violated conditions of her probation, but the procedure was also used to commit victims of incest to the laundries to protect them from 'moral danger'. In some further cases it was used to commit girls with mental health problems. In the 1960s, 26 teenage girls were admitted to one St Mary's institution under Fit Person Orders, including victims of incest and girls who had disobeyed their parents by going to dances or keeping company with people assessed to be 'undesirable'.

The institutional records record that some of the girls and women admitted to the St Mary's institutions were sent there from mother and baby institutions having been victims of incest, rape or abuse.

BM038 was sent to a St Mary's institution by a court at the age of 16 in the early 1970s after she was sexually abused in her family home. As mentioned above, the processing of her trauma has resulted in an inability to recall some of the events that took place during that time. She said the following about her arrival at the St Mary's institution.

> "They say it was the police brought me there, I don't even remember that. I remember being in court, that's the only thing that I have a really strong memory of is being in a court room in [name of a town in NI]. But I don't have any memories of what that…I'm sure my mother was there but I don't think my father was there.

She also recalled a search of her room after she had left the institution, either on a permitted outing or because she had 'run away'. When she got back 'everything was taken from my room, they used to take clothes, they used to go through my clothes and remove certain clothes'. During her time in the St Mary's institution, it was discovered that BM038 was pregnant and she was then sent to a mother and baby institution that was not linked to the St Mary's institution.

P001 was 15 years old when she was sent to a St Mary's institution by a court, in the early 1970s, for her own protection having been brutally attacked by the IRA after attending soldiers' discos. She described her thoughts about escaping but also the realisation that she was uncertain about where she actually was.

> “In the first couple of weeks I was trying, but what I was trying to do this, you let on you're standing there and you let on you're going like this. But one of the, one of the doors, if it had have been open, it would have led me right into the middle of the convent, you know in the grounds. But it just shows you, you're just escape, escape, you know you're looking for somewhere to escape. And then every time you look behind there was a nun, not saying nothing, just standing there like a prison warden. Just standing, didn't say 'what are you doing?' Or whatever, and then you're just going, you just go on about your thing and nobody saying anything. So, yeah I did, if there had have been an open door I think I would have escaped. I would have been tempted to escape. But then at that stage I didn't know where I was going. I didn't know where I was. Where was I?

It is possible that BM085 was admitted to one of the St Mary's institutions, aged 16, in the 1980s under a Fit Person Order, although she was not certain about this. When she ran away and got the ferry to Liverpool with two other teenage girls, she said that she was returned to the institution by the police.

7.2.2.3 Remand on bail

Bail could be granted at different stages in the criminal process. A person could be admitted to bail by the police following arrest, but there was at the material time no power on the part of the police to include conditions such as a condition of residence in the person's recognisance. Bail could also be granted by the court before which a person appeared. Justices of the Peace and magistrates also had power to admit a person to bail rather than remand them in custody under the Petty Sessions (Ireland) Act 1851 and the Magistrates' Courts Act (Northern Ireland) 1964.

Under the Youthful Offenders Act 1901, a court of summary jurisdiction could remand a child or young person (a young person being a person under 16, and a child a person under 14) to a place other than prison.

The Magistrates' Courts (Northern Ireland) Order 1981 contained a power to impose such conditions on admitting a person to bail as appear to the court to be likely to result in that person's appearance at the time and place required or to be necessary in the interests of justice or for the prevention of crime.[253] The Judicature (Northern Ireland) Act 1978 recognised a power on the part of the Crown Court to impose bail conditions, and the Rules of the Court of Judicature (Northern Ireland) (Revision) 1980 recognised a similar power in the High Court.

Girls and women were sometimes admitted to St Mary's institutions and to the Thorndale Industrial Home as a condition of their bail. Archival records indicate that this was often done following negotiation with probation officers. The practice of sending girls and women to these institutions while awaiting trial was 'not uncommon' in NI but not as 'widespread as it was in the South'.[254] For example, in 1925, a 24-year-old woman was released 'on her own bail of £10' and remained for a year in a St Mary's institution after a representative of the institution had told the court that it was 'quite willing to take charge of the accused if she were allowed out'.[255]

7.2.2.4 Probation

The Probation of Offenders Act 1907 provided the courts with an alternative to traditional sentencing options in cases where the circumstances were such that it would be unfair or impractical to convict the accused. Instead, the court could discharge the person if they made a promise (called a recognisance) to be of good behaviour for a specified period not exceeding three years.[256] The court could attach conditions to the person's discharge, and these could be included in an order called a probation order.[257] The Act also provided for the appointment by the courts of probation officers to supervise compliance with probation orders.[258] The courts also had a power to appoint people who were not probation officers to supervise compliance with probation orders. An offender who failed to observe a condition of their probation was liable to be arrested or summoned to court and there to be convicted and sentenced for the original offence.[259]

The Criminal Justice Administration Act 1914 reformed the system by creating a mechanism for recognition of societies for the care of youthful offenders and appointment of voluntary probation officers drawn from those societies in cases of offenders below the age of 21.[260] The 1914 Act also amended the 1907 Act so as to include conditions as to residence as one of the permissible conditions which a court might include in probation orders.[261]

In NI, the 1907 Act was replaced by the Probation Act (Northern Ireland) 1950. Section 1(1) of the 1950 Act empowered a court to make a probation order upon conviction requiring the person to be under the supervision of a probation officer for a specified period. Section 1(3) provided that a probation order could require the offender to comply with such requirements as the court considered necessary for securing the good conduct of the offender or preventing further offending. Section 1(4) of the 1950 Act provided that a probation order could include requirements relating to the residence of the offender.[262] Section 4 of the Act provided that a person brought before the court for failure to observe a condition of their probation order could be dealt with as if he or she had just been convicted.

The 1950 Act empowered the Ministry of Home Affairs to enter into arrangements with voluntary societies whereby the societies would undertake the reception and care in institutions of a person who may be required to reside therein by a probation order.[263] The Ministry could also contribute to the expense of a child or young person's maintenance in such an institution. The Ministry could also make rules for the regulation, management and inspection of institutions, including those in respect of which arrangements have been entered into by the Ministry. Inspectors were given the power to enter and investigate the treatment of persons required to reside in the institutions. Probation officers also had power to visit institutions, and obstruction of inspectors or probation officers in the exercise of their powers was an offence.

Catholic and Protestant voluntary organisations were involved in probation work from the early twentieth century, as court missionaries and who consolidated 'their roles when the new legal framework for supervision and supervisor was set in place in the 1907 Act'.[264] These alliances were further reinforced in the 1914 legislation. In Derry/ Londonderry in 1916, three probation officers were appointed from the Sisters of Mercy, the Salvation Army and the NSPCC. Representatives of the Salvation Army and GSS

were among those who attended the courts. A newspaper report in 1931 described how Salvation Army officers 'visited the Police Court three times a week and received from the magistrate the care of first offenders. Thus, they were able to save many young persons from the stigma of prison life, and that of itself meant a sound lift towards respectability and virtuous living'.[265] In 1944 the Catholic Archbishop of Armagh, Cardinal MacRory, wrote to the Ministry of Home Affairs to confirm that the GSS were 'willing and eager to receive and be responsible for the care and custody of Catholic girls who may be committed by the courts if reasonable aid is granted by your government'.[266] The role of both the GSS and the Salvation Army was formalised by the Ministry of Home Affairs under Section 11 of the 1950 Act. The following year arrangements were made 'for the reception and care of girls and women placed on probation in whose cases the Court deems it necessary to include a condition of residence in an institution'.[267] It was often stipulated that women or girls were to be admitted to an institution on probation for a fixed period of time.

Theft was the crime that most commonly saw women committed to a St Mary's institution or to Thorndale Industrial Home as an alternative to prison, but women were sent for other offences also. For example, in the 1920s a woman who was found guilty of 'attempted suicide' was sent to a St Mary's institution.

Another example from 1925 concerns a 22-year-old woman who 'broke down' in court, where she pleaded guilty to infanticide. She was sent to a St Mary's institution for six months after a representative of the institution 'stated that she would be looked after by that organisation'. The judge 'expressed the hope that she would be guided by the advice given there'.[268] She remained for six months before leaving to take up a job in domestic service.

In 1926, another girl, described in a contemporary news report as being 'of the servant class', was charged with infanticide and sentenced to nine months with hard labour. However, the judge 'put her under a rule of bail' to go to a St Mary's institution 'and remain there for two years'. He went on to say that if she were to 'behave herself while in the institution, obeying the orders of those in charge…he would hear nothing more about the sentence'.[269] The institutional records record that she stayed beyond her sentence and made a commitment to remain within the St Mary's institution. The records show that she was 'consecrated' as a 'Magdalene', and no departure date is recorded against her name.[270]

In 1938, a 24-year-old woman was found guilty of infanticide and 'on an undertaking' to go to a St Mary's institution for 'training in domestic service' she was 'bound over', that is, placed on probation, by Lord Justice Best for two years. However, when she refused to stay in the institution she was taken back to court where a judge sentenced her to six months in prison with hard labour.[271]

7.2.2.5 Release on licence

Release on licence means release from prison which is conditional. It can be temporary or intended to end the period of detention. Release on licence, especially of the latter kind, is sometimes referred to as parole.

Between 1922 and 1953, the legal basis for early release from prison was the Penal Servitude Acts 1853–91. The 1853 Act largely abolished the practice of penal transportation to Australia, substituting a sentence of penal servitude in the UK. The 1853 Act provided that convicts sentenced to transportation or penal servitude could be set at large on conditions set by the Lord Lieutenant set out in a 'conditional licence'.[272] A person discharged from prison in this way remained on licence until his or her sentence expired and was subject to a number of requirements, including reporting to the local police.

Provision for temporary release on licence was incorporated into the Prison Act (Northern Ireland) 1953, the Prison Rules (Northern Ireland) 1954 and the Prison Rules (Northern Ireland) 1982.[273] During the period of the Troubles, a parole system in the ordinary sense did not operate in NI because of difficulties associated with supervision of prisoners.

Early release could also be granted by the exercise of the Royal Prerogative of Mercy, which was delegated at various times to the Ministry of Home Affairs of Northern Ireland, the Northern Ireland Office and the UK Home Office.

The IP have identified one case in the 1950s in which a woman convicted of murder was granted early release on condition that she go to a St Mary's institution. Unfortunately, there is no record as to when, or if, she ever left it.

7.2.2.6 Special care

The Mental Health Act (Northern Ireland) 1948 set up a new system known as 'special care' for people who were, in the language of the time, 'suffering from arrested or incomplete development of mind'. An order that a person required special care would be made by a court if it was satisfied by the Northern Ireland Hospitals Authority on the basis of medical evidence that the person required it. The order would place the person under the supervision or guardianship of a suitable person. Guardianship was an enhanced form of supervision giving the guardian the powers of a father, as if the person in special care were a child under 14. The person in special care could be sent to a suitable institution, which might be a hospital or another suitable institution.[274] The effect of an order sending someone to an institution was to render their detention there lawful.[275] A person who escaped from a hospital or institution could be arrested and returned there.[276]

The 1961 Act continued the special care scheme under a system of guardianship. Guardians were required to make arrangements for the person's residence, care and occupation. The special care system remained in place until it was replaced by the Mental Health (Northern Ireland) Order 1986, a new system of guardianship for people with 'severe mental impairment'. People under guardianship could be assigned a place of residence by their guardian or local health and social services board.[277]

Some girls and women in special care appear to have been committed to St Mary's institutions by the courts. The records also disclose examples of women in special care who were pregnant being admitted to mother and baby institutions.

The records of mother and baby institutions and St Mary's institutions indicate the movement of girls and women to and from Muckamore Abbey Hospital in Co Antrim, as well as to other institutions. Muckamore Abbey Hospital opened in 1949 for adolescent girls who were considered to be 'in moral danger or following other anti-social activities'.[288]

In one of the St Mary's institutions, the records indicate that nine girls and women were admitted to special care while they were in the institution. For other girls and women, it was their admission to special care that led to their placement in the laundry.

7.2.3 Destitution

By 1922, admission to Workhouses was voluntary and was only permitted in circumstances of destitution. In principle, a 'Workhouse inmate' was always free to leave if they had somewhere else to go.

Particularly in the period before the NHS and the welfare state, it is possible that some destitute women may have sought admission to St Mary's institutions and the Thorndale Industrial Home as an alternative to the Workhouse. Similarly, pregnant women with no alternative means of material support may have admitted themselves to a mother and baby institution. In a technical legal sense, these women entered and remained in the institutions voluntarily, even if, in reality, they had no meaningful choice.

As far as the St Mary's institutions are concerned, at least 107 women are recorded in the laundry records as being either admitted voluntarily or self-referred. However, it is important to note in this context that references to 'voluntary' admissions in the records can include admissions which were arranged by family members or charities, so the term was used to indicate that the placement was not being funded by the state, rather than that the woman or girl in question had consented to enter the institution.[279]

7.3 Experience of restriction or deprivation of liberty in the institutions

7.3.1 Workhouses

While girls and women were not detained physically in Workhouses, the financial restrictions that could be placed on them could make leaving very difficult. For example, in 1931, the Banbridge Board of Guardians refused to give outdoor relief to a pregnant woman who was in the Downpatrick Union Workhouse so that she could live with her aunt. It had been argued that 'it would be more economical to grant relief than to pay her maintenance in Downpatrick Workhouse' from which 'the girl had demanded her discharge'. However, a member of the Board of Guardians said that the relief should not be given as 'by making grants in such cases they were merely encouraging immorality'. He went on to say that there were two other similar cases which should also be 'struck off the relief lists' as relief 'should be granted to decent people and others offered the House [that is, admission to the "Workhouse"]'.[280]

7.3.2 St Mary's institutions and the Thorndale Industrial Home

For some women, the St Mary's institutions and the Thorndale Industrial Home were places of detention. Indeed, the records indicate that approximately 300 women were sent to them by the courts — whether on probation, or in special care, or on bail — precisely for that reason. Records indicate how decisions about length of stay, or where girls and women would go to on leaving an institution, were made between religious and welfare authorities or families, rather than by the girls and women themselves.

Girls sent by their families were also detained on the basis of parental consent. It was in this context that the only application for habeas corpus, in respect of a girl detained in a St Mary's institution, was made. This occurred in the 1950s and was extensively covered in the newspapers. The case concerned a teenage girl who had been sent to a St Mary's institution by her father, with the co-operation of her parish priest. The application was made by the girl's mother, who was separated from her father. A newspaper reported that the priest 'had her removed to a home run by the Sisters of the Good Shepherd at Newry. He took this action because he considered her to be in moral danger.' The court application was adjourned by the High Court in Belfast 'as mother and father agreed the child could enter Good Shepherd Convent in Newry' for 12 months. When the 12 months had passed, the teenage girl's mother returned to court to apply for custody of her daughter and to secure her release from the laundry. The application was opposed by lawyers for the priest. Newspapers reported that two High Court judges decided to speak privately to the girl, something which was deemed 'contrary to the usual practice'. She was then 'accompanied to the Court by one of the nuns of the Good Shepherd Convent and was interviewed in Chambers'. When the matter returned to the court, it was reported that the welfare officer assigned to the case told the court that 'he was not satisfied that the girl should be sent back to the family', that is, to her mother. The judge held that 'neither the father nor the mother, was, in the opinion of the court, in a fit position to have custody of the child' and that she would 'be going where the welfare authority could look after her' until she was 18. The girl was sent by the welfare authority to the Sacred Heart Home, in which the GSS provided accommodation for school-age girls in their Belfast convent. The girl left after four months.[281]

A number of women were recorded as having run away from St Mary's institutions and the Thorndale Industrial Home. It is not always recorded if these women returned, but girls and women who were admitted by court orders who ran away were often brought back by the police. On one occasion a woman on probation ran away from a St Mary's institution three times before she was moved to a different institution.

In a number of cases, girls who ran away were moved to a training school. In her testimony, P069 explained that teenage 'residents' of the St Mary's institution to which she was sent were told that they would be sent to this training school if they did not conform to behavioural expectations.

By the 1970s, there was some limited freedom of movement for 'residents' of the St Mary's institutions. P069 and P001, who were teenagers when they were sent by a court to a St Mary's institution, recalled Saturday afternoon trips out unaccompanied. By that time, the institutions were less confident in parental consent as a basis to detain a girl in

an institution. The records show that when one teenager was brought back to a St Mary's institution by the police, having run away, she refused to stay and was taken home by the police because the institution 'had no legal right to keep her'.

The GSS told the IP:

> It is accepted that there were many residents with complex needs. It is accepted that in some cases this led to institutionalisation. The [public] inquiry will have to look at the position of some residents as case studies to understand the complexities and nuances. It does seem surprising that if the judicial system was sending women to St Mary's that there would not be some element of reassurance being sought or determined that it was a proper and fit place to attend.

7.3.3 Mother and baby institutions

The testimony received by the IP suggests that few of the girls and women who entered mother and baby institutions did so voluntarily. Institutional confinement was invariably a choice often made by others — parents, family members, clergy — often with the support of the agents of the state such as social workers or GPs.

For instance, BM005 — who was twice sent from her home in RoI to mother and baby institutions in NI, once in 1960 when she was 16 and again in 1965 when she was 22 — told the IP that 'everything was taken out of my hands…all decisions made by my parents'. On both occasions, BM005's mother arranged for her children to be adopted in RoI.

BM026 reported that, on learning of her pregnancy in the late 1960s, 'a decision was arrived at that the baby should be adopted'. That decision included the birth father's family but, crucially, it did not include her.

> I actually was going to leave home. I was going to run away, so I was, I was going to go to London, all these things, leave the baby, blah, blah, blah, all that sort of thing. But of course, mothers being mothers, they twigged on something wasn't right. So, all I can kind of remember, and I've been trying to remember and piece it all together, was that there was a big pow-wow in the house. My mother was there. I think my dad was there. The father of my baby, he was there with his older brother and his mother. We [BM026 and her boyfriend] were put outside the room and a decision was arrived at that the baby should be adopted.

BM026 was sent to a mother and baby institution (MBI 3) and her baby was placed for adoption.

Similarly, BM041 reported of her own admission to a mother and baby institution (MBI 6) in the late 1960s that 'I went in there reluctantly, forced by my parents…[with] no choice but to have this child adopted'.

BM074 noted that when she became pregnant, aged 17 in the late 1960s, her GP had a significant role in her admission to a mother and baby institution (MBI 5). She recalled that she was 'taken immediately to a doctor and within a very short…time…found myself in [the institution]. Not a lot of consent…just told I was going.'

BM025 explained that her mother 'found out [about the pregnancy] and…a couple of days later I was in [MBI 6]'. BM025 was 18 when she became pregnant in the 1970s as a result of rape. She did not reveal the rape to her mother. She said that she was made to feel like 'a naughty schoolgirl' at the mother and baby institution because she was single and pregnant.

BM017 became pregnant aged 16 in the 1970s after she was coerced into a sexual relationship by a 19-year-old man. Initially, she tried to hide the pregnancy from her family. However, as the pregnancy developed, she began to show. When she passed out at work, she was forced to tell her mother. She explained that 'my family went to see [a clergyman], who laid out everything that should happen…and I was taken to [MBI 6]'.

BM003 was 19 when she was sent to a mother and baby institution in the late 1970s. She was pregnant with her first child. She told the IP how shocked she was to encounter a pregnant 12-year-old girl in the institution. When this girl ran away, the police were called to return her. BM003 suggested that for this child to return home placed her back in danger.

When BM022 became pregnant, aged 16 in the 1980s, her mother arranged her placement in a mother and baby institution. She told the IP that at 'six months pregnant…I was sent about two weeks after to [MBI 6] with the view that…my son would be placed for adoption'. She also explained to the IP that in the maternity hospital she was not allowed to see her son, to prevent her bonding with him and that following this she recalled that 'I wasn't allowed to bring him back home again'.

BM021, who was in a mother and baby institution in the early 1980s, was told by a friend that she had seen the police being called to return runaways on a number of occasions and that the police would 'round them up'.

Twenty-two women who had been in mother and baby institutions told the IP that they were deprived of their liberty there, and no fewer than 19 of them reported feeling like prisoners, describing locked doors and windows.

The records of mother and baby institutions contain several references to women having run away. The records of one institution refer to an occasion in the 1960s when a woman in her twenties ran away only to be brought back by two policewomen. She remained in the institution until her baby was 'handed over' to a baby institution.

The archives indicate that girls and women did not generally make decisions about when they left mother and baby institutions themselves, but that these decisions were made in conjunction with parents, religious figures or welfare authorities. In several cases, the institutional records state that the welfare authorities believed that women should be 'detained' in a mother and baby institution, even in situations where their families were willing to keep them at home.

7.4 Conclusions on restriction and deprivation of liberty

7.4.1 St Mary's institutions and the Thorndale Industrial Home

Between the establishment of NI and the closure of the St Mary's institutions and the Thorndale Industrial Home, approximately 300 women were detained in them by court order. Many girls were detained in them at the behest of their families. It is likely that many more were not technically detained, but, because they had nowhere else to stay, were constrained to stay.

Even where there was a legal basis for detention in a St Mary's institution or Thorndale Industrial Home, it is difficult to understand how such laws, though valid domestically, could be consistent with the UK's human rights commitments, once they came into force. From at least 1953, the UK was committed by Article 5 of the ECHR to guarantee the right to liberty and security of the person, requiring a relationship of proportionality between the detention and the reason behind it. In the view of the IP, it is impossible to conceive of a set of circumstances that would objectively justify the detention of a woman or a girl in such a place, given, in particular, the vulnerability of the women concerned, the work which was required of them, the risk of long-term institutionalisation and the lack of independent oversight.

The example of the habeas corpus application made in relation to a girl in a St Mary's institution in the 1950s illustrates how difficult it would have been for anyone committed to such an institution to secure their release themselves. In that case, of course, the application was made by the child's mother, and it was still unsuccessful.

The IP consider that the state should not have committed girls and women to the St Mary's institutions or to the Thorndale Industrial Home. This practice was discriminatory, inasmuch as it only affected women, and it appears also that the institutions were not regulated or inspected effectively. Although girls and women were sometimes sent to these institutions for their own protection, alternative solutions should have been available.

The IP consider the involuntary placement of girls and women in the St Mary's institutions and Thorndale Industrial Home a serious human rights issue. The IP recommend that it be further investigated by the public inquiry.

7.4.2 Mother and baby institutions

Many participants who spoke to the IP told of being committed to mother and baby institutions against their will. Some said they were prevented from leaving, and there is evidence that some who left were brought back by police. Others said that they could not leave because they had nowhere else to go. In this context, the state's failure to put in place an effective system of support for one-parent families is particularly significant. Even though girls and women were not detained in the mother and baby institutions in a legal sense, the evidence seen by the IP suggests that their presence there can rarely be described as voluntary in any meaningful sense. In some cases, the experience described may have amounted to deprivation of liberty.

In this context, it is again significant that important rules relating to the operation of the mother and baby institutions — and in particular, the Midwives and Nursing Homes Act (Northern Ireland) 1929 and the Nursing Homes and Nursing Agencies Act (Northern Ireland) 1971 — were left unenforced. It is also notable that girls and women were often referred into the institutions by people working for the state such as doctors, almoners and social workers.

Again, the failure on the part of the state to regulate the mother and baby institutions appears, predictably, to have had a profound impact on the effectiveness of the right to liberty and security of the person of the girls and women who passed through them.

The IP consider the involuntary placement of girls and women in the mother and baby institutions a serious human rights issue. The IP recommend that it be further investigated by the public inquiry.

8.0 Respect for private and family life

8.1 Introduction

8.1.1 The right to respect for private and family life in international human rights law

The right to respect for private and family life is of particular importance in the context of the IP's work, given that so many people who gave testimony spoke of separation from their children or their mothers, of lack of respect for their autonomy, and of struggles to access information about their identity.

Respect for private life means respect for individual freedom in decision-making. Obviously, requiring people, by means of coercion or deception, to do things they do not want to do is at odds with respect for autonomy. So too is the creation or toleration of conditions in which individual choice is, for material reasons, theoretical and illusory. Freedom of choice must be assessed by reference to real-world conditions as people experience them.

Respect for family life means respect for the closest and most fundamental bonds of love and kinship. It is important that the concept of the family is understood broadly, so that the law, and its protection of families, acknowledges the complex reality of human relationships.

For the IP, a key ingredient of respect for family life is the principle of family unity. The family is the fundamental unit of society and, put very simply, members of families should be allowed and encouraged to be together by the state. Measures which separate families must be justified, and conditions which make it difficult for families who want to stay together to actually do so should be addressed.

In 1948, the UN General Assembly included protection for privacy and family in the Universal Declaration of Human Rights. Article 12 of the Universal Declaration of Human Rights is of note.

No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence, nor to attacks upon his honour and reputation. Everyone has the right to the protection of the law against such interference or attacks.

The possibility of limitation of the right in certain circumstances was acknowledged in Article 29(2) of the Universal Declaration of Human Rights.

In the exercise of his rights and freedoms, everyone shall be subject only to such limitations as are determined by law solely for the purpose of securing due recognition and respect for the rights and freedoms of others and of meeting the just requirements of morality, public order and the general welfare in a democratic society.

The text of Articles 12 and 29 was influential in the drafting of Article 8 of the European Convention on Human Rights, which states:

Right to respect for private and family life:

1. Everyone has the right to respect for his private and family life, his home and his correspondence.

2. There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.

The fact that private and family life are protected in the same article strengthens the protection provided, as the rights are mutually reinforcing, so that Article 8's protection amounts to more than the sum of its parts. This is important in the present context, where, for example, measures leading to family separation may also have ramifications for children in their access to information about their identity, so that rights to respect for both family life and private life are engaged.

Article 8(2) attaches a proviso to the rights guaranteed by Article 8(1). Any interference should be provided for by law and justified by reference to one of the permissible purposes. The interference must be proportionate, that is, no more severe than is necessary to achieve the purpose for which it is applied.

Arbitrary interference in privacy and family is also prohibited by Article 17 of the International Covenant on Civil and Political Rights, which the UK ratified in 1976, but never directly incorporated.

8.2 Family life

The existence of family life under Article 8 is a question of fact, so that its existence does not depend on marriage.[282] The mutual enjoyment by parent and child of one another's company constitutes a fundamental element of family life. 'Child' in this context includes children born when their parents are not married, as well as adopted children.[283] Even where a particular relationship does not constitute family life, it may nevertheless be protected as an aspect of private life.

The word 'respect' in Article 8 involves both negative and positive obligations: negative inasmuch as the state must abstain from interferences in family life, and positive in the sense that the state must take necessary measures to protect people against infringements of their rights that are attributable to others.[284]

The right to respect for family life protects close relationships between people. The protection extends to relationships formed during all stages of life, and even to the death of family members. When people die, respectful disposal of their remains is a natural part of the grieving process for the loved ones they have left behind. Decisions about funeral rites and burial are protected by Article 8 as an aspect of the right to respect for family life. So, for example, the European Court of Human Rights has found that burial of a stillborn baby without the parents' knowledge was a violation of Article 8, as was the disposal of a stillborn child's body without their consent.[285] Importantly in the present context, in Zorica Jovanović versus Serbia, the Strasbourg Court held that the failure of a Serbian hospital to provide information to a mother regarding the death of her infant son and the subsequent disappearance of his body violated her right to respect for her family life.[286]

Although the Strasbourg Court has never expressly considered whether restrictions on access to contraception violated Article 8, it ruled in Evans versus UK, which concerned access to IVF treatment, that the right to personal autonomy, personal development and to establish and develop relationships with other human beings and the outside world incorporates the right to respect for both the decisions to become and not to become a parent.[287] That having been said, Article 8 has never been interpreted as conferring a right to abortion where that is not permitted under national law. In 2010, RoI's abortion regime (which was more restrictive than that in NI during the period within the remit of the IP) was held not to violate Article 8.[288]

8.3 Family life: Legal and social context

8.3.1 Attitudes to one-parent families

There was no single definition of the family in UK law during the material time. Different domestic groups were treated as families for different purposes. For example, the definition of family in the Family Allowances Act 1945 was broad enough to embrace a unit comprised of a single mother and her child, albeit that, because family allowances were only paid in respect of a second child, one-parent families with a single child were not eligible for state support. This position did not change until the enactment of the Child Benefit (Northern Ireland) Order 1975, which replaced family allowances with child benefit payable in respect of every child.

Societal discussion about single mothers ranged from sympathy towards girls and women who were seen as being 'seduced innocents' to more critical attitudes, viewing mothers who were not married as a societal problem. Mid-century newspaper articles about the experience of being an 'unmarried mother' reveal the discrimination they faced in society. One article recording the annual meeting at Hopedene in 1957 described how 'it was difficult for an unmarried mother to secure employment; often she was ostracised by her own social circle and by her family and landladies were very reluctant to give her accommodation'.[289]

A decade later, and the situation had not substantially improved, as an article on the experience of being an 'unmarried mother' in the *Belfast Telegraph* in 1969 indicated. In terms of housing, it stated that 'an unmarried mother is even less welcome [than a couple with a baby] by most landladies or estate agents'. As far as employment was concerned, if 'she is lucky her job will have been kept for her, but she may have been sacked or in the distress of finding herself pregnant she may have resigned rather than go into explanations. She can't, of course, either return to her old job or find a new one unless she has someone to look after the baby'. The journalist commented that 'money is a problem' and asked an 'official' about whether, when a 'girl applied for supplementary benefits' was there a 'pressure put on her to take an affiliation order out against the father'? To this the official replied that 'we would use as much persuasion as possible but no pressure'. The article explained that less than one-quarter of mothers sought an affiliation order and that during 1968 there were 1,100 'unmarried mothers' receiving Supplementary Benefit and of these '300 had taken out affiliation orders against the putative fathers, not all of whom had paid'. Several examples in the article were given of situations where 'unmarried mothers' felt judged and discriminated against. The article quoted one girl who was 'kept waiting for an hour and a half at an employment exchange while her baby screamed and cried…she is convinced this was because the clerk had nothing but contempt for an unmarried mother'. Another woman told of how the 'expression on the face of the clerk in one estate agent after another changed when she inquired about a flat for 'herself and a baby — no husband'.[290] A letter to the editor following the article's publication was from a woman who explained that she was mother to a six-month-old baby and that she had 'been unable to get a job because…as soon as the prospective employer' hears about the baby, 'I'm out as far as he or she is concerned'.[291]

By the late 1960s, there was a growing awareness that a lack of childcare was hindering single women with children to find employment. A newspaper article in 1968 drew attention to the lack of childcare available and the fact that the full-time day nurseries, which had existed during World War Two to allow women to work in war industries, had closed down at the end of the war.[292] Single mothers in NI were 'likely to find themselves trapped in poverty due to low wages or inadequate benefits…and no structure of day care'.[293]

In 1969 the Finer Committee on One-Parent Families — named for its chair, the progressive lawyer Sir Morris Finer — was set up to advise the British Government on measures which would improve the circumstances of one-parent families. The Committee published the Finer Report in 1974, recommending far-reaching proposals in terms of public policy. It has been described as the 'most thorough description and analysis of the situation of lone-parent families in the twentieth century'.[294] Its key recommendations included the introduction of a new one-parent family benefit to be known as guaranteed maintenance allowance.[295] This was envisioned as non-contributory benefit to reduce dependence on Supplementary Benefit. The Finer Report also recommended the introduction of a new independent family court system to handle all family-related legal matters. In the event, the publication of the report coincided with an international economic crisis, and many of the suggested reforms, guaranteed maintenance allowance among them, were not introduced. Official consideration was given to the implementation of the Finer Report in NI by the Inter-Departmental Committee on Family Problems in 1977. It concluded that the 'recommendations which have been implemented in Great Britain have also been implemented to broadly the same extent in the Province', but it was acknowledged that there was a 'paucity of information on the extent and nature of the problems facing one-parent families in Northern Ireland' and the need for further research was recognised.[296] Family courts were not introduced in NI until 1995.[297]

Testimony provided evidence that negative attitudes to one-parent families changed very slowly. As noted earlier in this chapter, BM081 told the IP that in 1984 her landlady decided to evict her when her pregnancy became apparent.

8.3.2 Reproductive justice in NI

8.3.2.1 Access to sex education

The UN Committee on the Elimination of All Forms of Discrimination Against Women has observed that women bear the disproportionate burden of reproduction and that deficiencies in sex education, impacting on decisions around sex and reproduction, affect them disproportionately in a way that is discriminatory.[298]

Sex education was 'extremely limited and contentious in Northern Ireland…a reflection of the traditional and conservative nature of society' and the influence of both the Protestant and Catholic churches.[299] In both traditions, there existed a 'deep social conservatism' in relation to the discussion of sexual issues.[300] This is evident from discussions during

World War Two about the showing of an educational film, *Birth of a Baby.* The Belfast Police Committee in 1940 recommended that the film should not be shown, and it was not until 1947 that the film was shown to men and women over 16.[301]

Across the twentieth century, the influence of the churches in education closely informed the sex education provided in schools.[302] There was no substantial sex education in school curricula, and it was not until 1987 that aims and objectives of sex education were set out by the NI Department of Education.[303]

To the extent that church-goers of various faiths did encounter elements of moral teaching that provided instruction on sexual behaviour, it usually took the form of condemnation of premarital sex. Priest 1 shared testimony about the annual 'mission' that took place in his Catholic parish one week in the 1950s. This was an event where visiting missionary priests known as 'missioners' gave a series of sermons to the parishioners during Mass. Priest 1 described how the clergy could shape attitudes towards sex as well as towards unmarried women and their children. Priest 1 explained that Wednesday night had been set aside by the visiting missionary priest as 'sex evening', during which he discussed the dangers of 'unsupervised company keeping'. He described how the preacher worked himself up into a frenzy, and how parents in the congregation were cautioned that 'someday you will go home and find that you're entertaining a little bastard in your house'. Priest 1 recalled the repercussions.

> "A lot of nice people in the parish complained to the parish priest. There was a scandal, and the Missioner had to get up the next evening and apologise for his indelicacies…it was a horrible, horrible thing to say. But in those days, this was another world. You know, not like now.

Such attitudes were not, it seems, confined to any particular denomination. Similarly, birth mothers BM026 and BM040 — who spent time in a Protestant mother and baby institution — recalled how they, as unmarried pregnant girls and women, became the negative focus for the minister in sermons at one of the local places of worship.

8.3.2.2 Access to contraception

For women, equality in reproductive health necessarily includes access, without discrimination, to safe and reliable contraception. Lack of access to contraception entailed, for most of the relevant period, a risk of unplanned pregnancy and the attendant discrimination against mother and child and vulnerability to family separation.

Unlike in RoI, contraception was never illegal in NI. Even so, information about contraception — and, therefore, practical access to contraception — was officially impeded in the early decades of the period to which this investigation relates by laws prohibiting the publication of obscenity, in particular, the Obscene Publications Act 1857. Case law from the 1920s indicates that information about contraception was considered obscene, and its publication was, therefore, prohibited. Distribution of such information

by post risked violation of the Post Office Acts 1908 and 1953, which prohibited the sending of obscene material in the mail. The 1857 Act was repealed in England and Wales in 1959 but remained in force in NI until the enactment of the Statute Law Revision (Northern Ireland) Act 1980.[304]

A Marie Stopes clinic opened in Belfast in 1936 but closed in 1947. It received no state support. Its operation was opposed by the Catholic Church, which prohibited the use of artificial contraception by Catholics. Given the political situation, the government sought to avoid further issues which might further endanger such co-operation as it received from Catholics. Protestant denominations, for their part, generally supported family planning in the marital context, but there was little support from any community for access to contraception for the unmarried.[305]

Following prolonged and difficult negotiations, the UK Family Planning Association was permitted to open the Belfast Women's Welfare Clinic in Malone Place, an all-Protestant maternity hospital attached to the Belfast City Hospital. By the late 1960s, official attitudes had softened to the extent that, in 1967, the Ministry of Health awarded a grant to the Northern Ireland Family Planning Association for the operation of clinics. The Health Services Amendment Act (Northern Ireland) 1969 allowed for health boards to provide family planning services on social and medical grounds. The health boards were conferred with responsibility for family planning by the Health and Personal Social Services (Northern Ireland) Order 1972. This Order provided for the making of arrangements, for the giving of advice on contraception, the medical examination of persons seeking advice on contraception, the treatment of such persons and the supply of contraceptive substances or appliances. Free family planning services were made available irrespective of age or marital status in 1974.[306] There was, however, no obligation on GPs to actually provide access to family planning and contraception, and there is evidence that some Catholic GPs refused to do so for unmarried patients.[307]

Following a landmark decision of the House of Lords in 1986 on the capacity of children to make their own healthcare decisions, the Department of Health and Social Services in NI circulated guidance to medical practitioners on giving advice to patients, including children, about contraception.[308]

8.3.2.3 Access to abortion

Although the Abortion Act 1967 provided for legal termination of pregnancy in Great Britain in 1967, it did not extend to NI. The Northern Irish parliament did not introduce comparable measures, so, as a general proposition, during the period 1922–95, abortion continued to be prohibited in NI. It was prohibited by the Offences Against the Persons Act 1861 and the Criminal Justice Act (Northern Ireland) 1945.[309] An exception was recognised in case law related to the 1861 Act and in Section 25(2) of the 1945 Act for measures which, though they caused the death of the child, were done in good faith for the purpose only of preserving the life of the mother.[310] This interpretation of this legislation became increasingly narrow over time, with several hundred legal abortions being performed in the 1970s and 1980s and only 12 in 2017–18.[311] These circumstances led to the following condemnation of the situation in NI in 2018 by the UN Committee on Elimination of All Forms of Discrimination Against Women.

The inadequacy of state-provided family planning support, as driven by socioreligious considerations, coupled with a political culture that circumscribes the role of women, subjects girls and women in Northern Ireland to double jeopardy, effectively depriving them of any control over their fertility.[312]

The legal restrictions on accessing abortion meant that Northern Irish women had to travel to Great Britain for an abortion. The Ulster Pregnancy Advisory Association (UPAA) estimated that from 1971 to 1999, they counselled at least 1,000 women a year, making up half of all those who travelled from NI to Great Britain for an abortion.[313] The UPAA explained that the women they saw were often 'humiliated and distressed'. The UPAA said that 'few felt able to cope in the face of a complicated personal situation, the raising of a sum of money quickly and the ordeal of a journey "across the sea"', and that they needed support.[314] Between 1968 and 2020, it is estimated that over 60,000 women from NI travelled to Great Britain for an abortion, with numbers rising sharply in the 1970s and stabilising at around 1,400–800 in the 1980s and 1990s.[315]

Given the political and religious opposition to abortion, 'women undoubtedly felt forced to continue unwanted pregnancies'.[316] In 2017, a Democratic Unionist Party politician claimed that 100,000 people are alive in NI due to the abortion legislation, but, on the other hand, it has been argued that the 'flipside of that is 100,000 women were required to continue pregnancies against their will'.[317]

Girls and women were also engaging in a range of actions to try to end pregnancies, from hot baths and douching to medication to bring on menstruation and illegal surgical abortions.[318]

Max Goldstrom, one of the founders of the UPAA, explained in a book on abortion in NI in 1981 that there were several illegal abortionists at work in NI in the 1960s, but that there were very few prosecutions. He also stated that in 1981, a doctor who was carrying out backstreet abortions was prosecuted after one of his patients died, and his sentence 'was astonishingly light', suggesting there may have been some tolerance for his activities.[319]

The law was not liberalised until the Northern Ireland (Executive Formation etc) Act 2019 repealed the relevant provisions of the 1861 Act, and the Abortion (Northern Ireland) Regulations 2020 provided for access to abortion on broadly the same basis as in the rest of the UK.

There are a number of references to abortion in the records of mother and baby institutions, particularly around the involvement of anti-abortion organisations such as CURA and Life. These organisations were active in the 1980s and 1990s, offering girls and women who were pregnant places to stay in family homes or in the Life Hostel in Belfast. The Life Hostel provided accommodation for seven women or girls and their babies. A number of girls and women went from mother and baby institutions to the Life Hostel after giving birth. CURA worked closely with some of the mother and baby institutions with a member of staff in Belfast also a member of staff of a mother and baby institution.

Mother and baby institutions were keen to admit girls and women who had decided against having an abortion. There are references in the records in the 1970s and 1980s to girls and women admitted having changed their minds about an abortion, with one woman admitted whose parents believed she was in England having an abortion.

The relationship between lack of access to abortion and admission to a mother and baby institution is not clear or straightforward. The continued existence of mother and baby institutions in NI and the large numbers of girls and women who were admitted in the years after 1967, when abortion was legalised in Great Britain, may indicate that some girls and women could not access information about abortion or afford to travel for one. It may also indicate, of course, that many Northern Irish women had reservations or moral objections of their own about abortion, and that they did not, therefore, see it as a solution.

Some women who gave testimony refer to adoption being the fallback option when abortion was ruled out. For instance, BM048 said: 'my mother went to the GP. The abortion was the first agenda. Didn't work out. Second one, Mother and Baby Homes'.

Some mothers recalled experiences of encountering illegal abortionists, although in none of these cases was an abortion actually performed.

BM065 was a teenager when she became pregnant by an older man she had met at work. The man brought her to a house and paid for an abortion. She recalled how little she understood at the time, having had no sex education.

> "
> And the woman [the abortionist] looked at me, and she says, 'Do you know what you are here for?'
> And I said 'No. No, are you going to show me a room that I can stay here.' And she says to me 'How old are you?'
> And I says 'Just turned 18.'
> And she says 'Do you know what you are here for?'
> And I said 'No', and I started to cry, and she took my hand, put money in the hand that he [the baby's father] had given her, and I think it was something like £30 which was a lot of money. And she rolled my hand up, like that, and she says to me, opened up the front door, and threw me out, and says to me 'Get away home!' And closed the door. And I stood there and I knocked the door, and she came and she says 'What do you want?'
> And I says 'What am I here for?'
> And she says 'An abortion' and closed the door. 'Get home!' and closed the door

BM065 explained that when she went home, she plucked up the courage to ask her father what an abortion was. Her father threw the £30 on the fire and soon after she was admitted to a mother and baby institution.

BM066 became pregnant when she was 16 years old in the 1960s. Her visit to an abortionist was arranged by her boyfriend's father. She described 'a backstreet abortionist…it was a disgustingly dirty surgery in what I presumed to have been his

house'. She told the IP that the abortionist described the process and explained what the aftercare would involve. However, she decided not to undergo the procedure and was soon afterwards admitted to a mother and baby institution.

BM009 told the IP that members of her family took her 'to a back street abortionist in Belfast on two separate occasions'. She explained that this 'was done against my wishes, and I kicked the doctor away from me'. She has no idea of the doctor's name but told the IP: 'I am aware that he had been struck off'.

Some women who spoke to the IP said that they resisted pressure from birth family members to travel to England to obtain terminations of their pregnancies. Pressure was also applied by birth fathers and, in some cases, GPs offered to facilitate abortions in England.

BM046 told the IP that she became pregnant, aged 19, in the late 1970s. She said that 'there was no sex education' but that she 'was aware of how I got pregnant. And why I got pregnant, I was aware of that.' BM046 had 'been working in the south of Ireland, and I had come up to the north, and I had gone to the doctor to get the pill, and I was waiting on the prescription, and that's when I got pregnant.' At this point, she said, 'the father of my baby, when I told him I was pregnant, offered to take me to England for an abortion, and I wasn't, I didn't want that to happen.'

When BM019 spoke to the IP, she said that when she discovered she was pregnant, aged 17 in the 1980s, she phoned the father of the child 'and he told me to have an abortion, so I just put the phone down and that was that'. She also explained that her mother pressured her to have an abortion but, with the assistance of their GP, BM019 rejected that option. Her mother then arranged her admission to a mother and baby institution.

Some birth mothers note that an abortion was sometimes discussed by others without their involvement.

When BM013 became pregnant at 16 in the 1970s, it was the family GP who discussed an abortion with her mother: 'Mummy had just found out [about the pregnancy] and he came, Doctor [name redacted], and asked me, said that things had been put in motion and I could go to England to have an abortion.' After the birth of her child she persuaded her mother to let her bring her baby home. Her home life was difficult. Her mother was a single mother who struggled with alcohol use and had other children at home. BM013 later discovered from her mother that she herself had been in a mother and baby institution, where she had been separated from a child.

BM037 became pregnant in the 1970s. She told the IP she asked a number of people for advice on what she should do. A friend who was a social worker suggested that she could go to England for an abortion but she did not want to take that option. She discussed mother and baby institutions with a liberal Catholic priest, who explained his view that 'the church was actually operating "social abortion" by facilitating the births and adoptions of the babies of unmarried mothers'.

BM048 recalls that when she became pregnant aged 16 in the 1980s, ‘so suddenly the word abortion was being spoken about. I remember a time, then, one night where my boyfriend came into the house and my mother and father and they had their discussion, and I was sitting on the sofa, and I wasn’t a part of that conversation’.

8.3.2.4 Denial of reproductive justice

In the view of the IP, lack of access to sex education and contraception both contributed to the denial of reproductive justice to women in NI during most of the relevant period. Because the limitations described above affected women disproportionately without, as far as we are concerned, objective justification, they involved discrimination on gender grounds. The entry of girls and women into the mother and baby institutions needs to be understood in this context. So too does the reality of family separation.

For some women, lack of access to abortion appears also to have been a factor in their admission to a mother and baby institution. Other women for whom abortion in Great Britain may have been an option decided against it for reasons of their own.

8.4 Economic vulnerability and family separation

Admission of girls and women to the mother and baby institutions, and the family separations associated, in the majority of cases, with such admission, needs to be understood in the context of the material conditions in which one-parent families would have found themselves during the relevant period.

Testimony shared with the IP about financial issues was most often framed as part of a discussion around decisions about adoption. Mothers frequently recalled being told to consider the financial difficulties that they would face as a single parent. It was suggested to them that their child would be better off being raised by an economically secure married couple.

For most of that period, and certainly into the mid-1970s, many pregnant women without the material support of a partner or their own family were confronted with a difficult question: how to care for their baby while supporting themselves financially.

In general terms, a mother unable to work and care for her child at the same time had two potential means of material support: social welfare or maintenance from the child’s father. The adequacy of these potential means is considered below.

8.4.1 Social welfare and one-parent families

When NI was established, social welfare provision, such as it was, was still made under the Poor Relief (Ireland) Act 1838. The 1838 Act made any unmarried woman responsible for providing for her children until the age of 15. No responsibility was placed on the father of the child.

Destitute single mothers could be admitted to the Workhouse, but they were not allowed to leave their child in the Workhouse while they sought work outside.

In 1862, the Boards of Guardians had been given powers to arrange the boarding out of children under five years old.[320] The upper age limit for boarding out was periodically increased and by 1922 it was 15. The Poor Law Commissioners adopted a harsh approach to mothers who were not married in the Workhouses, particularly those who had more than one child. They categorised them alongside women involved in sex work and recommended their segregation from the 'more respectable poor inmates'.[321]

Although the Workhouses continued to exist in NI until 1948, their role in social welfare provision was gradually supplanted by other statutory schemes.[322] Some of these schemes would have offered support to 'unmarried mothers' who were workers, though never at a level that would have enabled them to support themselves and their child on their own. As girls under 16 could not access maternity benefits and may not have worked long enough to earn adequate National Insurance contributions to be fully insured, they would not have qualified for contributory benefits. This left young 'unmarried mothers particularly vulnerable if they did not receive support from their families'.[323]

One of the first steps towards the modern system of social welfare was the National Insurance Act 1911, which created a system of insurance to protect working people, including working women, against loss of income relating to sickness or unemployment. It provided for the payment of contributions from workers, employers and the state, and the payment of benefits in the case of sickness, injury or unemployment.[324] The application of the Act to Ireland was opposed by the Catholic Church, which objected, it said, to the burden it would impose on small farmers. In the event, the Act was applied in Ireland, albeit with lower contribution rates set for Irish workers and employers.[325] Its operation was overseen by the Irish Insurance Commissioners, based in Dublin until 1921, and in Belfast thereafter.

Part 1 of the 1911 Act, which related to health insurance, applied to all waged workers, including women, between the ages of 16 and 70 who earned less than £160 a year. As compulsory contributors, these workers paid a weekly contribution, as did their employer and the state. On the basis of these contributions, insured workers were eligible for sick pay, disablement benefit, medical attendance by a GP and free treatment at tuberculosis sanatoria. Unwaged wives of insured male workers were not insured automatically but could become insured by paying voluntary contributions.

Women were disadvantaged by the 1911 Act in a number of ways. The difference in earnings as between men and women was reflected in the requirement that they pay lower contributions, but in return, they were paid lower benefits. Part 2 of the Act, dealing with unemployment insurance, applied only to shipbuilding, engineering and the building industries. These trades were overwhelmingly male, and ancillary work in them — secretarial work, for example — performed mostly by female workers, was excluded.

The 1911 Act also provided for the payment of maternity benefit to women workers and the wives of insured men in the form of a one-off payment of 30 shillings at the birth of each child. In the case of wives of insured men, the benefit was paid to the husband

rather than the wife, albeit that a man who neglected to use this money to provide for his wife committed an offence. The Women's Co-operative Guild campaigned for payment of maternity benefit to the wife directly, and in 1913 the Act was amended to provide for this.

The Unemployment Insurance Act 1920 extended unemployment benefit to any employed individual, but an exclusion applying to domestic service affected women disproportionately. In any event, a woman caring for a child would not have been eligible for unemployment benefit because she was not 'capable of and available for work', and even if she were eligible, the period of the benefit was limited to 15 weeks.[326]

This system remained in place, subject to minor amendments, following the establishment of NI until the measures to mirror those which established the welfare state in Great Britain were introduced after World War Two.

The first of these was the National Insurance Act (Northern Ireland) 1946, which provided for the payment of National Insurance contributions by every person over school-leaving age and under pensionable age in NI.[327] The benefits provided for under the 1946 Act included unemployment benefit, sickness benefit, maternity benefit, widow's benefit and a guardian's allowance for people caring for a child not their own. The rates of payment depended on the number of contributions paid. Benefits were increased where the beneficiary had adult dependents, and for the beneficiary's first child. Subsequent children did not qualify for benefits because family allowances would have been payable in respect of them. Single women were eligible for maternity benefit in the form of a single grant per child and a weekly allowance for 13 weeks, but the requirement for unemployment benefit that the claimant be 'capable of and available for work' was retained, so that single women who left the workforce to care for a child would have been ineligible.

The 1946 Act was updated by the National Insurance Act (Northern Ireland) 1966. Of relevance in the present context is that the 1966 Act provided that maternity benefit would be payable for 18 weeks beginning with the eleventh week before the expected week of confinement.[328] The 1966 Act also introduced increases for all dependent children, not just the eldest. This remained the position under the Social Security (Northern Ireland) Act 1975 and the Social Security (Northern Ireland) Order 1986.[329]

The Family Allowances Act (Northern Ireland) 1945 corresponded to the Family Allowances Act 1945 in Great Britain. It provided for a weekly non-means-tested payment to families for each child after the firstborn. The payment, initially five shillings and periodically increased, was intended to defray the costs of bringing up children. The definition of family in the Act was broad enough to encompass one-parent families, but parents with only one child were ineligible so that, in practice, many 'unmarried mothers', who would have benefited greatly from the allowance in supporting themselves and their child in the absence of other supports, were excluded.[330] The inclusion of single mothers and their children under the scheme met with some opposition during debates about the legislation in the NI Senate. Nationalist Senator Gerry Lennon said the following.

> One is driven to the conclusion that it would not matter how immoral a woman might be, or how many illegitimate children she might have, once she has had the first one she is to be paid by the State for having every other one.[331]

The rates were increased in 1952 to eight shillings (around £13 today) with different rates for additional children, and in 1968 to 18 shillings (also around £13 today).

Family allowances were abolished by the Child Benefit (Northern Ireland) Order 1975 and replaced by child benefit. Unlike family allowances, child benefit was payable in respect of every child.[332] Children had to be either 16 and under, or 19 and under if in full-time education. Rates began at £9.65 per month (around £75 today) for the first child and £7.80 for other children. Single mothers were able to claim this benefit.[333]

The Poor Relief (Ireland) Act 1838 was finally repealed by the National Assistance (Northern Ireland) Order 1948, which put in place a new system of non-contributory support unconnected to employment for people without the resources to meet their needs.[334] The Act established the National Assistance Board of Northern Ireland to decide on the nature and extent of the assistance to be offered. The aim was to provide 'an income for persons who would not otherwise have one…as a last line of defence against destitution'.[335] By 1962, a single householder received 57 shillings and sixpence (around £50 today) and a married couple 95 shillings and sixpence weekly with rent covered under a separate provision.[336]

In Great Britain, the national assistance system was replaced by a system of supplementary benefits by the Ministry of Social Security Act 1966. National assistance in NI was replaced in the same way by the Supplementary Benefits Act (Northern Ireland) 1966. The 1966 Act abolished the National Assistance Board of Northern Ireland and transferred its functions to the Ministry of Health and Social Services to be exercised by a newly established Supplementary Benefits Commission for Northern Ireland. For people under pensionable age, the 1966 Act provided for weekly payments at rates to be determined by the Commission based on a person's needs. Other benefits and income from part-time work were considered in assessing needs, but income up to a certain point, which was increased over time, was disregarded. One-off payments could also be made to meet particular needs.[337]

The Family Income Supplements Act (Northern Ireland) 1971 introduced a new benefit for certain families, including one-parent families, with low incomes. It was a condition of eligibility that one parent be engaged in remunerative full-time work. The amount of the supplement depended on the family's income but did not exceed £3 per week.[338]

Changes were introduced by the Social Security (Northern Ireland) Order 1986, replacing supplementary benefits and family income supplement with income support (for those with no or low incomes and not engaged in remunerative work), family credit (for families, including one-parent families, in which one parent was engaged in remunerative work) and housing benefit (for people with no or low incomes liable to make payments in respect of their home).[339]

The system established under the 1975 Act and the 1986 Order remained in place, with periodic changes in rates of payment, until 1992 when it was consolidated by the Social Security Contributions and Benefits (Northern Ireland) Act 1992, the Social Security Administration (Northern Ireland) Act 1992 and the Social Security (Consequential Provisions) (Northern Ireland) Act 1992. The 1992 consolidation did not radically alter the system, and it remained in effect for the remainder of the period covered by the IP's investigation.

In terms of the impact of these social welfare measures, research conducted in 1984 indicated that single parents in NI were twice as likely to be in, or on the margins of, poverty as two-parent families, and that 'low income single parent families were twice as likely to be dependent on Supplementary Benefit as low income two parent families'.[340] In addition, reduced employment opportunities and a lack of day care facilities led Northern Irish one-parent families to be 'disproportionately handicapped in relation to both factors and…thus more at risk of poverty'.[341]

As noted above, testimony shared with the IP about financial issues was most often framed as part of a discussion around decisions about adoption.

BM082 was 15 when she was admitted to a mother and baby institution (MBI 8) in the 1980s. She recalled being told: 'this is what will happen. You know, you'll have the baby. You'll leave hospital without a baby. The baby will go to a better home than you could ever have for it…You know, it would be middle class or, you know, somebody with plenty of money and that was kind of always said.' She understood that she would have financial problems given her age, saying, 'in those days you didn't get benefits if you were under, was it seventeen or something?' Her view was that she had nowhere to live and no money and, significantly, her own mother did not offer to let her come home with the baby. She said that no one came 'forward to say "well we could do this" or "we could help you with that"'.

Improvements in supports for one-parent families from the mid-1970s appear to have assisted some women in avoiding family separation in the mother and baby institutions. For instance, BM080 was sent to a mother and baby institution (MBI 3) in the 1970s. Her testimony suggests that secrecy surrounding pregnancies of unmarried woman made accurate information about benefits for which mothers might have been eligible difficult to obtain. She explained her understanding to the IP.

> "I wouldn't have known anything about benefits, the benefits system, social housing or anything like that. So that was it. I was stuck. And there was no maternity leave then, it was just a year or so before maternity leave had been introduced. So I had no job, nowhere to live — I would have had no job, nothing, you know? So, again, a few days after that I was shipped off to [MBI 3].

BM080 explained what her own mother wanted to happen to her baby son: 'I was to have him adopted, because this would have been a disgrace to her, you know?' However, she said she also suspected that her mother feared being left to become the baby's

primary carer. She had raised her own large family and had only just returned to paid employment. Her testimony suggests that the economic circumstances of a woman's family were often crucial in decisions about what happened to her baby. BM080 was sent to a mother and baby institution (MBI 3) and returned home without her son, who had been placed in foster care. She described how she was then able to access enough social welfare support to enable her to be reunited with her son.

> “
> Then this went on for a few weeks and I just was in turmoil. So I went and found out about social housing, benefits, you know, how to get on the housing list etcetera, etcetera. And then I just went and told my mother, I says: 'Right, I'm on the housing list. These are my benefits that I can get, and I'm going to get my son back'. So she wasn't very pleased. But I did that…they did allow, I brought him back — once he came home into the family, you know, they were all over him. It was all different then. But I did move — that's how I ended up, you know, in social housing.

The creation of the Northern Ireland Housing Executive in 1971 appears to have led to more consideration being paid to the housing needs of one-parent families. BM020 had two children in the early 1970s, the first when she was only 16. The death of her father shortly after the first child's birth meant that she lost 'the only support that I had'. Both her children went into residential placements. Fortunately, she was able to access social housing for her family through the Northern Ireland Housing Executive, meaning that she could be reunited with her children: 'I was able to get a place and take them, take them out then'.

Other mothers told the IP about the difficulties they had raising a child as a single parent. Some said that they eventually received support of family members, even if it was given reluctantly at first.

BM070 was 19 when she gave birth to her first child in the 1980s.The day after seeing her son for the first time, she summoned the courage to phone her parents, having borrowed some coins for the phone box from the woman in the next bed. She told her parents: 'Look, I'm taking this baby home, whether you like it or you don't'. She was determined, she said: 'either way I was taking him home. And there was nobody who was going to stop me. Nobody was going to stop me and I took him.' Although she feels her parents were unhappy with her decision, she did return to the family home with her child. She also returned to the workplace where she was based before the pregnancy. Her employer was supportive, saying, 'look, we know your situation or whatever. You go and do, you know, whatever you need to do and whenever you're ready to come back to work the job's still here for you.' Most of her wages went on paying a childminder but her mother and other family members also helped out. She and her son lived in the family home until he was nine, and she described the financial struggles of being a single mother.

The IP suggest that the social welfare measures described provided, for most of the relevant period, insufficient material support for one-parent families. Until the mid-1970s, payments were simply too low to provide adequate support, and even thereafter, they

left one-parent families in disproportionate danger of poverty. The exclusion of firstborn children from family allowance between 1945 and 1975 was a particularly egregious failure on the state's part, based as it appears to have been on negative attitudes towards 'unmarried mothers' and their children.

8.4.2 Access to financial support from fathers

When NI was established, provision for one-parent families was still made under the Poor Law. As part of that system, the Bastardy (Ireland) Act 1863 had conferred a power on Boards of Guardians to sue a man for maintenance of any so-called 'illegitimate' child of his in receipt of Poor Relief.[342] The right of action lay with the Board of Guardians rather than with the mother herself. The 1863 Act was little used, something attributed by one early twentieth century jurist to the 'reluctance of mothers to give the necessary evidence'.[343] Separately, the tort of seduction provided a common law remedy for the family of a woman who had a child outside marriage against the man responsible, though here again, the woman herself could not sue.[344] Neither the 1863 Act nor the tort of seduction were therefore effective as a mechanism of keeping 'unmarried mothers' and their children together.

The Illegitimate Children (Affiliation Order) Act (Northern Ireland) 1924 created for the first time a mechanism whereby 'unmarried mothers' could pursue their child's father for a financial contribution for maintenance. However, in order for her affiliation order application to succeed, it was necessary for the mother to produce evidence corroborating her claim that the respondent was the father of her child in some material particular to the satisfaction of the court. Such case law as there is relating to the 1924 Act suggests that corroborating evidence could take the form of an admission, but that where paternity was denied, evidence of long association or 'evidence of particular facts revealing some kind of impropriety of conduct or indecent familiarity' was required.[345] The burden of proof was on the mother, who would have been required to produce corroborating documents or witnesses willing to give evidence in support of her claim. If satisfied on the evidence that the respondent was the father of the child, the court could award the expenses incidental to the birth of the child up to a maximum weekly sum of 20 shillings, that is, £1 (the equivalent of just over £50 today). The maximum amount was increased under the Maintenance and Affiliation Orders Act (Northern Ireland) 1966 to 50 shillings (though this was only worth just over £40 today). The affiliation order would last until a boy was 15 or a girl was 16 (unless she married under this age).

Until 1964, affiliation order applications were heard by magistrates sitting in open court, and even when restrictions were introduced, members of the press were not necessarily excluded, so that reports of affiliation order proceedings, including the names of the parties, were routinely published in local newspapers.[346] Such applications would, therefore, have involved a risk of public identification and stigmatisation.

Blood tests as indicators of paternity were not available until 1977: under the Family Law Reform (Northern Ireland) Order 1977, the performance of a paternity test required the consent of the subject, but failure to comply with a direction that a test be performed allowed a court 'to draw such inferences, if any, from that fact as appear proper in the circumstances'.[347]

From 1965, legal aid for affiliation order applications was available, but the income and asset thresholds excluded all but the very poorest from eligibility.[348] If the application was unsuccessful, the mother could expect to be required to pay the respondent's costs, which could be substantial.[349]

In some circumstances, affiliation orders could be sought by the social welfare authorities if a child was in receipt of social welfare. The Supplementary Benefits Act (Northern Ireland) 1966 allowed for the Commission to bring proceedings for an affiliation order with respect to an 'illegitimate' child.[350] The Social Security (Northern Ireland) Order 1986 also provided for the Department of Health and Social Services to bring proceedings for an affiliation order with respect to an 'illegitimate' child.[351]

The 1924 Act was repealed by the Children (Northern Ireland) Order 1995.[352]

It has not been possible to identify the number of successful or unsuccessful affiliation orders in NI, though in the majority of cases that were reported, affiliation orders were granted. Reporting of these cases declined considerably from the 1940s onwards. It is not clear whether this reflected a decline in the number of cases or some other factor or factors.

Newspaper reporting from the 1920s indicates discriminatory attitudes on the part of the courts, with one judge in 1925 stating he had 'no sympathy for the complainant, who is the mother of three illegitimate children' and that that case showed 'the dreadful state of affairs'. He did, however, grant the order and the defendant was to pay four shillings weekly (around £8 today) and the costs of the application.[353] Another judge in 1929 commented on a woman who had two children fathered by the same man that 'the fact that this was her second child did not entitle her to any respect from him or anyone else'. He went on to say that the affiliation order was 'for the sake of the child, not its mother' and that the payment was to be kept small so as not to 'encourage the rearing of illegitimate children'.[354]

P006's grandmother was born in the early 1920s and was an orphan before the age of ten. At the age of 17, she was working on a farm and became pregnant by the 54-year-old farm owner. She was sent by her aunt to a mother and baby institution to have the baby, a boy, P006's father. The baby's father's name was not included on his birth certificate even though the institutional records identified him. P006 described the shame and stigma suffered by his father about his origins. The records also contain reference to the unwillingness of his grandmother's family to pursue her baby's father for financial support for fear of damage to the family's reputation.

The IP conclude that as a mechanism of support for one-parent families, the affiliation order system was inadequate, both in terms of its procedure and its substance. The procedure exposed the applicant mother to a risk of public identification and humiliation. The risk of an adverse costs order must have acted as a disincentive to women to apply at all. Even if the application succeeded, the amounts that could be ordered to be paid were small.

8.5 Adoption of children from mother and baby institutions and their pathways

8.5.1 The legal framework

Prior to the introduction of the Adoption of Children Act (Northern Ireland) 1929, there was no formal legal basis for the adoption of a child by an individual or couple who were not the child's birthparents. In practice, children were often raised by people other than their birth family on the basis of informal private arrangements which the law did not regulate.

In the discussion below, it is worth noting that the placement of a child for adoption does not seem to have necessarily meant that the child would be adopted. If an adoptive family was never identified, the child might remain in long-term foster or institutional care. The situation of children in foster care has been addressed above in the context of the right to protection of life and person. The situation of children in institutional care was investigated by the HIAI and is outside the remit of the IP.

The 1929 Act was the first legislative provision for adoption in NI. It came into effect on 1 July 1930.

The 1929 Act empowered the County Courts and the High Court to make adoption orders.[355] The effect of such an order was to transfer all rights, duties, obligations and liabilities from the parent or guardian of the child to the adopter(s) as if they had been born in wedlock to them.[356] The Act also provided for the recognition and regularisation of de facto adoptions which had already taken place.[357] The Act provided for the creation of an adopted children register to record every adoption order made.

The 1929 Act and the rules made under it provided for the appointment of a guardian ad litem to the infant, to safeguard his or her interests in the adoption process. The guardian's function was to investigate as fully as possible all the circumstances of the infant and the prospective adopter and to report these to the court.

The 1929 Act was replaced by the Adoption of Children Act (Northern Ireland) 1950, which reproduced, broadly speaking, the framework established in England and Wales by the Adoption of Children Act 1949.

The 1950 Act instituted a new two-stage process whereby an interim order would be made on a probationary basis for a period of up to two years before a final order could be made.[358] The effect of the final order was to transfer all parental rights and responsibilities to the adopters.

Another innovation of the 1950 Act was the provision it made for the making of arrangements for adoptions by adoption societies: that is, charitable organisations, usually religiously affiliated, which arranged adoptions. Adoption societies were required to register with the Ministry of Home Affairs.[359] Unregistered bodies were prohibited from arranging adoptions, but there was no prohibition on the arrangements of adoptions by private individuals.[360]

The 1950 Act was replaced in its turn by the Adoption Act (Northern Ireland) 1967, which came into force on 1 December 1969. It was informed by the 1963 report by the Child Welfare Council into the adoption system under the 1950 Act. Under the 1967 Act, the two-stage system in place under the 1950 Act was abolished. Although the court retained a discretion to make an interim order, there was no longer a requirement for an interim order to be made before an adoption order could be granted.

Adoption societies remained a feature of the adoption system under the 1967 Act. As before, bodies of persons other than welfare authorities and registered adoption societies were prohibited from making arrangements for adoption.[361] Adoptions arranged by individuals continued to be lawful.

The 1967 Act was itself replaced by the Adoption (Northern Ireland) Order 1987, which came into force on 1 October 1989, during the period of direct rule. It was the first piece of Northern Irish adoption legislation not made by the Parliament of Northern Ireland. At the time of writing, it remains in force, pending the commencement of the Adoption and Children Act (Northern Ireland) 2022. It followed both significant reform in England and Wales in the Adoption Act 1976 and the *Report of the Children and Young Persons Review Group on the Adoption of Children in Northern Ireland* in 1982.

The 1987 Act introduced significant reforms and innovations, including the establishment of an Adoption Service provided by health and social services boards, the introduction of 'freeing orders' which enabled parental rights to be transferred from parents to an adoption agency, a requirement that adoption societies renew their registration every three years, and a right of access to birth records for adopted people upon reaching the age of majority. The 1987 Order also prohibited for the first time individuals from making arrangements for adoption or placing a child for adoption, unless they were the parent placing the child with a relative, or the individual was acting under a court order. The role of the guardian ad litem was retained, but the possibility of conflict of interest on the guardian's part was addressed by a requirement that he or she be an officer of a Board or employee of an approved organisation who was not personally involved in the making of arrangements for adoption.[362]

In 1952, there were 12 voluntary adoption societies registered in NI. Societies were established to service both Protestant and Catholic communities. Welfare authorities also organised adoptions. These responsibilities were subsequently taken over by the health and social care trusts.

The numbers of adoption societies changed as some closed or ceased to carry out adoption work and others opened. In the 1960s, the number had reduced to four adoption societies: the Church of Ireland Adoption Society, Mater Misericordia Adoption Society, Down and Connor Catholic Family Welfare Society, and the Derry Diocesan Child Welfare and Sisters of Nazareth Adoption Society. Mater Misericordia Adoption Society ceased its adoption work in 1969.

Adoption societies often had very close links with mother and baby institutions, some being run by the same religious organisations running the institutions. Other adoption societies were closely associated with baby institutions.

8.6 Consent to adoption

8.6.1 Consent requirements and safeguards

Under the 1929 Act, the general rule was that an adoption order could only be made with 'the consent of every person or body who is a parent or guardian of the infant…or who has the actual custody of the infant or who is liable to contribute to the support of the infant'.[363] The court had to be satisfied that every person whose consent was necessary had, in fact, consented to and understood the nature and effect of the order. In particular, the court had to be satisfied that any parent understood the effect of the order would be to permanently deprive him or her of their parental rights. The consent form prescribed by the County Court Rules (Adoption of Children) (Northern Ireland) 1930 was worded as follows.

> "I [undersigned] [relationship to infant/petitioner] hereby state that I understand the nature and effect of the adoption order for which application is made (and that in particular I understand that the effect of the order will be permanently to deprive me of my parental rights.) And I hereby consent to the making of an adoption order in favour of the Petitioner.

The fact that consent was required to a particular order suggests that the birth mother would have been told who the prospective adopters were.

Exceptionally, it was open to the court to refuse to make an order unless all parties attended before the court, but it had discretion to dispense with the attendance of any party, including the mother.[364] It was, however, possible for the court to dispense with a parent's consent in certain circumstances: if satisfied that the person had abandoned or deserted the infant, had failed to contribute to the infant's support, could not be found, or was incapable of giving consent, or any other circumstances where the court deemed it appropriate.

Under the 1950 Act, consent to an interim order was required of 'every person or body who is a parent or guardian of the infant, or who is liable to contribute to the maintenance of the infant'. There were similar provisions to those in the 1929 Act enabling the court to dispense with consent, including in circumstances where it was 'unreasonably withheld' or the person was one 'whose consent ought in the opinion of the court to be dispensed with'.[365] In contrast to the 1929 Act (in which consent was required to be to the specific adoption order), the 1950 Act allowed for either a general consent that the infant be adopted, or a specific consent in respect of the particular proposed adopters. A mother who had given general consent to adoption could not withdraw that consent on the sole basis that she did not know the identity of the proposed adopters. In order to have validly consented to an interim order, a mother was required to have had an understanding of the nature and effectiveness of the final adoption order.

The mechanisms for ensuring compliance with Section 2(3)(a) were originally set out in the Adoption of Children (Northern Ireland) County Court Rules 1950. These were

replaced by the Adoption of Children (Northern Ireland) County Court Rules 1954 to allow general consents for adoption to be given without the necessity of serving the mother with the petition for the final order, thereby revealing the identity of the adopters. The 1950 Rules required that consent to adoption be given in writing in a prescribed form, signed by one witness. The 1954 Rules introduced a requirement that the form be witnessed by a Justice of the Peace.

The 1950 Act provided for the first time that consent to an adoption could not be provided less than six weeks after the birth of the infant. It is not clear whether the intention of this provision was that mothers and children would not be separated for six weeks, or merely that mothers would not be asked to consent to adoption in the immediate postpartum period.

The 1967 Act provided that consent could be given to adoption generally, or to a particular adoption, and it could be given before any application for an order was made. It could be given unconditionally or subject to conditions relating to religious upbringing. The requirement for consent to be given six weeks after the child's birth was retained. Consent could be dispensed with on grounds similar to those provided for in the 1950 Act, but it was now specified expressly that in deciding whether to make the order, the welfare of the infant was the Court's paramount consideration. There was no requirement that the mother had to attend court to give consent; a written consent in the prescribed form witnessed by a Justice of the Peace or other judicial officer was sufficient. The consent form was more detailed than under the 1954 Rules, including a section confirming the signatory's understanding that the court could not make an order without her consent unless it was dispensed with under the statutory grounds for doing so. It also provided that the signatory understood that the document could be used as evidence of consent.

Under the 1967 Act, the guardian ad litem was also given a role in the context of consent inasmuch as the Adoption County Court Rules required that the guardian was required to report to the Court on 'whether every consent to the making of an adoption order was freely given and with full understanding of the nature and effect of such order'.

Under the 1987 Order, consent to adoption can be given directly or by way of an application for a freeing order jointly by the parent and an adoption agency, that is, either a health and social services board or a registered adoption society. Consent to a freeing order must be given 'freely, and with full understanding of what is involved', and it cannot be given until six weeks after the child's birth. Consent may be given to adoption generally or specifically to a particular adoption, and either unconditionally or subject to a condition as to religious upbringing. The effect of a freeing order is to transfer parental responsibility from the parent to the agency, from which it would be transferred on to the adoptive parent or parents by an adoption order. Consent to a freeing order may be dispensed with in certain exceptional circumstances, such as where the parent cannot be found, where the parent has persistently failed without reasonable cause to discharge the parental duties in relation to the child, or where the parent has persistently or seriously ill-treated the child. Consent for a freeing order is required to be witnessed by a Justice of the Peace. The requirements of consent to an adoption order are similar to those for a freeing order.

The Rules made under the 1987 Order retained the requirement that the guardian ad litem ensure so far as is reasonably practicable that any agreement to the making of an adoption order is given freely and unconditionally and with full understanding of what is involved.

8.6.1.1 Lack of consent

In its 1959 report, the Child Welfare Council observed that in the first two years of the life of a child born outside of marriage, 'the greatest pressure is brought to bear by the mother or her relatives to have the child placed in care'. It went on to suggest, demonstrating widely held attitudes of the time, that the only solution was 'placing the child in a home, and the return of the mother to the community without the social handicap of an illegitimate baby'.[366]

Minutes of meetings in the 1960s in one mother and baby institution record that the indecision on the part of mothers gave those involved in organising adoptions 'a lot of trouble'. In some cases, clerics were invited to speak to women who were unsure about consenting to adoption. The records also refer to the issues of getting adoption consent forms signed by mothers and how staff would take them to the Justice of the Peace to have the consent form witnessed. Girls and women were encouraged to stay in the institution for six weeks after giving birth to facilitate the signing of consent forms. This policy emerged after cases in which birth mothers could not be traced after leaving delayed the completion of consent forms.

Pressure from parents is evident in the records relating to the case of a teenage girl who was admitted to a mother and baby institution (MBI 5) in the 1970s. The records suggest that her parents grew frustrated about her indecision about the adoption of her baby. While initially 'understanding', her father began to take a 'fiercer stand' and it was his disappointment that led his daughter to 'favour adoption as the final decision!!' In one mother and baby institution (MBI 6), the records make reference to a small number of cases in which there were difficulties getting mothers to sign adoption papers. In one such case, the mother had gone to England without signing.

The records of the mother and baby institutions indicate that it was not unusual for children to be sent out for 'nursing and maintenance or for the purposes of adoption' before they were six weeks old. In the records of some institutions this is recorded as 'adoption' even before consent for adoption had been given. Testimony also suggests that in some cases, consent forms were signed by mothers before the child was six weeks old, which was in breach of the statutory requirements.

In testimony given to the IP, some birth mothers spoke of having been 'coerced' into giving their children up for adoption. Several women said they were not offered any choice other than adoption. Most of the birth mothers who shared testimony about adoption reported that external pressure was a significant factor in their agreeing to have their children adopted. Such pressures came from families, religious figures, social workers and staff in the institutions.

Describing her experience of being in a mother and baby institution (MBI 3) in the late 1960s, BM026 remembered the attitude of the staff who worked there: 'this baby is going, and that was it, end of'. BM024, who was admitted to MBI 6 in the late 1960s, similarly recalled that the staff 'just told you the child was being adopted and that was it. And the child went for adoption.'

BM013 was in a mother and baby institution in the 1970s. She reported that she was told by a priest: 'you cannot bring this baby into the world, and you keep that baby, you have him adopted to a nice mummy and daddy'.

BM036, who was in the same institution in the 1970s, recalled that the head of the institution 'called me to her office. She informed me that when I entered, I entered with the understanding that my baby would be adopted'.

BM022, who was 16 when she was admitted to MBI 6 in the 1980s, said: 'you were told from the very beginning, wasn't really discussed about what you wanted to do'.

Many birth mothers told the IP that their desire was to keep their baby and that they had expressed this at the time. However, they explained that they often felt overwhelmed by the arguments and priorities articulated by others around them at this crucial time. For example, BM019, who was 19 when admitted to a mother and baby institution in the 1980s, told the IP that 'periodically…a social worker would have come in for meetings and kept pressing [me] to sign forms and sign forms'.

A common theme in birth mothers' testimonies is their lack of understanding of consent forms. Some said that they did not understand what they were signing or that they did not have any clear memory of signing a consent form. BM028, who was admitted to MBI 5 in the 1970s when she was 19, told the IP: 'I have a funny feeling the day she [her daughter] come out of the hospital I think I signed something that day'. Such a consent form, signed just days after the child was born, would not have been valid. Other participants — CNA071 and CNA095, for example — pointed to anomalies in the consent forms in their adoption files. This testimony, recorded in more detail in the next chapter, raises serious questions about the integrity of the process in their cases.

BM033 told the IP that she attempted to be reunited with her daughter three years after they were separated in a mother and baby institution (MBI 7). When she tried to trace the child, she was told: 'No, she was adopted' and that 'I had signed the final consent form'. She told the IP: 'I didn't know what even I was signing…[I was told] "Just sign that"'.

BM010 gave birth in a private nursing home (Private Nursing Home 1) in the 1970s, when she was in her early twenties. She told the IP that she had no understanding of what she signed.

> "I felt completely intimidated and that I had no choice but to do as I was told. It is only since getting my file from the [name of trust] recently that I now realise I was probably being asked to sign official documents for the adoption of my child.

In common with some other mothers who spoke to the IP, BM010 had to attend an inappropriate public location to sign official forms, in the presence of a Justice of the Peace. In her case, it was a glass office in his shop, where the customers could see her. She described her meeting with the Justice of the Peace to the IP:

> “[N]ow this is form [whatever]”, he must have used some words or something to say adoption, you know, so he said “You know what you’re doing?” And I was so frightened I said “Yeah I do know, I do know, yeah, yeah, yeah, yeah”. “You know once you sign this you’ve no rights to your child ever again?”. And I went “How do you mean? I had a child, how do you mean I don’t have rights?” I was thinking that, I thought I want to get out of this box, go away, run away and that’s what I did.

BM009, who also gave birth in a private nursing home (Private Nursing Home 1), said that she was taken into a pub to sign consent forms. She explained that ‘as a 17-year-old I felt very intimidated and frightened. I was in a pub…by myself with two men, one of whom was a complete stranger to me. The other man, a Minister, whom I felt was a person of authority who I should obey. I felt like I had no choice but to do as I was told’.

BM075 was admitted to a mother and baby institution (MBI 6) in the 1980s, aged 16. When her consent form needed to be witnessed, she was taken to a shop owned by the Justice of the Peace to have the form witnessed there.

Testimony from social workers provides another perspective on procedures around the giving of consent to adoption. Social Worker 1, who began her career in the 1960s, insisted that clients in mother and baby institutions did get to discuss their options with their social worker. She said that, in some cases, this took place ‘ad nauseam…and I mean some of them did…people tried to come to a decision, not wanting, possibly, to come to a decision that they were coming to…Hoping, maybe, that their parent was going to, their parents were going to relent.’

Social Worker 1 recalled that social workers themselves sometimes became distressed when a birth mother’s family were ‘just saying “absolutely not” when their distraught daughter pleaded with them to let her keep her baby.’ She suggested that ‘as a rule of thumb, if the grandparents’ resistance to their daughter keeping the baby did not weaken when the child was born, then the birth mother was unlikely to keep her baby’. In her view, social workers had no motivation to press for adoption: ‘there was no kudos in a child being adopted’. She added that scrutiny was provided by the guardian ad litem and the courts. Social Worker 1 recalled occasions when she had taken a birth mother to a Justice of the Peace to sign consent forms. She said that the Justice of the Peace had always explained the context and implication of signing the documentation. She said, at this point ‘the social worker didn’t intervene, all the social worker did is, possibly, take them there’.

After 1987, when adopted adults were given the legal right to access their birth certificates, Social Worker 1 met large numbers of birth mothers. In this context, she observed: ‘Now I have to tell you that of all those people I’ve seen, many said that they

did not wish to consent, they would not have consented if they had been supported by their family. Right? And that was a big issue. No one said to me, “a nun made me sign”, no one. And I feel I have to say this, because it didn’t happen.’

Social Worker 3’s testimony also reflected on the issue of informed consent. Having worked with birth mothers who were seeking help to contact their adopted child, she explained her view.

> “Often the perception was that they had been forced to give up their baby when, in fact, they had signed consent. But often, then, there wasn’t counselling involved, there wasn’t real support, so in their eyes and experience they had no option at all. So it sort of was a forced consent even though, legally it wouldn’t have been seen like that.

As far as the consent forms were concerned, Social Worker 3 questioned whether the ‘consent’ given ‘was informed, because at that stage the consent hadn’t as much support around it’. She did not feel that there was always ‘evidence of the fact that a mum knew what she was doing. So it’s about protection first. And mums were often so isolated.’ Social Worker 3 empathised with those young women who had to make such a life-defining decision when enveloped by ‘the trauma. The fear. The pain. The uncertainty. And I would’ve often thought a feeling of being completely isolated. Nobody on their side, as it were. Because, again, there was very much a culture of presumption, that if you had a baby outside marriage then the baby should go to — quote – “a good home” — unquote.’

Social Worker 3 believed that there was a ‘simplistic expectation that…if you had a baby outside of marriage you didn’t feel the same, it wasn’t the same’. At one point this had been reinforced by protocols around births: ‘I mean even in hospitals, probably before my time, mums were encouraged not to see their babies…Because there was a fear they would have this emotional tie’.

Social Workers 39 and 40 were not as confident as Social Workers 1 and 3 that the procedures around the giving of consent to adoption effectively protected the rights of birth mothers and their children. They were particularly concerned about the practices of Social Worker A, described above in the section on protection against abuse and neglect. They believe that she did not follow all the necessary ethical and legal protocols.

Under the 1950 Act, an interim adoption order included an order for the appointment of the local welfare authority (or an officer thereof) as guardian ad litem of the infant. It was the role of the guardian to supervise the welfare and safeguard the interests of the infant.[367] The rules required the guardian to investigate the circumstances of the infant and the prospective adopter and to report on these to the court. The guardian’s report was broadly the basis on which the court would come to a decision to grant, reject, or postpone the application and determine the duration of the interim order. If the guardian was not satisfied that the adoption would be a success, he or she could apply to have the interim order discharged. The role of the welfare authorities in this context could lead to conflicts of interest in cases where it was the authority that arranged the adoption. In

such cases, the authority would be both the petitioner seeking the order and the guardian investigating whether the order should be made.

Some social workers who gave testimony reported problems with guardian ad litem reports, which should have acted as safeguards to ensure that consent given to adoption was full, free and informed. However, until the 1986 Order came into force, there was no requirement that the guardian be independent of the agency that arranged the adoption, so that conflicts of interest could potentially arise.

8.6.2 Regulation of payments around adoption

Payments to the parent or guardian, or to the adopter, in consideration of the adoption were prohibited by the 1929 Act, unless sanctioned by the court.[368] In making the order, the court was required to be satisfied that the applicant for the adoption order had not received or agreed to receive, and that no person had given or agreed to make or give, any payment or reward to the applicant in consideration of the adoption otherwise than as approved by the court.[369]

Under the 1950 Act, payments in consideration of or in connection with the adoption of an infant were prohibited, and the court in making an order was required to be satisfied that the applicant for the order had not received, and would not receive, any payment or reward other than as provided for in the Act or as approved by the court.[370] Payments permitted by the Act included those made or received by welfare authorities in connection with adoption and payments to or by a registered adoption society in respect of an infant's maintenance. The 1950 Act also prohibited any person from advertising that any parent or guardian wanted their infant adopted, that anyone was looking for a child to adopt, or that anyone was willing to arrange adoptions (unless a registered adoption society or welfare authority).[371] These rules were substantially replicated by the 1967 Act when it replaced the 1950 Act, and by the 1987 Order when it, in turn, replaced the 1967 Act.[372]

The institutional records indicate that, while payments to the adopter were prohibited under the 1929 Act, it is evident that, until the 1950 Act, mothers were paying an adoption premium to have their children adopted and were expected to pay costs for fostering and residential placements.

The records of one mother and baby institution indicate that mothers were paying at least £20 (approximately £750 today) for the adoption of their children. This money appears to have gone to the adoptive family, and it was the adoptive family that decided the amount of money to be requested. Some women had families who were able to cover these costs, while others relied on charity. In some cases, employers covered the costs so that the woman could return to work.

Many adoption societies encountered difficulties in finding adoptive or foster homes for babies. The records of one mother and baby institution note that 'adoption drives' took place in the local church communities in the 1940s. Agencies resorted to knocking on doors to try and identify prospective foster homes. Advertisements were also placed

in newspapers to recruit families to adopt children. One adoption society placed such advertisements in the press during the 1950s and early 1960s. There was correspondence between the Ministry of Home Affairs and this adoption society in 1959 around the legality of such advertisements after an advertisement had been published by the *Irish News* for 'Kind Catholic Parents to Adopt Baby Girl 6 weeks old', with a PO box number given for replies. The Ministry felt that this was a breach of the 1950 Act, whereas the Society argued that the advertisement was lawful, having been placed by a registered adoption society who were 'legally justified and entitled to advertise under a Box Number'.[373] They indicated that they would be happy to have the 'matter tested before the court'.[374] The Ministry backed down, deciding that no offence had been committed, and that it was further felt that 'parents of pregnant unmarried girls are often quite unaware of the circumstances necessitating their daughters residence in the Home concerned. If, therefore, the name of the Home were to be revealed in adoption advertisements, this would militate against the purely welfare side of the Home's activities and seriously prejudice the position of the unfortunate girls in relation to their families.'[375]

8.6.3 Transfer of children across borders

The 1929 Act provided for adoption of infants who were British subjects and resident in NI by people resident and domiciled in NI.

The 1950 Act provided for adoption of children resident in NI by adoptive parents resident and domiciled here.[376] The requirement in the 1929 Act that the child be a British subject was not retained. The 1950 Act also regulated the transfer of infants out of NI for the purposes of adoption in other legal systems. Such transfers were prohibited unless the transfer was to a British family member or a licence was granted by the court.

The 1967 Act extended the possibility of adoption under Northern Irish law to all those domiciled anywhere in the UK, Isle of Man or Channel Islands, so long as they were resident in NI; and those who were domiciled but not ordinarily resident in NI.[377] The Act was thereby extended to UK nationals from outside NI who lived there temporarily for work (members of the British Army, for instance) as well as Northern Irish people working temporarily in Great Britain. The requirement that infants proposed for adoption be resident in NI was retained.

Transfer of children within the UK was simplified by the 1967 Act, but a provisional adoption order giving the applicant custody of the child was necessary to transfer a child outside of the UK for the purposes of a foreign adoption.

The 1987 Order retained the provisional adoption order procedure in the 1967 Act. Removal of children for adoptions abroad was otherwise prohibited. For the first time, the Order prohibited both British subjects and citizens of RoI being taken outside the British Isles with a view to adoption by anyone not the parent, guardian or relative of the child.

The only record of the border being discussed by government officials as a complicating issue in terms of adoption seen by the IP relates to transfer of children from south to

north rather than north to south. It appears in a letter written in 1981 by an official at the Child Care Branch in the Department of Health in NI asking for legal advice. The letter explained that the Western Health and Social Service Board had 'expressed disquiet about the activities of [an adoption society] which operates North and South of the Border'. It went on to describe the concerns.

> Apparently, the Society has been making regular applications to the Board for the placement of children born in the Irish Republic to mothers resident there, with prospective adopters resident in NI. The Board has grave misgivings (but no concrete evidence) that the mothers concerned are being unduly influenced, if not pressurized, by the Society's 'contacts' in the South into parting with their children without the opportunity of proper counselling on other options and alternative to adoption.
>
> As the prospective adopters earmarked by the Society in NI are invariably suitable, the Board, despite its serious reservations about the propriety of the initial stages of the adoption process, has no alternative but to approve these placements. However, the feeling of being party to an improper transaction remains.

It was further suggested that, in each cross-border adoption, the adoption society in question should be asked to 'provide a written assurance from their legal advisers that there has been no breach of Section 40 of RoI's Adoption Act 1952'.[378]

There is further discussion of the adoption society's cross-border activities in the records of the Child Care Branch in 1986. It is pointed out that Northern Irish law did not prevent the adoption in NI of children born in RoI to Northern Irish women, but that transfer to RoI of children born in NI to Northern Irish women contravened the 1967 Act unless a provisional adoption order was granted.[379]

Testimonies document cross-border movement of babies and children without the necessary formalities required under adoption law having been completed. A significant number of testimonies from children, now adults, raise questions about how they were born in NI and then taken over the border and adopted in RoI.

BM050 told the IP that her daughter was taken by a social worker to a baby institution in RoI, adding that 'she'd been taken over the border without my permission'. A few weeks later, BM050 decided that she wanted to take her daughter back and contacted the social worker to have this arranged. However, the social worker told her that 'the baby has gone to her [adoptive] parents'. She said she felt powerless to do any more. Some years later, she discovered that the baby had not gone to adoptive parents and that she was still in the baby institution in RoI. She said: 'I had a deep resentment against [Social Worker A]. And I just feel that with everything it wasn't my decision, you know. [I was] led, you know, and coerced. That's stayed with me all these years'.

CNA045 recounted a similar experience. He was transferred to a baby institution in RoI. He spent months there when his birth mother had been told that he had been adopted.

Like BM050, his birth mother ended her attempts to see him.

The institutional records seen by the IP indicate that at least 567 babies were moved across the border from mother and baby institutions. The majority were transferred for the purposes of adoption.

Records for the Nazareth House in Fahan, Co Donegal reveal how some babies who were born in NI crossed the border and spent time there before being adopted either in NI or in RoI.

The IP are concerned that, even though licensing requirements for north–south movement of children were in place from 1950, the institutional records contain scant reference to compliance with these rules. The IP have not had access to court records, which may contain evidence of compliance or non-compliance.

In circumstances where the IP did not have access to relevant court records, it is impossible to conclude whether legal requirements for cross-border movement of babies were generally observed or otherwise.

On the basis that the public inquiry will have power to access such records, the IP recommend that it investigate compliance with the rules relating to cross-border movement of children organised by the institutions and the state and voluntary adoption agencies associated with their operation.

8.7 Conclusions on respect for family life

8.7.1 Inadequate support for one-parent families

Considering the obligation of the state to respect and ensure respect for family life, the IP observe that a great deal more could have been done by the authorities, especially after World War Two, to protect the family unity of one-parent families.

The IP conclude that lack of access to sex education and contraception contributed to the discriminatory denial of reproductive justice to women in NI during the period 1922–95. Information about and access to abortion may also have been a factor. The struggle for reproductive justice in NI continues today.

The IP further conclude that for most of the period 1922–95, mothers without the material support of a partner or their own family had little prospect of obtaining material support for themselves and their children in the form of social welfare or of maintenance on foot of an affiliation order. For the reasons set out above, neither the social welfare system nor the mechanism of affiliation orders was adequate to the task. Unless she could somehow arrange childcare so that she could work, a single woman intending to keep her baby was confronted with the prospect of destitution for herself and her child. The

social welfare system improved from the mid-1970s, but it never provided an effective bulwark against poverty for one-parent families.

Accordingly, neither the social welfare system nor the family law regime in force at the time offered effective protection for family unity. In this predicament, faced with discrimination, stigma, poverty and an indifferent state, many mothers without alternative means of support had no meaningful choice but to enter the mother and baby institutions, or similar places such as private nursing homes and private homes operating as de facto mother and baby institutions, and to place their children for adoption.

The position could have been different had an effective system of state support for one-parent families been available. Such a system was envisioned by the Finer Committee, but, regrettably, its recommendations were not implemented. Similarly, a better system for ensuring that fathers provided financial support for their children could have meant less economic vulnerability for those children and the mothers left to care for them. Had such measures been in place, had family unity been properly recognised as a value worthy of the law's full protection, it is likely that many mothers and children who were separated would have been able to stay together and that so much pain and loss could have been avoided.

8.7.2 Practices around the giving of consent to adoption

On the basis of the records and testimony they have considered, the IP find that in many cases, it appears that inappropriate pressure was exerted on vulnerable women by family members, by religious figures, by adoption agencies and by social workers. This pressure was applied to ensure that they placed their children for adoption. Susceptibility to this pressure was certainly increased by institutionalisation. In these cases, the safeguards in place to ensure that consent was given, and that the consent was full, free and informed, for example, the requirement to have consent forms witnessed by a Justice of the Peace, and the involvement of guardians ad litem, appear to have been inadequate. There is, in these cases, evidence of forced family separation.

The IP find that the practices surrounding the giving of consent to adoption in the mother and baby institutions raise serious human rights issues, including forced family separation. The IP recommend that these practices should be further investigated by the public inquiry. In particular, the practices of Social Worker A merit special attention, given the concerns expressed by mothers with whom she had contact and by her social work colleagues who spoke to the IP.

In the view of the IP, the question of consent needs always to be considered and understood in the broader societal context. This was a context, as we have already said, of prejudice and discrimination against women generally, against 'unmarried mothers' in particular, and against their children. This was a context in which reproductive justice evaded girls and women, with access to sex education, contraception and abortion all circumscribed. This was a context in which social welfare provision for one-parent families was inadequate, and pursuit of an errant father for maintenance entailed a risk of

public humiliation. Taking these factors into account, the IP believe that even where, in a particular case, family separation was not forced in a technically legal sense, it does not necessarily follow that the adoption was voluntary in the true sense, or that the mother and the child were not victims of a harsh and unjust system. The IP recommend that, in its investigation of adoption practices in mother and baby institutions and their pathways, the public inquiry consider the wider context described above.

In the context of cross-border movement of children for adoption, the IP are concerned at the lack of evidence of compliance with formalities in the institutional records. The IP recommend that the public inquiry investigate compliance with the rules relating to cross-border movement of children organised by the institutions and the state and voluntary adoption agencies associated with their operation.

8.8 Private life and identity

The right to private life comprises, in addition to the right to privacy and the right to live as far as one wishes protected from publicity, 'the right to establish and develop relationships with other human beings, especially in the emotional field, for the development and fulfilment of one's own personality'.[380] The European Court of Human Rights has never attempted an exhaustive definition of the concept, but has held that it also covers the physical and psychological integrity of a person, so that it embraces multiple aspects of the person's physical and social identity.[381]

Respect for the right to private life requires that every individual be able to determine the details of his or her identity.[382] A person's name, as a means of personal identification and of connection to a family, concerns both private and family life under Article 8.[383] Persons seeking to establish their identity, or the identity of their parents, have a vital interest, protected by the ECHR, in receiving the information necessary to uncover the truth about an important aspect of their personal identity.[384] Article 8 also protects the right to access records about one's treatment as a child in state care.[385]

In addition, Article 8 requires the state to take positive steps to enable individuals to enjoy their privacy rights — including identity — and to prevent other, non-state actors from impinging on them. As far as procedures for access to information are concerned, the state must have in place a clear regulatory regime with an independent decision-maker that can ensure that a person's information is not improperly or disproportionately withheld.[386]

Related to the right to access to information about one's identity is the right to protection of one's personal data. This right grew out of international efforts to regulate automatic processing of personal data and transfer of personal data internationally.[387] It was further developed in EU law, and has also been recognised as an aspect of the right to respect for private life in Article 8.[388] Data protection remained part of the UK's legal system when it left the EU in 2020. The EU rules were re-enacted as the UK General Data Protection Regulation (UK GDPR). One of the most important rights enshrined in the UK GDPR is the right of access to personal data.[389] The right is not absolute but must be balanced with the rights of others.

8.9 Accessing information about births and deaths

8.9.1 Civil registration in NI

Civil registration began in Ireland with the Marriage (Ireland) Act 1844, which established a General Register Office in Dublin to which returns of marriages recorded after 1 April 1845 in each registration district in Ireland would be sent on a quarterly basis.[390] Subsequent legislation provided for the appointment of a Registrar General of Births and Deaths in Ireland, to whom periodic returns were made by superintendent registrars in the Poor Law Unions around the country.[391] The Notification of Births Act 1907 imposed a duty to notify the local medical officer of the birth of a child, including a stillborn child, on the child's father or the person attending on the mother.[392]

When NI was created, the 1844 Act was used as the basis to establish the General Register Office Northern Ireland (GRONI) in Belfast. Since 1922, every birth in NI has been required to be registered in the Register of Births. The Register contains the name of the child, the date and place of birth, and the child's father's and mother's names and address, along with the father's occupation. The name of the child's father is not required if the parents are not married and, in such instances, it is usual for the mother's occupation to be noted, and sometimes also her home address. Where a child is subsequently adopted, a note to this effect is made in the margin of the register beside the child's particulars. On foot of the information contained in the Register, a birth certificate can be furnished by GRONI. In NI, adopted people are issued with 'short form' birth certificates. These certificates contain only their adoptive name and surname, gender, date of birth and place of birth. Unlike long form birth certificates, they do not identify the person's parents.

The Register of Births is not open to inspection, but the index — which contains names, places and dates of birth — is. The index can be used to identify entries in the Register. In order to identify a relevant entry in the Register of Births, one needs to know a number of facts, which are the individual's name, and date and place of birth. Searches cannot be undertaken in GRONI's records without knowing at least a surname.

Since 1863, it has been an offence to give false information for the purposes of birth registration. However, offences relating to fraudulent registration have historically been treated as minor offences subject to short limitation periods (three years under the Registration of Births and Deaths Act (Ireland) 1863, for example) meaning that offences discovered outside that time period cannot be prosecuted. Today, the Perjury (Northern Ireland) Order 1979 provides that any person who wilfully gives to any registrar any false information concerning any birth commits an offence.[393] The Order also makes it an offence to make any false statement with intent to have it inserted in any register of births.[394] The limitation period remains three years.[395]

From the coming into effect of the Registration of Births and Deaths Act (Ireland) 1863, there was a general duty to report deaths to the registrar for the district in which the death took place.[396] The Births and Deaths Registration Act (Ireland) 1880 even specified an order of priority of persons whose duty it was to notify the registrar. The duty fell, first,

on the relatives of the deceased and thereafter on persons present at the death, and then the occupier of the house in which the death took place. The definition of 'house' included a public institution such as a hospital, and the definition of 'occupier' included the governor, keeper, master, matron, superintendent or other chief resident officer of every public institution.[397]

Birth and death registration for institutions in NI appears, in the main, to have taken place according to the legal requirements.

As the majority of births from mother and baby institutions took place in hospitals, the births and deaths were registered by the hospital in question. However, as baby names are not always recorded in institutional records it has not been possible to verify that all births were registered in NI with the name of a birth mother included.

Deaths in St Mary's institutions also appear to have been registered by a representative of the institution. The IP were able to locate death certificates for the overwhelming majority of people whose deaths are recorded in institutional records. The fact that some death certificates could not be located is likely due to differences between the names recorded in institutional records and death certificates, including differences in spelling and errors of transcription.

The IP do not consider failure to register births and deaths to have been a systemic problem in the institutions under investigation, or their pathways, during the relevant period.

From 1960, registration of stillbirths was also required by law.[398] A stillbirth is when a baby is born dead after 24 completed weeks of pregnancy. The registration requirement in NI was introduced much later than in England and Wales, where it had been required since 1926, and in Scotland, where it was mandated from 1938. It has not been possible to determine whether all stillbirths recorded in institutional records were registered under the Registration of Still-Births Regulations (Northern Ireland) 1960 because GRONI declined to permit the IP to inspect the Register on the basis that it is not open to the public.

8.9.2 Experience of seeking access to civil registration information

The IP heard testimony from people whose birth certificates carry incorrect information. These included people whose adoptive parents' names were entered on the birth certificate as though they were the person's 'biological' parents.

For instance, CNA027 told the IP: 'I discovered in 2006, at the age of [in his fifties], that I had been adopted on the day of my birth…My birth certificate bore no evidence of being an adoptive person, in fact my adoptive parents were recorded as being my biological parents.' His mother had been advised by a local clergyman to cross the border from RoI to give birth in NI at the home of the clergyman's own mother. It had then been arranged for a married couple to take CNA027 to their own home and to register him as their son.

CNA087 also referred to false information being provided on her birth certificate. She was born in NI during the 1950s. Her mother had crossed the border and had been admitted to MBI 6 before giving birth to CNA087 in a private nursing home.

> “I knew my birth cert was wrong anyway because it said my [adoptive] mother and father were my birth parents, which they weren’t. Anyway, it turned out my date of birth was incorrect as I’d known it, or thought I’d known it. I was not born on the 17th of February; I was born on the 16th of February…now I have two birth certificates, one for the 16th of February issued by the authorities in Belfast, and one of the 17th of February issued by the authorities in Dublin with my [adoptive] father as the declarant that he was my birth father and my birth mother was my birth mother and I was born at home, which is all completely false.

CNA094 was born in MBI 9. She told the IP that ‘[m]y listed father on my birth certificate was her [birth mother’s] husband but according to records he died in 1944 in Italy in World War II…two years before I was born’.

The IP are concerned that the civil registration system may not have contained sufficient legal safeguards to guard against false registration. In particular, criminalisation provisions for giving false information have too short a limitation period, especially given that false registration may only be discovered long after it has occurred, and that it has such serious and irreversible consequences in terms of the right to respect for private and family life and identity for people affected.

According to the records of the mother and baby institutions seen by the IP, at least 567 babies were moved from NI across the border to RoI during the relevant period. It has not been possible to determine whether they were all registered in NI before moving or if they were re-registered in RoI as though they had been born there. Access to records from institutions in RoI by the public inquiry may allow for some further clarification of these transfers. For a full and comprehensive understanding of birth registration, co-operation with GRONI would be required as accessing the records via their online systems is difficult, time-consuming and expensive.

Because of the way records are filed by GRONI, it has only been possible to search for civil registrations by name. It has not been possible to search by address. This means that it has not been possible to identify whether there were birth or death registrations for an address that may have not been recorded in institutional records. This has also meant that it has not been possible to identify the precise extent to which private nursing homes were used as de facto mother and baby institutions for unmarried girls and women. The IP suggest that the public inquiry may be better placed to undertake this research given the statutory powers with which it will be conferred.

8.10 Accessing personal information

8.10.1 Legal mechanisms for access to personal information

During most of the relevant period, the law operated on the assumption that people entering, living in and leaving the institutions under investigation wished to do so secretly. Probably this approach reflected the societal attitudes of the times yet, at the same time, it did nothing to challenge or change such attitudes.

The law respected and guaranteed this secrecy through measures protecting confidentiality and restricting access to information. In addition to the specific measures referred to below relating to confidentiality, the law provided for a remedy in tort against breaches of confidence. This remedy was available when the information had 'the necessary quality of confidence about it', the information had been 'imparted in circumstances importing an obligation of confidence' and there was 'an unauthorised use of that information to the detriment of the party communicating it'.[399]

Records in private hands are the property of those who created them. Until the Data Protection Act 1984 was enacted, there was no obligation on private individuals or organisations to provide access to records to people to whom the records related.[400] On the contrary, where records contained information given in confidence, disclosure could give rise to a cause of action for breach of confidence. In the context of litigation, discovery could be ordered by a court of private documents relevant and necessary to the determination of the proceedings.

Rights of access to public records developed gradually, and only towards the end of the relevant period. In Great Britain, the Access to Personal Files Act 1987 imposed an obligation on public authorities keeping records containing personal information to provide access to the people to whom the records relate. The 1987 Act did not extend to NI, and a similar measure, the Access to Personal Files and Medical Reports (Northern Ireland) Order, was not introduced until 1991. The relevant provisions of the 1991 Order were replaced by the Data Protection Act 1998, which has since been replaced by the Data Protection Act 2018 and the UK GDPR.

Medical records can be accessed by invoking the right of access to personal data in the UK GDPR. A very limited mechanism for access to the medical records of deceased people is established under the Access to Health Records (Northern Ireland) Order 1993, which allows access to the medical records of a deceased person only in very limited circumstances: by a deceased person's personal representative for the purpose of settling the deceased's affairs (either as the executor of their will, or the administrator of their estate) or a person who has a claim resulting from the person's death (such as, e.g., a family member with a fatal accident claim).[401] The confidentiality of medical records even after a person has died is intended to protect doctor-patient confidentiality and patient privacy, which are doubtless very important aspects of the right of access to health care. It must be recognised, however, that the general rule barring access to the medical records of deceased people, subject to very limited exceptions, has a particularly

acute effect on adopted people, who very often cannot obtain information on family health history directly from their birth parents in the same way as people who have not been adopted usually do.

The Public Records Act (Northern Ireland) 1923 established the Public Record Office of Northern Ireland for the reception and preservation of certain public records. PRONI assists government departments, the courts, and other authorities to identify important records to ensure that they are preserved. PRONI has sophisticated systems to ensure that records are stored appropriately, and that access is managed effectively. Unfortunately, this is not necessarily true of all public authorities.

In the IP's opinion, there are issues with public records created by many public authorities in terms of where and how records are held, retention and disposal schedules, and policies governing the transfer of records to PRONI. Much institutional knowledge about record-keeping appears to have been lost, leading to difficulties in locating important public records. This situation adversely affects victims-survivors and their families in the exercise of their right to access personal information.

The IP have found that where institutions kept records about people who passed through them, those records generally contain far fewer details than one might expect. The lack of detail in the records may have been related to the secrecy surrounding admission. It may also be because the records were generally for internal use only, and it was not anticipated that they would ever be released. In some institutions, the records became more detailed in the later decades of the twentieth century. It is also possible that records containing systemic information that did not form part of a case files or registers were simply destroyed when institutions closed because such records were not considered as important as personal information.

As described in more detail in the chapter on the Records and Archives Working Group, the IP's experience has been that outside of PRONI, the majority of public and private records have not been held in appropriate archival conditions. For example, records relating to one institution were destroyed in a fire. Other records were found in an outhouse, where they had suffered substantial damage. Others still were held in commercial storage facilities, which did not meet archival standards.

8.10.2 Accessing information about adoption

From the introduction of the Adoption of Children Act (Northern Ireland) 1929, confidentiality was a feature of the adoption system until the current regime was introduced in 1989. A loophole which enabled birth parents to learn the identity of adoptive parents was closed by the 1950 Act, which introduced measures to allow consent to be given to adoption generally, rather than to an adoption to named adoptive parents.

Access to court files was controlled by the court in which the adoption order was made, and the files were to remain confidential unless the court directed otherwise.[402] Throughout the relevant period, applications for adoption orders were heard in private.

The files of adoption agencies were also confidential. Under the Adoption Societies Regulations (Northern Ireland) 1969, registered adoption societies were required to ensure that none of their records were accessible to unauthorised persons. This excluded the possibility of access to adoption records by adopted people. It was not until 1989 that a discretion to grant access was conferred on adoption agencies by Article 15 of the Adoption Agencies Regulations (Northern Ireland) 1989.

The 1989 Regulations remain in force in NI. It is also possible to request access to adoption records under the UK GDPR, though it is understood that it is intended that such records will be exempted from the UK GDPR process so as to bring access to adoption records in NI into line with procedures in the rest of the UK.

Under the Adoption of Children Act (Northern Ireland) 1929, an Adopted Children Register was created. All adoption orders were required to be recorded in the Register. The obligation to register adoption orders was continued under the Adoption of Children Act (Northern Ireland) 1950, the Adoption Act (Northern Ireland) 1967 and the Adoption (Northern Ireland) Order 1987. The Adopted Children Register is not a public document, but copies of register entries can be obtained using a publicly accessible index maintained by GRONI.

The Adoption (Northern Ireland) Order 1987 created for the first time a mechanism whereby an adopted person can apply to the Registrar General for access to their original birth registration.[403] This process is particularly important for adopted people who do not know enough details about their birth to find the information in the Register of Births themselves (i.e., their original surname and first name). It also envisages that counselling will be offered to an applicant by their local health and social care trust. For persons adopted before 18 December 1987 (i.e., the day the Order took effect), an interview with a counsellor is a precondition of access to original birth registration records. This differential treatment is difficult to justify objectively. It will be abolished when the Adoption of Children Act (Northern Ireland) 2022 is commenced.[404]

The records of the mother and baby institutions reflect the concern of those organising adoptions that the identity of adoptive parents should be kept from birth mothers. There are references in the records of one mother and baby institution to birth mothers trying to find out where their babies were being taken by recording car number plates or trying to find out information about adoptive families. There are a number of cases in the institutional records where mothers contacted the institution to get information about their baby, unaware that the child had already been adopted. Some mother and baby institutions recorded inquiries made by mothers about children, and children about mothers. Correspondence in the records of one institution discusses how a baby appeared to have crossed the border into RoI and been adopted without her mother knowing this or signing any paperwork. The correspondence suggests that babies went to one particular institution in RoI for the purposes of adoption but that the relevant paperwork was not always filled in. The letters record the feeling on the part of the institutional staff that there was ‘little chance’ of the mother getting her baby back.

8.11 Experience of seeking personal information, including about adoption

8.11.1 Testimony from participants

Many participants who were adopted from mother and baby institutions described the difficulties they have faced in establishing their identity. Similar problems were experienced by children, now adults, who went from the institutions into care. Victim-survivors seeking records from public bodies experienced similar difficulties.

BM019 described the difficulties she experienced and the sometimes contradictory responses she received from controllers of institutional records when attempting to access records containing personal information about her.

> “I had wrote, maybe a couple of times to [the mother and baby institution]…and they had wrote back saying that there was no records kept, yet I was able to get a very small file…a very, very, small file of very, very, basic information…the medical records, I had wrote to the [relevant health and social care] Trust. Yes, and they had been destroyed, they said they only kept them for 30 years or something and they had been destroyed.

In seeking records from an adoption agency, BM034 experienced significant delays, recalling: ‘when I went back to first [the agency] a few years ago to try and get some information about my daughter and I had to wait, I was told I had to wait six months for an appointment to see them. I remember thinking, “Oh, God, I didn’t have to wait six months when you wanted my baby”’.

BM014 said the process of seeking information was ‘like flogging a dead horse’.

BMBC said it was ‘a very, very difficult process’. BMBC discussed her efforts to secure information about the son she gave up for adoption.

> “It was like a puzzle…they ran me a merry tune…the Catholic Adoption Agency, because I didn’t actually realise and still don’t know if I have any rights in terms of… freedom of information of getting my file now…they didn’t give me any support, and I was quite…this was sporadically over the years, and…I just found it a very, very difficult process, so I didn’t continue with it.

CNA013 said it was ‘frustrating’, while CNA081 said it was ‘really hard’.

CNA021, who was born in NI and adopted in RoI, experienced delays and frustrations in piecing together details of their early life.

> Dealing with the adoption authorities North and South of the border was frustrating because one they didn't really coordinate and I tended to get this run around… Whenever I was transitioned out of Northern Ireland, I don't know, because I have no record of that…So I just cannot find that missing link of two and a half years… what I would like to try and find out is where the records are, if there are records of those two and a half years or so, and also the chain of custody.

On being told that records about her child had been destroyed, BM002 said she felt 'horrible…because I'd just love to have known hopefully he was adopted to good parents you know, always pray that, pray that they was happy, and happy in life just you know, so let's, but as I said I've no information at all about him'.

In describing efforts to locate and access records of their early life, CNA047 recalled the following.

> Everything was difficult to get, you know…and you always feel as if there's something they're not telling you, or you know, there's just a lack of trust in people, you know, and there's so many hoops you have to jump through.

Similar experiences were described by CNA003, who was tempted to give up their search due to the delays and frustrations.

> My argument was have you, do you know who your mother is? Do you know who your family look like? Do you know who, when you go to your doctors and they ask you, do you know who the information that they're looking for? When you went to school were you chastised as a child and called all the names of the day because you were adopted? You weren't, so don't treat me as a criminal was what I had said to them. And I was very abrupt when I said it to them, because this is just going on and on and on, and at numerous stages I was just going to stop. And I thought you know what I'd be giving in to them and they would be the winners of this.

According to CNA013, 'If we had had to wait for the official channels to do their job, or to do as best they could I think we've been still waiting. I found that very frustrating.'

CNA015 said: 'there's more out there that exists that I don't have my hands on… the court records that I don't, I don't know if they're like a one-pager or there's more information from them'.

CNA067's birth mother claimed never to have signed a legal document regarding adoption. When he asked to view whatever signature existed, CNA067's social worker told him: 'That's in the court, I don't think I could get that'. The social worker subsequently asked a colleague who worked in the court to check the file and view the signature,

but CNA067 has not been able to view the consent form or any other part of his court adoption records.

CNA095 also had to rely on a social worker as an intermediary with regard to accessing court records. In this case, the social worker was allowed to view records and make a list of them, but not to record the contents of any of the documents. CNA095 spoke of the confusion and inconsistency surrounding the confidentiality of court adoption records.

> “Even solicitors don’t seem to know the answer to how do you gain access to Court records about adoption in Northern Ireland. And we, I knew of people who have been adopted in Omagh or Derry who have gone into Omagh or Derry Courthouse and said, ‘I’d like to see my adoption Court files,’ and they’ve been able to sit down with them and read through the file. But it appears that the High Court in Belfast is a different story. And I have no clue as to why my adoption went through the High Court.

Similar issues were highlighted by CNA099, who said: ‘we’re all getting conflicting information about whether the social worker can access court records, or you’ll get court records, we can’t get them. It’s just round the houses’.

CNA003 expressed this frustration in relation to both the time taken to secure access and the limited nature of the information made available: ‘If the information was there why did it take them three years to produce that A4 piece of paper…I’m an A4 piece of papers with six or seven lines on it’.

Describing a request to an adoption agency for information about adoption, CNA024 said: ‘Nothing, nothing. I got no response…I knew I was getting a runaround by these people’.

Access to records about his birth was a concern to CNA119, but the adoption agency concerned ‘refused. And refused again, I then received a transcribed copy that was incomprehensible.’

The frustration felt by many affected persons at the filtering of their personal information and the restrictions placed on access by adoption agencies is summed up succinctly by CNA130, who said the social worker she dealt with in the relevant agency presented her with ‘the A4 piece of paper where she’d printed out what I was allowed to know’.

CNA126’s birth mother was sent by her parents from RoI to MBI 5 in NI to give birth in 1972. She shared testimony with the IP about the uncertainty she has experienced about her family medical history. This has become very important to her, as she has multiple sclerosis and wonders if it could have been diagnosed earlier. She also wonders if an early diagnosis might have left her in a healthier financial position than the one she has found herself in due to having to give up her work. CNA126 was hospitalised for three months by a mystery ailment in her teens, causing the first onset of her concern about her inability to access her birth family to learn their medical histories. She told the Panel what happened at that point.

> They didn't know what was wrong with me. I was adopted through [name of adoption agency redacted]. And I knew that because I think my mam was losing her mind and I remember her relatives were down from [location redacted] and everything, I was so unwell. And they were ringing [name of adoption agency redacted] and just looking for any kind of medical history, [saying] 'we don't know what's wrong with this girl. She's really, really unwell'. They [the adoption agency] said 'no it's a closed adoption, so we can't tell you anything.' And I do remember my [adoptive] mam kinda getting angry at that point.

Significant concerns arising from their inability to access family health records or to ask birth family members about genetic medical conditions was an extremely frequent topic in testimonies from children, now adults, who had been separated from their birth family. CNA119 provided an example of a dramatic and upsetting moment in his own life when he experienced the reality of the adopted person's ignorance of their family's medical history.

> When I was nineteen, I collapsed and barely breathing was ambulanced to hospital. The usual indignity of a medical setting and being asked 'do you have anything like this in your medical history?' all I could muster through the oxygen mask was 'ADOPTED'. There were no questions or follow up after that. A panicked 45 minutes in the crash room of the hospital and I had stabilised.

Eventually, it was discovered that CNA119 was experiencing a severe allergic reaction to a fruit that he had eaten.

P041 shared testimony on behalf of her deceased husband who was born in a mother and baby institution in RoI in the late 1940s and then adopted by a couple in NI. As an adult, some years after his own marriage, he began to search for his birth mother but 'she didn't want to know so he stopped. He did not want to upset this woman who he always thought has come through enough.' However, when P041's husband was diagnosed with cancer there was a new reason to seek contact and details about family experiences of the disease. He tried once more to make contact but the reply that came back was that his birth mother said: 'she did not know this person and wanted no more communication.' P041 told the IP the repercussions.

> …some time later [husband's name] died never getting any of his medical records or information from the family. This woman is still alive. My children still can't have full medical records. His first cancer like his second was rare, so we can't say for sure if this is hereditary or not.

P042 is the daughter of a man who was born in a mother and baby institution in RoI who was then adopted by a couple in NI in the late 1940s. P042 had little interest in tracing the identity of her father's birth parents until her father became sick and it was important for her to discover more about the family's medical history. Her father passed away in the late 2000s and since then, P042 has wanted to know if she and her family are genetically predisposed to the same medical condition from which her father suffered. She told the IP that her father's birth mother refused contact, even after P042's family provided reassurance that they only wanted access to medical records. P042 explained that, at this point, her father's birth mother responded with threats to end her own life.

P042 said that her father's birth mother 'is a victim of society, church and state' and respects her right to privacy. However, she struggles with not knowing about the risk that this medical condition poses to herself and her family. She also remains 'very angry' that 'his journey from [a mother and baby institution in RoI] to [city 1 in NI] is shrouded in mystery'. P042 told the IP that 'I don't know or trust my own cells and as a result I will not pass them to another generation. I will not have children of my own'. Despite the fact that genetic testing may help to uncover medical information, she feels this 'cannot relieve those women who since died of the guilt they carried to their graves'.

8.11.2 Responses to the consultation with victims-survivors on access to records

In addition to the testimony received from participants, the IP also conducted a consultation with victims-survivors about access to records.

As the chapter on the Access to Records Advocacy, Genealogy and Legal Services Working Group notes, a survey was sent to victims-survivors who had registered their interest with the IP between 8 May and 6 June 2025. The survey received 78 responses, including responses from birth mothers; children, now adults; and former 'residents' of Workhouses and Magdalene laundries.

The consultation showed that 49% of respondents had a negative experience with regard to seeking information, with only 21% describing their experience as positive. Significant numbers continued to experience long delays in securing access to records after they have made their requests: 18% of respondents had to wait more than six months, with 42% waiting more than a year. Affected persons have experienced persistent difficulties and obstacles in accessing a wide range of records from both public and private agencies, including health and social care trusts, courts, adoption agencies and religious institutions. One respondent said the following of the process of seeking records.

> “
> It has left me confused and annoyed that after 75 years I am still trying to access my records.

Another spoke of the effect that being denied access to information had.

> “
> It’s left me feeling as though I don’t exist. This news has weighed heavily on me, leaving me feeling erased from an important part of my own history. It’s as though a vital piece of who I am has been lost, and I find that profoundly unsettling.

The traumatic effect of the process was described by one respondent as follows.

> “
> It was traumatic but I had to learn what was said about me and found a lot of exaggeration and lies about me and others I could identify in the notes and documents produced.

For another respondent, access to records provided an insight into their birth mother’s predicament.

> “
> I feel very sad and upset for what my birth mother had to go through on her own without support moral or financial.

8.12 Private life and dignity in death

8.12.1 Burial

8.12.1.1 Lawful and decent burial

British law has historically recognised an entitlement of the next of kin to possess a body for the purposes of burial.[405] There is also a corresponding duty to bury a dead body lawfully and decently, on the basis that everyone has a right to dignified burial. When a child dies, it is the duty of the parents to see that he or she is buried.[406] In the absence of any person claiming the body for burial, this duty is imposed at common law on the person under whose roof a person dies.[407]

Prevention of lawful and decent burial is an offence at common law. Disposing of the body of a child with intent to conceal the birth (regardless of when the child died) was and remains an offence.[408] The Births and Deaths Registration Act (Ireland) 1880 made it an offence to wilfully bury or procure to be buried the body of any deceased child as if it were stillborn.[409]

Although the Cremation Act 1902 authorised the construction and operation of crematoria by local authorities, the first crematorium in NI did not open until 1961. The crematorium at Roselawn Cemetery is operated by Belfast City Council as cremation authority under the Cremation (Belfast) Regulations (Northern Ireland) 1961. After cremation, ashes are returned to the person who applied for cremation. If they are not collected, they are buried or scattered in the cemetery by the cremation authority.[410]

8.12.1.2 Registration of burials

The law makes a distinction between public burial grounds, run by local authorities, and private burial grounds, owned and operated by churches and other private organisations. Public burial grounds were operated first by local burial boards, then by local authorities.[411] In public burial grounds, bodies were required to be buried in coffins, and burials were required to be recorded in a register.[412] There was and is no corresponding registration requirement for burial in private burial grounds. The position in NI is, therefore, different to that in England and Wales, where registration of all burials has been required since 1864.[413]

In the case of cremation, the cremation authority maintains a register of cremations recording details such as the person's name and address, their date of death and cremation, the person who applied for the cremation, and what was done with the ashes.[414]

The largest public burial ground in NI is the Belfast City Cemetery. It was opened in 1869 by Belfast Corporation under the Belfast Burial Ground Act 1866. It is a cross-denominational burial ground of about 45 acres, with separate burial areas for Protestants and Catholics. Since it first opened there have been just over 225,000 interments. The burial records for the Belfast City Cemetery have been added to Belfast City Council's online burial records database. Approximately 210,000 gravestone inscriptions have been transcribed, photographed and made available online.[415]

Following the disestablishment of the Church of Ireland by the Irish Church Act 1869, many Church of Ireland cemeteries were transferred by the Commissioners of Church Temporalities to the local Poor Law Guardians.[416] The Public Health (Ireland) Act 1878 then transferred these to the local burial boards, which in turn transferred them to local authorities.[417] For this reason, many Church of Ireland cemeteries in NI are actually publicly owned, and, therefore, subject to the burial registration requirements.

In contrast, most Catholic burial grounds in NI are private. The largest example is Milltown Cemetery, the main place of burial for Catholics in Belfast. It was opened in 1869 and covers about 55 acres. It contains approximately 200,000 interments. It is operated by a board of trustees on behalf of the Catholic Diocese of Down and Connor. A six-acre plot in the Bog Meadows area of the cemetery was sold to the Ulster Wildlife Trust in 2000 but reacquired in 2009, when it emerged that there were unmarked burials on the site. The Diocese apologised for having sold the land which, it appears, was used historically for the burial of stillborn babies and children who died before baptism.

Private burial grounds, such as Milltown Cemetery, were not, and are not, subject to the burial registration rules that apply to public burial grounds. Even so, many private burial grounds maintain burial records for their own purposes, but these records vary from one cemetery to another in terms of the detail they contain and the diligence with which they have been maintained.

Large private burial grounds in urban areas often maintain two sets of records: a chronological record of burials, noting details about the deceased (such as name, age and address), and a separate plot register, which records all burials in each plot in the cemetery. Some burial records relating to private burial grounds are in the process of digitisation. For example, a database of all burials is being compiled by the trustees of Milltown Cemetery, and more than 3,000 gravestones have been transcribed (and many of them photographed), with this data being made available online.[418]

Smaller private burial grounds in rural areas often have only a single register, recording burials in chronological order. The only way to establish all of the burials in a specific plot is to comb through the entire register for references to the plot number. Some registers do not record a plot number, which makes establishing which burials are in any given plot virtually impossible.

In addition, some burial registers for private burial grounds have not been well maintained. Some begin long after the cemetery was opened, or have been neglected for long periods. In some cases, whole volumes of the registers are missing. For instance, the burial registers for Carrickcruppen Cemetery, in which some women from the GSS St Mary's Institution and Laundry, Newry and some children from Marianvale were buried, do not begin until 1948, and there are no burial records whatsoever for almost a decade in the 1970s.

8.12.1.3 Burial or cremation of stillborn babies

In *The Social Organisation of Death: Medical Discourse and Social Practices in Belfast*, published in 1989, Professor Lindsay Prior of QUB considered practices surrounding the burial of stillborn babies in NI. He found that formal burials were rare and that it was more usual for remains to be collected by undertakers and buried without religious ceremony. Burials often took place in communal plots, and the burials were often unmarked.[419]

Across Northern Irish society, attitudes and practices relating to stillborn babies have changed considerably.[420] For example, before the Second Vatican Council (1962–65), Catholic practice was often to bury stillborn and unbaptised babies separately in un-consecrated burial grounds. The Bog Meadows area of Milltown Cemetery appears to have been such a place. Developments in religious practice led to the creation of 'angels plots' inside consecrated burial grounds for stillborn and very young babies. In Belfast City Cemetery, Plot Z1, known as 'the Baby Haven', contains the remains of 7,160 babies, including stillborn babies, who died between the 1940s and 1996. A permanent memorial was unveiled there by Belfast's Lord Mayor in September 2019.[421]

Research carried out in 2008 found practices in hospitals, with regard to the bodies of stillborn babies, varied. Some hospitals arranged incineration 'without ritual or burial of the ashes'. In others, 'the remains…were collected and a religious service held' with 'ashes…scattered around a tree at a Garden of Remembrance'.[422]

8.12.1.4 Burial of 'residents' of the Workhouses

The records considered by the IP suggest that in Belfast, babies and mothers who died while in the Workhouse or Workhouse Infirmary were buried in Milltown Cemetery or Belfast City Cemetery. In the rest of NI, people who died in the Workhouses were buried in local cemeteries if their bodies were not claimed by their families. People buried by the Boards of Guardians would have been buried in communal graves, and their burials would not necessarily have been marked with a headstone.

8.12.1.5 Burial of 'residents' of St Mary's institutions

Women who were 'resident' in the St Mary's institutions when they died, whether in the institution or in hospital, would either have been buried by their families or buried by the GSS in a local burial ground. Most often, in Belfast, this means Milltown Cemetery; in Derry/Londonderry, Ardmore Cemetery; and in Newry, Carrickcruppen Cemetery. The same is true of women who were in St Mary's institutions until they closed and then moved to other residential accommodation operated by the GSS.

The practices of the GSS in burying deceased 'residents' of the St Mary's institutions evolved over time. In early years, burials took place in communal plots, without any individual memorial. Later, burials were marked with a named headstone.

Some previously unmarked burials have had headstones erected. For example, CNA014's mother was sent to a St Mary's institution in the 1950s. When the institution closed, she moved to a residential home on the same site. CNA014 told the IP that her mother's burial was organised by the GSS, but that a headstone bearing her mother's name was not erected over the grave for many years. In some cases, this belated process of memorialisation was mishandled. CNA110 told the IP that the wrong name was put on the shared headstone erected on her mother's communal grave and had to be corrected. Some burials are still unmarked.

Archival evidence and testimony suggest that burials organised by the GSS were lawful and decent, in the sense that they complied with legal formalities and religious requirements.

However, legal requirements for registration of burials in public burial grounds did not apply to private burial grounds. An effect of this gap in the law appears to be that comprehensive records of burials in Catholic cemeteries were simply not maintained. As a result, the burial places for many women who were 'resident' in St Mary's institutions cannot now be precisely identified.

8.12.1.6 Burial of babies who died while their mother was in a mother and baby institution

The IP's investigation has identified 501 babies, including stillborn babies, who died while their mothers were 'resident' in mother and baby institutions. These deaths occurred in institutional maternity wards and in hospitals. The evidence suggests that if they were not collected for burial by their families, stillborn babies, and babies who died while their mothers were 'resident' in the mother and baby institutions, were buried in nearby public or private burial grounds by the hospital or the institution. So, for example, babies who died while their mothers were in Hopedene or Kennedy House were buried in the Baby Haven in Belfast City Cemetery, and children who died while their mothers were 'resident' in Marianvale were buried in a communal plot in Carrickcruppen Cemetery.

The IP are not aware of any evidence of irregular burials of women or children at the sites of any of the mother and baby institutions within its remit. In one case considered by the IP, the mother of a child who died after five days said that she was not allowed to hold his body before he was buried, but, generally, the evidence was that the mothers of stillborn babies and babies who died were included in decision-making about what happened to their bodies.

Unfortunately, because private burial grounds were not subject to the same registration requirements as public burial grounds, burial records for many Catholic burial grounds in NI are incomplete. So, while the IP consider it likely that stillborn babies and babies who died while their mothers were 'resident' in Catholic mother and baby institutions were buried in local Catholic burial grounds, it has not been possible to identify with precision the places of burial of many of these children because the records are missing or otherwise deficient.

8.12.1.7 Failure to regulate private burial grounds

The IP suggest that the failure of the state to require the registration of burials in private as well as public burial grounds was a systemic failure on its part. This failure has led to a situation in which the graves of some women and children buried in private cemeteries cannot now be located. The failure is particularly serious because it is difficult, perhaps even impossible, to remedy retrospectively.

The lesson, however, must be learnt and, looking forwards, the IP recommend that the rules relating to the registration of burials in public burial grounds be extended to all burial grounds.

Further, in circumstances where there is no guarantee that existing records will be properly maintained into the future, the IP recommend that the Northern Ireland Executive consider measures to designate the records of private burial grounds as public records, so that their integrity, such as it is, may be guaranteed.

8.12.2 Anatomical research

The use of dead bodies for anatomical research was regulated in NI by the Anatomy Act 1832 until its repeal by the Anatomy (Northern Ireland) Order 1992.

Under the 1832 Act, a person having lawful custody of a body could release it to a school of anatomy for anatomical research unless the deceased person had expressly stated, in writing or in the presence of two witnesses, that this was not to happen. Further, it was lawful for anyone in possession of an unclaimed body for at least 48 hours to allow it to be sent for anatomical research, subject to the same condition.[423]

The 1832 Act required that all bodies being removed for anatomical examination be placed in a coffin before removal, and medical schools were obliged to ensure that, after the anatomical examination, bodies were decently buried, and that this be certified to an inspector of schools of anatomy.[424] Anatomists were also required to maintain books containing the details of the people whose bodies they received for anatomical studies, and to make these books available for inspection to inspectors of schools of anatomy.[425] After 1922, the inspector of anatomy in NI was an official of the Ministry of Home Affairs and then the Ministry of Health and Social Services.

The Anatomy (Northern Ireland) Order 1992 changed the position in relation to release of bodies for anatomical research so that a person had to opt in, rather than opt out.[426] The Anatomy Regulations (Northern Ireland) 1992, made under the 1992 Order, require that records of anatomical examinations be maintained and that bodies used for anatomic research be buried or cremated in accordance with any wishes expressed by the deceased or their family.[427]

There was a School of Anatomy as part of the Medical School in Belfast from 1835, first at Belfast Academical Institution and then at Queen's College, later QUB, in 1849.[428] The records of the School of Anatomy indicate that between 1927 and 1973, the remains of 49 children, mostly babies under one year old, were removed for anatomical examination to QUB from hospitals across NI.[429] Where the information about these babies is recorded, which was more frequently after 1942, the vast majority were born prematurely or with abnormalities. Of these 49 children, five, all babies, had come to hospital from an institution within the remit of the IP: Thorndale Maternity Home, run by the Salvation Army. Two babies were born to parents who were private patients, and three came from the Thorndale mother and baby institution: one each in 1929, 1950 and 1952.

The records of the School of Anatomy do not record whether the mothers of the three babies consented to their release for anatomical research, or whether their bodies were unclaimed and released by the hospital. The Salvation Army told the IP that decisions to send the bodies of children for anatomical research were made by the hospital in which the children died, not by the Salvation Army. The Salvation Army said that '[w] e are aware that this was a relatively common practice for hospitals at this time' and that 'the practice of anatomical research was being run by a hospital and any decisions would have involved medical professionals who were external from the Salvation Army'. The Salvation Army also told the IP that in 2022, the Police Service of Northern Ireland examined the case of five bodies sent to QUB and concluded that 'while the consent given did not meet modern standards, there was no evidence of unlawful practices'.[430]

All three babies were buried in Belfast City Cemetery. QUB is recorded as paying funeral expenses in one case. QUB has said that for the period between 1937 and 1960 the university 'made arrangements for burial in the event that there was no other individual or organisation to do so', noting that they 'had and still has a number of plots at Roselawn Cemetery' and that they may have had burial plots at the City Cemetery as well.[431]

The Dean and Head of School of Medicine, Dentistry and Biomedical Sciences at QUB told the IP that no infant remains were received by the university between 1973 and 1995.

The IP have not identified any other evidence of the removal of other bodies from the institutions within the scope of its Terms of Reference for anatomical research.

8.13 Conclusion on respect for private life

Access to information about their lives, and about the lives of family members, is a priority for many victims-survivors. The IP believe that access to such information is not simply a form of redress for historic human rights violations. Where access to such is impeded, it may amount to a violation of human rights that continues into the present day.

Some of the information sought by victims-survivors relates to civil registration. In general, NI had a robust system of civil registration during the period 1922–95. This system had, however, some systemic weaknesses around the registration of births, making it possible for the births of some adopted children to be falsely registered, giving the impression that they had been born to their adoptive parents. The IP consider that the enforcement provisions relating to the supplying of false information to the Registrar General could have been much stronger. In particular, the three-year limitation period for prosecutions is likely to have deprived the criminalisation of much of its effectiveness as a mechanism of protection for the right to respect for private life.

The IP consider false registration a serious human rights issue and recommend that it be further investigated by the public inquiry.

The IP further suggest that consideration be given by the Executive to amending the law so that, at least in future, giving false information in the context of the registration of a birth is treated as a more serious criminal offence.

The IP consider that access to civil registration information could be improved by removing distinctions between adopted people and those not adopted in access to birth information by reference to their date of adoption. The IP note that this differential treatment will be abolished when the Adoption of Children Act (Northern Ireland) 2022 is commenced and, accordingly, the IP recommend to the Northern Ireland Executive that this occur as soon as possible. The IP further recommend that the practice of issuing short-form birth certificates to adopted people be reviewed.

Modern data protection rules provide legal mechanisms of access to much personal data held by public authorities and private organisations. In the case of adoption records, these are supplemented in NI by rules that are broad enough to provide adopted people, birth mothers and members of their families with access to adoption files, and the important information they contain. The IP have published guidance in relation to the use of these mechanisms of access which have been well received by victims-survivors and advocacy organisations. Even so, the experience of many victims-survivors in seeking to access information held by public authorities and private controllers of institutional records has been very negative. The effectiveness of the available mechanisms of access to records as measures by which the state complies with its obligation to respect the private lives of victims-survivors must, therefore, be doubted.

It follows that strong measures are urgently necessary to address this unacceptable situation.

In the short term, the IP recommend, in particular, that more resources be made available to the health and social care trusts to process requests for access to records within the three-month timeframe specified in the UK GDPR.

The IP also recommend that the legal aid rules be amended to ensure that victims-survivors have access to non-means-tested legal advice and assistance in the making of requests for access to records. Although the guidance the IP have published includes advice on accessing remedies for failure to comply with access rules, we consider that access to these remedies is likely to be more effective if legal representation is provided.

The IP recommend, in the longer term, that the necessary legislative measures be adopted to designate all institutional records as public records, and that they be collected together in a single archive. This accords with the wishes of victims-survivors as expressed in the IP's consultation around archival issues. In our view, this is the best way to ensure the safety and security of the records, while at the same time ensuring that access to them can be guaranteed in accordance with law.

The IP recommend, as far as medical records are concerned, that the Northern Ireland Executive explore the creation of a mechanism for access by adopted people to medical records of deceased parents so as better to balance their right to information about their identity, including their family health history, against their parents' right to privacy and confidentiality of their medical records.

The IP recommend that the rules relating to the maintenance of burial records be modernised. Specifically, the IP suggest that the rules relating to the registration of burials in public burial grounds be extended to private burial grounds, so that all burials in NI will be officially registered. The IP further recommend that measures be considered by the Northern Ireland Executive to designate the records of private burial grounds as public records so that they more effectively be preserved, and so that future access may be guaranteed.

Chapter 2

Harms and Impacts

Truth Recovery Independent Panel
Seeking the Truth

Chapter content

This chapter discusses:

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2.0 Harms relating to pathways into institutions

3.0 Institutional harms

4.0 Harms relating to labour and birth

5.0 Family separation (fostering, adoption and consent)

6.0 Searching for birth family

7.0 Conclusion: Acknowledgement, remembering, and memorialisation

1.0 Introduction

This chapter offers an analysis of harms inflicted upon girls and women, their children, now adults, and wider family members, as shared by participants in their testimonies. Such was the enormity, consistency, and impact of harms done, it would be an impossible task to capture every person's experience of harm(s) and the often lifelong traumatic consequences of those harms, even in a report as substantial as this one. Therefore, in analysing testimonies for this chapter we have looked in great detail at patterns of harms, or 'themes' (please see chapter on 'Testimony Gathering and Analysis Working Group') to offer as comprehensive an analysis as possible. We acknowledge that, while our analysis is comprehensive and nuanced, it can never speak to the truth for every single person who came forward. We have, wherever possible, included the words of each person in their own authentic and powerful voice, enabling an aggregated truth. As much as this chapter focuses on harms, we hope that it also speaks to the resilience of those who came forward to share their experiences. For legal reasons, in this chapter we do not identify any institution or participant by name or the code used for them in the institutional chapters.[1] We use different codes from those used for participants in other chapters, so that participants mentioned in this chapter cannot be linked to specific institutions. When a mother and baby institution is referenced, we use a code such as MBI 1, MBI 2, etc. When a private nursing home is referenced, we use a code such as PNH 1. Birth mothers are given a code such as BM001, BM002, etc. Children, now adults, are referred to as CNA001, CNA002, etc. Other participants — such as members of the clergy, social workers and relatives of birth mothers or children, now adults — are given codes such as P001, P002 and so on. The methodology used to analyse the information shared in testimonies is outlined in the chapter on the Testimony Gathering and Analysis Working Group.

> Our terms of reference directed that [the Independent Panel] investigate and publish findings regarding human rights violations experienced by individuals and families in Mother and Baby Institutions, Magdalene Laundries, Workhouses and their pathways and practices (including the adoption system, related institutions such as 'baby homes' and private nursing homes, and cross-border and international transfers of children and women).
>
> The investigation should include in its examination:
>
> i. the harms suffered at the time of the institutions' operation and those continuing to the present, including gender-based harms and harms recognised in international human rights law;
>
> ii. how violations were inflicted and persisted;
>
> iii. the institutional and societal causes of the violations;
>
> iv. the impact and consequences of the violations and harms experienced;
>
> v. the responses of involved institutions, organisations and agencies to individuals and families affected.

This chapter takes on the task set by the TRDP in examining harms and impacts. It is important to understand that harms can take many forms, for example, physical, sexual, emotional, neglect, humiliation and financial abuse. In testimonies given to the Panel by participants, harms were reported both within an institutional context and also outside institutions, and participants referenced the lifelong and continuing impacts suffered. While harms are often wilfully perpetrated, such as in abuse, they can at times result from inaction, such as when a person knows that abuse is taking place but does nothing to prevent it or act on it. It is also important to note that several harms can result from one incident, for example, a person who is being sexually abused will also be harmed emotionally and physically by the perpetrator. While the impact of harms is felt at the time of a harmful incident, their effects can be, and often are, prolonged and pronounced. There are times when a person may not recognise that an act was abusive at the specific occurrence of an incident(s) and this realisation may surface in later life, causing them to reflect and experience delayed harm. The harms and their resulting impacts, shared through the testimony of participants, are discussed in detail in this chapter.

The Panel acknowledge that not all those who shared their testimony referenced harms, and a small number of participants explicitly said that they did not experience specific harms in institutions. However, even in those testimonies, it was often articulated that harms came about via the actions of others, including family, adoptive families, the wider community, those motivated by religious doctrine, or the state's failure to establish adequate support systems that allowed single mothers to raise their children. For many, harms from these sources formed part of the pathway to an institution. For example, some participants shared that they had experienced complex and difficult childhoods and strained or dangerous family dynamics prior to their admissions. Some childhood

experiences included accounts of child sexual abuse and rape within a community setting, resulting in pregnancy, before being admitted into an institution. Even when a family dynamic was strong, it was tested by the prevailing social norms of segregated, but strongly religious, communities who saw pregnancy in single women as socially and morally unacceptable.

For those girls and women who had been harmed prior to their admission to an institution, they entered with increased vulnerabilities due to resulting trauma. Within the institutions, there appears to have been little understanding of the enormity of the trauma they had endured. Even when institutional staff knew of the harms perpetrated on these girls and women, there was a failure to respond to protect them. Often girls and women were met with disbelief or dismissal, with no evidence of any attempts to intervene to support them or to pursue or prosecute perpetrators.

2.0 Harms relating to pathways into institutions

2.1 Pregnancy while unmarried

It is important to note at the outset that the negative treatment of unmarried pregnant girls and women did not extend to the men who impregnated them. What happened to many girls and women was undeniably a gendered harm that went unchallenged by church and state. The reality for many women was manifested through deeply embedded patriarchal social norms and economic inequalities. These factors, among others, resulted in gendered social exclusion, mental distress and limited life opportunities. For men, the reality was markedly different — there were no such limitations. As CNA118 put it, 'the realities of silence, stigma, and abandonment — the mechanisms of control and gendered harm upheld by church and state that robbed [women] of agency over [their] own life and the lives of [their] children was a travesty'.

2.1.1 Awareness and impact of pregnancy (includes awareness and understanding of, and feelings about, pregnancy)

Many women told the Panel that they did not realise they were pregnant or did not know how to get pregnant. Twenty-one women explicitly raised this (from the 79 birth mother testimonies examined in this element of the Panel's work). BM023 'had it in [her] mind' that she was not pregnant as 'most of them [other girls] had bumps, and at six months I had nothing'. BM010, who gave birth in a private nursing home, said it 'took me a long time to figure it out' and that it was a 'terrible shock'. BM013 reported telling her mother that she 'didn't know how you get pregnant'. She recalled: 'I was being sick and stuff, you know. So went to the doctors and the doctor just says, "could you be pregnant?" And I said "No, I don't know how you get pregnant", like sounds stupid like.'

Similarly, BM059 said 'I didn't know what was wrong with me'. For those who did not know they were pregnant or could get pregnant (or how to get pregnant), pregnancy was confirmed at around five months, as was the case for BM071, or six months, which was

the case for BM038. Some women did not give a timeframe of when they knew they were pregnant; for example, BM068 states that she did not know 'until I felt the baby move inside me'. Their testimonies and those of many other birth mothers explained that a lack of sex education at school or in the home was a key factor in this, along with a taboo about talking about sex with parents.

2.1.2 Response to pregnancy (includes secrecy, action taken, telling others, birth father and shame)

BM001 recounted how, on discovering her pregnancy, 'I packed up the job in Dublin…Then I was driven secretly to the north of Ireland [to a mother and baby institution]'. Nineteen birth mothers spoke explicitly about the degree of secrecy and its impact, and many more alluded to it. BM009 told the Panel that 'for months I kept the pregnancy a secret' because she was 'terrified of the consequences'. BM036 recalled that she was 'so scared that my mother would find out' that she 'didn't tell anyone'. BM017 kept her pregnancy a secret until 'my hand was forced to say I was pregnant [after passing out at work]'.

There were no identifiable differences in terms of how families from different religious backgrounds reacted to their unmarried daughters' pregnancies. Whether Catholic, Protestant or other religious denomination, it made no difference. For example, BM049, who grew up in a Protestant background, said: 'It was bringing shame on the family… [we] weren't allowed to talk about it.' It was 'kept secret all the time'. One birth mother, BM023, explained that even when her sister agreed that she could leave MBI 5, at nine months pregnant, to stay with her, there were limits. When her sister 'had friends in', she kept herself out of the way in another room so they wouldn't see her pregnancy. She said through tears that 'I felt so bad about being not married and being pregnant, that I sat in a darkened room in the kitchen 'til her friends left at night.'

Relationships between birth mothers and birth fathers of different religions were subject to additional pressures, as detailed by a number of participants. BM044, who spent time in MBI 6, told the Panel, 'I think it was all down to religion. I was the wrong religion. But he [birth father] basically, as far as I was concerned, disappeared. I found out later he was in London, so, and didn't have any contact details with him.'

P043, whose brother was born to a Catholic mother, said: 'maybe if it wasn't in Ireland and maybe if it wasn't in the Troubles and maybe if they weren't Protestant and Catholic, maybe it would have worked out a different way. We just never know, do we?' CNA032, whose Catholic birth mother spent time in MBI 7, also discussed this.

> "It must also be remembered that my birth father was Protestant and, at that time in Northern Ireland, a pregnant [Catholic] girl to a Protestant boy was a big deal. What made it worse was the fact that their parents were neighbours so it was incumbent for my birth mother to be shooed out of the way.

CNA041 also spoke of the difficulties raised by his birth parents' religions.

> …from what I've been told by family that I've traced is my mother was a Roman Catholic, my birth father was a Protestant…It was frowned upon because of the inter-church relationship. She fell pregnant and was forced or made to go to [MBI 5], out of sight, basically, out of mind.

Concealment within the family unit was evident in family members masking the truth of where their daughters and sisters were sent. BM036 told the Panel that 'when they [brothers] asked where I was, they were told I was working away from home'. BM006 remembered that 'it was agreed…that we wouldn't tell my siblings of my pregnancy or [where she had been]. We should all pretend…I had gone to university in England… to hide my mum's shame.' BM028 stated that she 'wasn't supposed to tell my parents [I was pregnant], I was to have my baby in England' at her eldest sibling's home, where her other siblings sent her on discovering the pregnancy. Family members and neighbours were told fabricated stories by birth mothers' parents. BM019's parents told family that she had 'gone to London to work'. BM053's parents told people that she was 'away on holidays in [Europe], and that I got [an illness] and I wasn't allowed to travel home'. While these elaborate plans could have been regarded initially as protecting respective daughters and sisters, the success of that concealment was predicated on the fact that the truth would not come out. In effect, this reinforced the pressure on the pregnant woman or girl that keeping the baby was an extremely challenging and intimidating outcome.

However, in a smaller number of cases, it was the pregnant woman who organised the concealment from her parents. BM052 sent her mail to her friend in England, who then sent it on to Ireland to maintain the pretence that she herself was living in England while she was in a mother and baby institution 'so my parents thought I was away'. Secrecy endured into later life, as some birth mothers felt unable to tell their subsequent children who were born after they left institutions. Some mothers may have felt it was futile to tell subsequent children because those mothers had been told they would never see their adopted child again. Birth mothers may have had an inherent fear of 'losing' their additional children if this information became known, with the added trauma of being judged again.

For example, after leaving MBI 3, BM040 said that she 'never told' her grown children because 'it was shame, they [staff in MBI 3] had put that much shame in you know, they had just you're, you're that, and I didn't want my kids to know'. BM034, reported that her siblings were not aware that she was pregnant, saying: 'definitely not going to be telling anybody within the family, even that extended to my brothers and their families' who 'wouldn't have known about this at all'. BM025 stated that her pregnancy was 'never, never talked about ever, not even to my grandparents. My mum…told them I was away with work.' She believes some of her siblings still do not know what she went through.

BM028 told us that ‘the baby was never mentioned’ and that her ‘brothers and sisters never mentioned her. Never mind [my] parents.’ For many birth mothers, the shame and stigma they experienced at the time carried on throughout their lives. This was compounded by a lack of support for birth mothers throughout their lives and was a significant contributory factor in many cases to poor physical and mental health. The trauma of what happened to them was often not acknowledged within their own families: this included the families they were born into and, in some circumstances, the families they themselves created.

BM037 alludes to the enduring nature of shame and stigma in the opening of her testimony when she says: ‘Over fifty years have elapsed since I spent time in a home for unmarried mothers yet I could count the number of people on one hand with whom I have spoken about it.’ Citing ‘shame’ as the reason, she concludes the following.

> “
> I was always ashamed of having to admit I was forced to avail of help from an institution whose primary purpose was to hide away from society supposedly delinquent women and to provide a supply of infants for socially acceptable married couples who were unfortunately unable to have children themselves.

Participants who gave testimony about their family members’ experiences in mother and baby institutions also referred to the enduring harm of being shamed. P006 reported that his paternal grandmother spent time in a mother and baby institution. He did not know that she was his grandmother until after her death. She was buried in an unmarked grave by her family because she had children as an unmarried woman. P006 recalled what he knew.

> “
> …as a child [I] asked my father who was buried there, as there was no identifying name attached to the grave plot, to which he replied, ‘A friend of mine’. He couldn’t even say it was his mother’s grave, such was the shame he was told about her, by his adoptive parents, which he felt very deeply, until he himself passed away.

P034 spoke about the shame felt by her mother, whose baby was adopted but her mother was unable to tell anyone.

> “
> It’s a shame that she went to her grave, 60 years later and never ever was able to speak about this, in the shame and the horrible feeling that she must have had [on her child’s birthday]…that’s a very sad way to go through your whole life and not be able to make that connection.

CNA095, an adopted adult who gave testimony on behalf of her deceased birth mother, outlined the depth of lifelong trauma suffered by her birth mother from shame, stigma, guilt and imposed secrecy, which continued even after reuniting with her daughter as an adult.

> My birth mother had never spoken to anyone outside of those who knew her situation at the time about her experience before sharing aspects with me. Sadly, she was unable to share her experience in totality and only able to share some of what happened to her as it was too difficult for her. She told me that she hoped in time to be able to tell me more, to be able to recall more, and to be strong enough to reach deep into the recesses of her mind and memory and bring forward the events that she admitted were long buried, blocked out, and too traumatic to relive. Personally, I feel that is the most harrowing part of her experience as it highlights the magnitude of the trauma she endured. I'd hoped we'd have many years to be able to discuss what happened to her, my birth, and the subsequent adoption. But her sudden death in [mid-2010s] meant she was unable to unburden herself of much of the trauma, the burden of shame and guilt, and the stigma that she felt even after her much-welcomed reunion with me.

The impact of being pregnant and having to tell family was almost always a negative, fearful experience. This was explained, for example, by BM002, BM006 and BM017.

BM002 said she had 'a fear of people looking down on me, or you know, thinking she's bad'. BM006 described the experience in her testimony when she told her mother she was pregnant.

> The sense of shame that she laid on me was enormous. She told me constantly that I was no better than the dirty wee bitches from an adjoining street. She frightened me. I so wanted her to put an arm around me to tell me that we would get through it together, but she never ever did that.

In her testimony, BM017 described how she told her family.

> Then I told my mum I had missed periods and asked if I should go to the doctor, and she said I should. Then the doctor confirmed it, and I had to break the news to my mum. My family went to see the [member of the clergy] for advice and everything changed. The [member of the clergy] laid out everything that should happen and where I should go and I was taken into [the mother and baby institution].

For some girls and young women, breaking their news to the family resulted in violence. The Panel heard numerous testimonies where birth mothers told us they were physically

struck by their parents. For example, BM035 reported that her mother 'opened the door and she says "well", [and] I told her [about the pregnancy] and she hit me'. BM020 revealed that she was beaten 'in the tummy', while BM017 recalled that she was beaten by the father of their child.

BM013 recalled her mother's reaction when she found out she was pregnant: 'it all came out anyway and she went ballistic, chased me up the stairs, she hit me'.

BM017 recounted what happened when her pregnancy was confirmed.

> "I didn't want to go to [the mother and baby institution]. I stayed in the flat on my own at the weekends, I was trying to prove I was an adult, that I could provide for this baby, but my so-called boyfriend was still there, coming and going. I was beginning to see the true side of him, I was beginning to wake up. He got really, really abusive. He was sexually and physically abusive to me, but I was so young, and I was scared of him.

Other birth mothers reported experiencing suicidal thoughts. For example, BM035 reported that such was the fear of telling her mother that she 'stood in front of a bus hoping that it would hit me…but it stopped…I just thought…easier to be dead…than tell my mum'. BM030, who was only 17 years old was told by her aunt to go and 'drown yourself' in the river on discovering that she was pregnant; she recalled: 'I thought, would I be saving everybody the shame if I do that? But I couldn't kill another person and that's what I saw my baby was, another person.' More generally, many women told the Panel that they experienced 'fear', as was the case in testimonies shared by BM002, BM006 and BM017. BM002 described a fear of talking about her pregnancy, even to other women in the institution. BM006 recalled that, when discussing her admission to an institution, 'we talked about the fact that I would stay inside and not leave, even to go to the shop, for fear of anyone seeing me pregnant'. BM017 told the Panel, 'I was like a rabbit caught in the headlights. I was paralysed with fear.'

As noted by BM020, a significant impact of the reaction to pregnancy was shame: 'But I also think the families are to blame for this that they didn't support their children…they were too ashamed of their girls, and the neighbours and all mattered more than their own family'. BM077 noted the lasting impact of being shamed, stating, 'my family were completely and utterly ashamed…I remember being very silent for about a year'. Some birth mothers were ostracised by their immediate family, and their fathers played a key role in that ostracisation. For example, BM021 noted that 'my dad had nothing more to do with me the whole time I was in [MBI 5…[it was] a very lonely and very sad time'. BM027 reported that her father 'disowned me', and BM046 'didn't see my father at all [while] pregnant [as he was] very angry, very cross with me'. Being shamed by their families and wider community compounded their situation and meant they had little or no support.

Shame and stigma were amplified in many cases by the religious ethos of many of the institutions, where birth mothers found their pregnancy associated with sinfulness or a

moral lapse. Across all forms of Christianity there were close similarities in terms of the moral code that stigmatised the 'unmarried mother'. As can be seen from testimonies, a doctrine was perpetuated which held that giving birth to a child outside marriage was morally taboo. This was the underlying ideology that dictated the negative reactions of so many families to news of an unmarried daughter's pregnancy.

For example, birth mothers' parents often turned to religious personnel for help on learning of their daughters' pregnancies. Often the result of those consultations was to send birth mothers to institutions. BM069 reported that she was 'told to go to [a member of the clergy]…who made me feel I had committed murder'. Another birth mother, BM001, stated that she had been brought to a member of the clergy 'to confess my sins' during which time 'the [member of the clergy] admonished me telling me that I was doomed to hell for the rest of my days' for having 'committed a mortal sin…sex outside of marriage'. The shame that was laid upon the birth mothers by the clergy was enduring and transcended their period of containment in the institution. BM001 told the Panel that 'that shame had lived with me [for] probably 50 years'.

2.1.3 Denial of agency

> The day I walked into [the mother and baby institution] that was it. My ability to make choices was gone. I was completely helpless; I never had any choice. (BM017)

It was evident for many girls and women that before they walked through the door of an institution they had no choice in what was to happen to them or their unborn child. The Panel heard testimony that other individuals made critical life-changing decisions for participants. Often those decisions were taken by a girl's or woman's relatives, assisted by a member of the clergy, medical or social service professionals.

Forced removal of agency was evident in the circumstances in which some girls and women became pregnant. Nine women reported in their testimonies that they were raped, and their babies were conceived as a direct result of that rape.[2] This includes one young woman, BM012, who was raped by a member of a religious order and was subsequently put into [the mother and baby institution].

Some birth mothers were sent to institutions as a direct result of pregnancies conceived after they were raped by family members. A child, now adult, CNA116, reported that their birth mother was raped by a family member and, as a result, it was she that was sent to an institution for three years via an arrangement made by her mother and a member of the clergy. CNA116 noted that their mother was 'punished for her relative's actions'. CNA057 reported that they were told by a social worker that their birth mother had a child before CNA057 and that 'it was her [grand]father's child'. P067, who worked with elderly women after they had left an institution where they had worked in its laundry for many years, told the Panel about the women's experience of becoming 'pregnant in some cases [by] their own fathers. So, they would've ended up, then, being sent to the [institution] by their families.'

P011 reported that their mother, who was admitted to MBI 5, 'endured some sexual abuse from either her father or his brother, her uncle, and that continued into adult life'. A social worker who gave testimony, P023, also spoke about inter-familial sexual abuse, citing one case in which a young girl in a mother and baby institution 'had been abused as a child by her mother's uncle. And the mother sat there weeping, you know, just like… [the girl] had disclosed the sexual abuse as a child…And the mother had [also] been abused by the mother's uncle.' In this case, the social worker stated that placement in MBI 6 was better for the pregnant girl than being at home. P040 reported that the father of his mother's oldest child was jailed for having sex with P040's mother, who was aged 15.

A medical professional, P027, reported that one mother she was aware of would not really speak to anyone, and 'had been raped. She told me that. And she'd got pregnant.' This woman was admitted to MBI 3. P015 reported that his grandmother, who was put in a Workhouse, was sent there because, as she told him, her 'stepfather used to rape me'. P015 believes that his grandmother gave birth to a child in the Workhouse who was then removed from her. Only very rarely have the details of rape or incest in a testimony been accompanied by information that action was taken at the time to investigate the crime.

In addition to the nine women who reported being pregnant by rape, more women alluded to rape but did not articulate or express it as such. In some of the testimony sessions it was clear that speaking about it — even in coded or indirect terms — was extremely traumatic for these women.

During testimony, many birth mothers reported that their admission into an institution was not a decision that they made themselves. Rather, it was a decision taken out of their hands by family members or clergy, sometimes with the support of, or under the guidance of, social workers or GPs. For instance, BM005 said: 'everything was taken out of my hands…all decisions made by my parents'; and BM052 was taken to MBI 6 by a member of the clergy at his suggestion. BM022 told the Panel that at 'six months pregnant…I was sent about two weeks after [to MBI 6] with the view that…my son would be placed for adoption…I wasn't allowed to bring him back home again.' Most birth mothers had no say or agency in what happened to them. Once again this was something that was reported by those from both Catholic and Protestant backgrounds.[3]

In a small number of cases, the police were also involved. BM008's reaction to her pregnancy, at age 15, was to 'run away from home' to her aunt's house. Her mother had reported BM008's boyfriend, who was 17 years old, to the police, who apprehended him. The police took BM008 to the police station and 'arrested and handcuffed' her boyfriend. BM008's mother had reported him for unlawful carnal knowledge. BM008 later married him, although the marriage was over within a short time. More regularly, social workers were involved in arranging admissions to mother and baby institutions. BM028 told the Panel that a social worker took her to MBI 5 after her mother reported the pregnancy to their local member of the clergy.

Whoever was involved in making the decision to place birth mothers into institutions, it was seldom a decision made only by the birth mother. BM026 reported that on learning of her pregnancy, 'a decision was arrived at that the baby should be adopted'. That

decision-making process included the birth father's family, but crucially, did not include her. Similarly, BM041 reported that 'I went in there [the mother and baby institution] reluctantly, forced by my parents…[with] no choice but to have this child adopted'. BM074 noted the role of the GP in her admission to MBI 5; she reported that she was 'taken immediately to a doctor and within a very short…time…found myself in [MBI 5]. There wasn't a lot of consent, I was just told I was going and that was it'. BM013 also referred to her exclusion from the decision-making about her own fate. Her mother's first plan was a swift wedding to BM013's boyfriend: 'nobody was asking me anything', but there was 'a deposit down for a house, there was a wedding dress'. When that did not work, her admission to the mother and baby institution was arranged.

BM025 explained that her mother 'found out [about the pregnancy] and…a couple of days later I was in [MBI 6]'. It is significant that these reports are given in very passive forms ('there was a deposit', 'I found myself in MBI 5', 'days later I was in MBI 6', 'a decision was arrived at', 'I was taken'). The agent of action is notably absent in these words. This reflects the lack of control and agency over what happened to birth mothers and to their babies. Many participants relayed how their opinions or views were not considered. It became evident that, on reflection, they saw all of the decisions had been made for them and that things had been done to them. The 'passive' form of this testimony reveals their powerlessness at the time.

Many mothers may have 'blocked out' much of their experience as an unconscious mechanism, known as dissociative amnesia. Many mothers and adopted adults have reported this repression resulting in memory gaps and inaccessible recollections. For example, BM031 explained that long-forgotten memories were triggered by certain objects or conversations.

> "Sometimes things just trigger something in your head, it's like the yellow curtains, I was talking about earlier on. I was watching *Call the Midwife* and in the middle of it the nuns were getting up to, one of the nuns is going to become a nun, and…they were surrounded by curtains.

While participants were not responsible for what was done to them and their children, many of them feel guilt. A lack of agency was often rooted in shame. For example, many birth mothers were 'hidden' away out of sight so that nobody would see their developing pregnancies. This led to increased isolation and loneliness. BM009's pregnancy was 'hidden' from the outside world when her 'sister-in-law' took her to PNH 1 'and left me there alone'. BM009 reports that she 'was never told I would be sent to [PNH 1], nor did I have any say in the decision'. BM028 was sent to her brother in England by her other siblings where she 'wasn't supposed to tell my parents'.

Abortion was sometimes suggested, at times forcefully, as a 'solution' to the women's and girls' pregnancies.[4] Ten women explicitly reported being advised to have an abortion, either by their baby's father, their GP,[5] their siblings[6] or their friend.[7] BM009 and BM066 reported being taken to a 'backstreet abortionist'. BM009 shared that she was taken to a backstreet abortionist, a doctor who had been 'struck off', and said: 'This was done

against my wishes, and I kicked the doctor away from me.' BM066 reported that she was taken by the birth father's father and her mother to a surgery.

> [It was] a disgustingly dirty surgery in what I presumed to have been his house. He [the doctor] was a horrible person…He scared the life out of me…And he offered to perform an abortion for…I don't know how much money because I wasn't going to be paying for it…He explained that what he would do, that he would perform an abortion and that if I had extensive bleeding I would have to go to hospital and I was not to say where or what had happened.

One birth mother, BM017, who became pregnant a second time (her first baby was adopted), told us that she had an abortion, such was the harmful impact of her time in the institution.

> …and all because of how I was made to feel in [MBI 6]. My time in there affected the rest of my life, it left me in shock, feeling numb, denying feelings, suppressing anger, with constant sadness and depression and very cynical about life. It is such a mishmash of thoughts; by aborting a baby you saved it from [MBI 6].

2.1.4 Absence of support

Absence of support — from family, medical (including antenatal care), institutional and social sources — dominated the experiences of most women who gave testimony and often played a significant role in what happened to them and the lasting impact on their lives. As BM011 put it, 'my choices were limited because I didn't have family support'. She also stated that on learning of her pregnancy her father told her, 'leave your fucking front door key on the fucking hall table and get the fuck out of my house'. Once confined in institutions, the women were left, as BM049 explained, to 'get on with the pregnancy' with little or no support or information about what lay ahead. For example, at MBI 9, BM058 reported that 'there were no preparations for birth, I certainly had no preparation', and BM067 said 'There was no support there or nobody to say "Oh, this is how you do it"'.

Many women recalled being given no antenatal information in the institutions they were sent to, which, in the words of BM042 was 'a big mistake' (MBI 6). For instance, BM005 reported being 'told nothing' by the staff in MBI 6. For example, her waters broke, and she hadn't even been told to expect this. BM013 talked about how 'nobody told me where [in her body] this baby was coming from', and so when she herself was asked to attend to a girl who was on the floor, complaining of 'cramps', she had no idea. A staff member 'handed me a [vaginal] pessary and told me to give it to her'. This reaction by the staff was tragically inadequate, which became obvious a few minutes later when the pregnant girl had a stillborn baby.

BM023 described her developing pregnancy and the impending birth of her child as ‘a mystery’ to her. BM051 concluded that ‘I didn’t know what was happening to me [nor] what to expect’. Many women describe similar lack of awareness and a significant dearth or complete absence of information at a crucial time in their lives when they needed all the support available. BM058, who was in MBI 9, recalled that one of the staff ‘answered things’ the women asked from a ‘book’ that was provided on pregnancy. BM058 believes that this meant the women were unprepared for labour and fearful of what was in front of them.

Comments from other birth mothers about the information on labour included, ‘I hadn’t a clue’ from BM046 and ‘your feelings didn’t matter’ from BM067. A frequent sentiment in birth mother testimony was that when signs of labour began, the women were at a loss as to what to do. BM066 said: ‘there was nothing to tell you what was going to happen. I hadn’t a clue. I got up one night and went to the bathroom because I felt I needed to go to the toilet and my waters burst, broke.’ In her case, she recalled that there was a night nurse on hand to offer some help. BM078 said: ‘There was no antenatal care, nobody ever told you anything about giving birth, you just were sent in to do it. There was no explanation of what they were going to do or anything’.

After the birth of their babies, women were equally left without support (see also the section ‘Medical harms’). BM018 stated: ‘there was never no support [in MBI 5] of, what you would do afterwards’. She said: ‘there was no talk of well you can do this, you know there was never anything to help people keep their babies…it was all just negativity the whole time’. BM073 points to the need for reassurance in noting that ‘Nobody ever said “y’alright?”’. Factors preventing the women from seeking help in relation to their pregnancies included shame imposed upon them (BM008, BM030), rejection (BM011), lack of control (BM030), and the rigidity and punitive nature of the institutional regime (BM058). Such was the focal intensity on shame that women internalised the ‘disgrace’ (BM008) projected upon them and that, in the words of one birth mother, ‘I didn’t feel I deserved anybody to support me’ (BM030).

BM008 spoke to the Panel about shame and the lack of family support upon discovering her pregnancy, leading her to ‘run away from home’.

> “
> I got pregnant much to the family’s disappointment, and my mother…was a very strict Catholic…. I was basically told I was a disgrace and all this oul crap that goes with it, and all these bad names, what I’m supposed to be because I was pregnant and that. And I decided that enough was enough, that I couldn’t take any more, and I obviously wanted this baby that I was carrying. So, I decided I’d run away from home.

BM030 said in her testimony that the institution was a place to hide due to the shame associated with her pregnancy.

> They, you know, your parents didn't give you the roof over your head, the option is this [the institution], the support, the food, a place to hide. That's really what it was for me, basically. A place to hide. And there was definitely shame around it…that my family sent me to [MBI 5]. It was out of shame, it wasn't because I was getting better care there or anything else, it was to hide this shame.

BM030 also felt she had let her family down and felt powerless.

> My family were quite Catholic and you know, just didn't expect that and I was meant to be the clever one in the family and I just sort of let everybody down, you know. In a way I felt that I needed to be punished.

BM011 highlighted rejection in her testimony by describing the events when her pregnancy was discovered by family members and the father of her baby. Her father ordered her out of the house, and she described what happened next.

> So as if that wasn't terrible enough, my aunt then said 'you can't stay here, I can't deal with this'. And my son's father said 'here's [a] cheque go to England and get an abortion'. So my choices were being limited.

3.0 Institutional harms

3.1 Institutional regimes

Participants spoke about specific routines within institutions, including rules and regimens relating to work, prayer, mealtimes, leisure time and other aspects of daily life, and the harms that arose from strict enforcement of such routines and the punishments for non-compliance. Two recurring themes were the restricted environment and loss of privacy, which impacted the dignity of the girls and women who spent time there.

3.1.1 Loss of privacy

Participants reported a loss of privacy in maintaining personal hygiene, with one participant reporting being 'watched' by female staff when showering, which made her feel 'degraded'. BM069 reported that a female staff member called her out of 'recreation' for this purpose.

> [She] asked me to come to the showers with her. I thought I was, I was going actually to clean the showers again, you know? And she told me to take off my clothes and take a shower. And she watched me taking that shower…And she just walked out [after it].

BM074 reported a similar invasion of privacy which she also described as a humiliating experience.

> …you were just more or less told 'take a shower', 'take a bath', whatever. That was it. And again, even then, you know, at that stage you had no privacy. You know, they [staff] were there all the time. What were they watching? I don't know, what were they looking at?

Participants also commented on the lack of privacy arising from the cubicle-style sleeping arrangements in some of the institutions. BM017 explained such a layout.

> [The] cubicle had a wooden frame, just like it is in a ladies' toilet, where the top and bottom is open. So, there was no privacy, you were behind a door, but it was really open, and you could hear everybody coming and going. I remember hearing the other girls crying at night in the cubicles.

3.1.2 Denial of and restrictions on liberty

Many testimonies report that liberty was denied in terms of the girls and women wanting to leave but being unable to do so due to locked doors or negative conditioning. For example, BM020 stated: 'I did try to escape [MBI 6]' (the police were called to stop her). She reported being blamed for another girl's miscarriage by one of the staff, who told her: 'now look what you've done'. At times, even going outside into the garden was restricted or forbidden. Birth mothers used words and phrases such as feeling 'imprisoned', or like a 'prisoner'; 'we never got out'; '[we were] locked in'; and 'you had to get permission to go out'. The women being physically 'locked in' was referenced 23 times across 19 testimonies from birth mothers, 25% of the total.

BM045 noted hearing the doors being locked behind her: 'we could hear the lock, they locked us in'. BM004 reported that the 'doors and the windows' were locked so they 'couldn't go out at all'. BM069 also noted that they were unable to leave: 'We were not told we could leave. We were put in there and the…front door was locked, they had a key all the time. They were in control. It was control.' BM013 also referred to the arrangements as a 'bit of a shock to the system, you were locked in your room at night'.

This aspect of the harms associated with the institutions was not universal. A significant number of other participants provided details about occasions on which they were able to leave the institutions.[8]

In some other cases, the shame imposed on the girls and women left some of them unwilling to leave the institutions, despite opportunities to do so. BM006 explained that she missed out on a day trip in a minibus that other birth mothers took because of her fear of being seen by someone she knew. When BM012 was sent to a mother and baby institution she brought a wig with her, which she wore to disguise herself whenever she left the building to go to a local shop or the GP. This emphasises the enormity of the fear of their pregnancy being identified, and the attendant consequences.

P001 was placed in one of the institutions under a court order when she was a teenage schoolgirl in the 1970s. After a short time there, she said: 'I was crying, I was trying to escape. I was trying to open doors. Every time I tried to open a door there was a [member of staff] behind me. So, then I stopped.' P001's account conveys her resignation to the institution's regime in the face of fear and is typical of many girls and women who 'kept their head down' to avoid punitive consequences of challenging it. P001 recounted the implicit threat made to girls under the age of 18 years to keep them from breaking the rules.

> "You walked out that gate, you end up in [named institution]. That's always put in our head. [Named institution] had all the bars [over windows], it was like prison. So if you walk out, yes that gate's open, you walk out it, that's, you'll go to [named institution]. Everybody was so frightened of [named institution].

The institution referred to by P001 was a juvenile training school for girls that was the subject of investigation by the Historical Institutional Abuse Inquiry (HIAI), which reported in 2017.

Denial of liberty manifested in other ways. For example, BM004 reported being 'locked in a dark cupboard…a few minutes a day every so often' as 'punishment'.

BM019 reported that she was not allowed to go outside in the garden or watch television as 'part of punishment' for not answering questions from a member of the clergy who asked about intimate details of how she became pregnant, including 'what [sexual] positions' she engaged in. She was also given extra and unusual cleaning duties that nobody else was asked to do.

BM003 reported that a woman with 'special needs…lived [in MBI 5]' who 'didn't have any freedom as such' and was 'terrified' of the staff.

Other testimonies referred to the Good Shepherd Sisters (GSS) St Mary's institutions and laundries, with some women remaining within them for considerable amounts of time. Women were reported by BM037 as 'institutionalised' and 'unprepared for…the

world' as a result. BM005, who was sent to one of the GSS laundries in the 1960s after she gave birth to her second child, talked about how 'nobody moved' once they were in the laundry: 'they were there 40 years, 50 years, they'd come in at 18 and they were going to die there'.

Two birth mothers reported that the police were called after two pregnant girls ran away from one institution. BM021 stated that 'the [staff got] the police for pregnant girls who ran away' and that police would 'round them up'. In another case, a young girl, approximately 12 years old, was reported as being distressed upon admission and 'want[ed] to go home'. When she ran off, a staff member called the police, who returned her to the institution in a distressed state. It is possible that this young girl had been placed in the institution under some form of court order after she had been raped in her family home. BM003's testimony described seeing a very young girl being returned to the mother and baby institution she was in by the police and having the shocking revelation of why she could not be allowed to run home. BM020 noted that she 'was treated like a naughty girl' after her attempt to run away from MBI 6.

BM003 also offered an explanation as to why girls and women remained in the institutions even if doors were unlocked. She said: 'people say…why did you go in there [institution], and why didn't you just walk out, and why didn't you demand this and demand that, but I can only describe it like…grooming'. The impact of denied liberty on the girls and women was 'stifl[ing]'. It was described as a form of 'punishment' by nine participants.

In a significant number of testimonies, details about the women's ability to leave the institution were accompanied by details of how they were often 'escorted' by an institutional staff member, as BM005 put it in the context of her time in a Magdalene laundry in the 1960s. BM017 reported that 'once a week I was allowed to go down [to the]…medical centre. There was always another girl sent with you'. In the 22 testimonies that explicitly referenced denied liberty, five shared that when they did leave, they did so only with supervision; of these, three were permitted out of the building because they were accompanied by family members (their mother or sibling).

While liberty was often denied or restricted, there were instances where privacy — and therefore dignity — was compromised by girls and women being forbidden from locking their own doors in institutions where they had their own rooms. This was the case in MBI 9.

3.1.3 Restricted communication

Birth mothers describe a number of ways in which their communications and interactions with others, both inside and outside the institutions, were limited. These include many references to not being allowed to speak to other birth mothers at certain times or being limited in the topics that could be discussed. BM021 said: 'we were allowed to talk while we were eating but whilst [doing] our chores we weren't allowed to talk at all'. BM018 said: 'we were told not to speak of our home lives or anything apart from where we were now [MBI 5]'. BM024 said: 'you couldn't talk properly to anybody in the building, because you weren't allowed, the [staff] was always hovering around'.

Other forms of communications were also monitored and restricted, with birth mothers referring to letters from outside being intercepted and opened, or phone calls being listened to. For example, BM020 said: 'they read my letters, I think they've done that to all the girls'. BM049 told the Panel, 'any letters that was written to me, they [MBI 9 staff] read them, opened them all first'. BM027 recalled that 'there was a phone box there but anything you said was listened to'.

Testimonies document monitored communications, which increased isolation and loneliness. Some women mentioned phone calls with family but note that these were 'limited' (BM070) and 'monitored' (BM017) by the staff. As a result, the women had 'no privacy'. BM017 reported the restrictions.

> "…you were allowed to take an incoming call, but it had to be from your parents or someone like that and they [staff] monitored it, so they always knew who it was. They knew who was on the other line, you had no privacy. We weren't allowed to make outgoing calls. So even if I wanted to ask someone for help to get out, I couldn't.

BM017 reported the closely monitored regime, 'always' being 'made to feel "less than"', and how this left her feeling 'defeated'. BM061 talked of having 'your one phone call a week' in MBI 6 and presented it as akin to having a weekly phone call in 'prison'. In MBI 6, BM022 also reported a weekly phone call, saying: 'if one of your family members phoned they had to ask for you by the name that was given, so they weren't allowed to ask your own name'. She was referring here to a practice that involved some girls and women being allotted a new name or version of their name in some of the institutions.

BM045 explained that incoming calls were closely monitored in MBI 5, saying: 'they would listen to your phone call if you got a phone call. They just treated us badly. Very badly'. Sometimes, participants' parents would dictate whether contact with the outside should be limited; for example, upon entering MBI 6, BM036 said: 'I was not given the opportunity to speak, my mother made all the decisions for me. My mother said there was to be no contact with the baby's father or anyone else, no phone calls or contact with anyone.'

Restrictions on visits included vetting of visitors or not telling the women about visitors. BM014 stated she did not know the birth father had attempted to visit her, as one of the staff 'turned him away completely'. BM020 told the Panel that 'just my father and brother, nobody else was allowed in' to visit. BM024 said: 'you could have had visitors, but they would have had to been sanctioned by the [staff]…the only visitors I had was my mother and most of the girls was the same'. The effect of all of these limitations is described variously by birth mothers as resulting in isolation, trauma and loneliness. BM024 said: 'the main thing was loneliness…just you were there, you were on your own, night-time you were on your own and that was it, you couldn't, you couldn't talk properly to anybody in the building'.

3.1.4 Food

Although deemed adequate by many, some birth mothers suffered negative consequences of the diet and the meal regimes. Institutional staff weaponised food by controlling portions and restricting eating times, particularly first thing in the morning by fasting, which put pregnant girls and women at risk of harm. BM017 recalled that 'Mass was always before breakfast because we had to be fasting first thing in the morning… we were all pregnant and any nausea was worsened by the fasting'. BM045 reported that pregnant girls and women had to fast before 'holy communion', with the result that 'a lot of us [were] fainting'. According to BM036, 'the food was OK but it wasn't sufficient for pregnant women'. She recalled making a salad while on kitchen duty and adding a full tomato and a full boiled egg to each plate, but as 'we were only used to getting 1 slice of tomato, 1 slice of egg, 1 small leaf of lettuce…[member of kitchen staff] was mad at me, I had used a full week of supplies on one meal'.

Food was also used punitively. BM058 mentioned a treat of a dozen eggs being given to her to bring back to MBI 9. As the women made scrambled eggs, 'in swept [name of staff member]…she picked up the saucepan…and tipped them down the sink'. Other participants recalled that food was withheld as punishment: BM014 said, 'I…was sent to bed with no dinner', while BM019 told the Panel of a similar experience.

> "I wasn't allowed [to eat] at the table with [other birth mothers]…I remember being put in the corner whilst everybody else ate and I had to stand…with my back to them to finish, because they were the good girls that had give[n] the full confession.

BM027 was in the same mother and baby institution and she recalled: 'if I was being punished…you didn't get nothing to eat. And you maybe went through the whole day and right through to the next day.' She added her concern about restriction of food and the impact it may have had on her unborn baby: 'I just worried about me because of the child that was inside me. And if I had got very bad food and I had been starving, it really, you were glad of it'.

3.1.5 Religious services, prayers and religion

A common theme across testimonies from birth mothers of various religious denominations related to their experience of feeling humiliation as a consequence of how religious practices and doctrines were used in institutions. Some birth mothers have no recollection of having to attend religious services during their time in the institutions: 'I can't remember [religious service] but I'd be surprised if there wasn't' (BM030); and 'they didn't force any kind of religion at all. Not that I can remember. I do know that I didn't go to church' (BM068). However, religious services and prayers were a mainstay of each day for most girls and women in institutions with a strong religious ethos. Indeed, attending religious services formed a significant and regular part of the routine for women in most institutions, whether run by Catholic or Protestant organisations. Birth mothers give varying descriptions of the frequency with which attendance was required,

with many documenting a daily attendance at religious services. Others recall a weekly attendance at religious services, often with additional prayers in the institutions each day.

Some of what the Panel heard about this included that '[a religious service] was every morning, you had no choice' (BM003). Women were, as BM037 put it, 'compelled to go' and to 'suffer the indignity of being hidden from the view of others' while attending the services. BM059 reported that there were consequences if you did exercise choice and not go to the religious service, saying: 'if you weren't at chapel you were punished'. BM018 stated, 'we did the routine of [religious service] every morning', while BM029 said, 'I remember going to the [religious service] every morning and then having our breakfast and cleaning'. In a similar vein, birth mothers from MBI 6 referred to '[religious service]… once a day' (BM047), 'every day' (BM011) and 'you went to [religious service] every morning' (BM024). Birth mothers from all religious backgrounds reported that attendance at religious services made them feel shame at being put on display. For example, BM067 described the ethos as follows.

> It was just the, you know, they would bring the religion into and 'Thy shalt not this' and 'Thy shalt not that' — you know? There was all that to it, right? And there was always comments — 'Well, you know, if you'd kept your legs closed you wouldn't have got pregnant'. There's that sort of thing, like, you know, right?…[MBI 9] was a very regimental place; that I remember. And it was all based around prayer and all this, and being, you know, joining the church and all this sort of thing, right?

Speaking about another mother and baby institution, BM040 said: 'they used to take us out, once or twice a week, down to [named location]. It was a gospel hall…they walked us down, like…schoolgirls'. This birth mother went on to recall the reactions they met.

> What really stuck in my mind was people used to wave from the buses at us. At the beginning we used to think they were being, they were just being friendly, but they weren't. They were laughing at us. We were the bad girls. And it was called the 'bad girls home'. These men got up and preached and said about you've sinned and this and that.

BM049, who was in in MBI 9, said: 'it was church every day'. BM006 reported the discrimination shown outside the institution towards birth mothers when they walked in a group to religious services. She reported being made 'an example' of.

> We were all marched [to the service] by the staff on a Sunday to church. And we were taken there and marched in. We didn't have a choice whether we went or not, we were just taken. And I think it was to demonstrate how bad we were and how, you know, we needed to look for forgiveness and atone for our sins. I think that was really why we were taken. And it also showed everybody else in the [service], you know, as an example. So, an example was very much made of us.

Birth mothers reported humiliation, discrimination and punitive religious practices in MBI 5, MBI 6, MBI 7 and MBI 9. For example, participants documented being segregated from the rest of the congregation at religious services, a factor which some associated with shame and stigma, with BM003 reporting, 'you felt like…the bad girls at the back'. BM006 recalled a similar experience.

> "For [the religious service] on Sundays we went to a small private annex bit of the [church] with a private door and the [member of clergy] came over to us to give us communion so that we didn't have to walk to the altar. Yes, it felt like we were the fallen women and I absolutely hated that. I dreaded going to Sunday [service]. The walk over…gave me palpitations and to stand there knowing that people…could probably see all us pregnant, fallen women together was demeaning I thought.

BM017 said, 'we were all taken down a back alley and kept at the back of the [church]… it was all about shame…you were kept away from everyone else', and BM013 said, 'You were segregated to the other side [of the church], and you had to wear a veil…you come in at a different door from everybody else…you felt the shame'. BM036 and BM072 reported that the layout of the church was exploited to discriminate. BM036 said: 'we went out the back door and sat…where we couldn't be seen', and BM072 reported that 'we had a place off to the side…God forbid you'd be seen'.

Degrading treatment manifested in the use of sermons to chastise and instil fear into the congregation, referring to the women as embodying moral transgression. BM059 reported that the '[member of the clergy] would be preaching like he'd be giving these hints…make little of you'. The punitive use of religion also manifested in one mother's account of being told to kneel as punishment for not carrying out a religious ritual. BM027 reported this punishment as follows: 'they made me kneel at the altar…for about four or five hours…because I wasn't doing [this ritual]…and I got a bit of a whacking…and she said "you'll kneel there until I come in again" and it went on'. BM027 reported that as a result of the punitive kneeling she had to do, 'I have bone on bone in my knees, and I have a lot of bother [because of that]'.

BM049 reported that the staff 'made us sing hymns and choruses and all that and read out of the Bible and all this' which 'made you feel you were really bad. Like "why did you do that?", you know, that way.'

In addition to religious service, birth mothers also recall prayers later in the day in several of the institutions. BM046 said that '[there were also] prayers, morning, afternoon and evening'. At the same institution, they 'prayed…after tea every evening' according to BM012, while BM022 recalled that 'twice during the day there was saying…prayers… up to about two hours at a time'. According to P069, 'you had to say [prayers]…every single night'.

3.1.6 Harms relating to ‘chores’

Birth mothers spoke extensively about carrying out chores during the time they spent in institutions. While a number of testimonies highlighted that work in this context involved the type of duties that they would have expected to be asked to carry out in the family home, a much more extensive number of testimonies indicated their firmly held view that ‘chores’ were used as a means of punishment: either for the ‘sin’ of being pregnant or for not complying with the institution’s rules.

There was a cross-institutional culture of excessive cleanliness that operated across all denominations and invoked a mantra of ‘cleanliness is next to godliness’. However, in very many testimonies, details about the nature of cleaning chores, their repetitive nature and the cleaning utensils that were assigned all suggested a strongly punitive focus to this aspect of institutional life. This became most apparent in testimonies where a greater number and type of cleaning tasks were assigned to punish women or girls who had not complied with the institution’s expectations.

The most common chore referred to was cleaning, polishing, scrubbing or some variation on these. There are frequent references to floors, stairways and hallways, which align with birth mothers’ descriptions of the physical layout and appearance of the institutions. For example, there are recollections of being ‘down on hands and knees to polish’ parquet flooring from BM017. In testimony, she described her tasks to the Panel.

> “
> I was eight months pregnant and there was a big flight of marble stairs, and I was expected to clean those down on my hands and knees…You would’ve been cleaning windows, reaching high to clean them, and that parquet floor, I was down on the hands and knees again to polish them…We were set to work; it was a case of ‘no idle hands’ and it felt like punishment. We were either working or praying.

In the same institution, was BM025, who recalls the work itself and the inspections conducted by the staff.

> “
> …my job was to look after the parlours. They smelled of polish, wooden floors and a mat, couple of chairs in it and a piano and I had to clean them every day and if I didn’t do it right I was called into her [head of religious staff’s] office…had to do them again until they were right. And one time I didn’t change the water in the flowers, I was called into her office because I didn’t do that, you know. It was like I was being punished you know, just for being pregnant and…at the time I was just so frightened, I just did what [I] was told and I tried my best to, just do what I was told you know, because I couldn’t, I wasn’t allowed to get out, you know I was there, because I shamed my family.

A similar point is made by BM019, who recalls cleaning the wooden stairs: ‘you mopped them, you dried them, then you polished them and you had no sooner it done than it was somebody else’s turn to do them again’.

In another institution, MBI 5, BM069 recalls: ‘we washed and we scrubbed and we cleaned…red tiled floors’. Many of these cleaning tasks were carried out in areas that the girls and women had no access to on a day-to-day basis. For example, the parlours were used by visitors to the institution, such as social workers.

Many women report that the chores they were made to do were excessive. In the institution that she was in, BM026 comments on the routine.

> “You got up early, you had your breakfast, then the dishes had to be done. Then all this cleaning all had to be done. I never seen a house that had to be cleaned as much in my life. Everything had to be dusted down and, I mean it was just a bit like a Famine Road. They were making you break stones for a road to go nowhere. That’s basically what it was like. Everything all had to be, because idle hands and all that sort of thing. Dining room, great big, big, big long dining room and it all had to be set for each different meal. And the big long wooden floor which you probably would say now, ‘Oh, flip, that’s a lovely wooden floor,’ but at that time whenever you’re swinging this big long thing, big heavy weight to polish this floor, it wasn’t very nice, so it wasn’t. It just seemed to be the whole day was you had to be keeping productive. You had to be doing stuff. You weren’t allowed to sit, you know. It was…I suppose it was reinforcing, you know, ‘Well, you’ve screwed up and this is your punishment’.

Some testimonies report that there were consequences for refusing to carry out this type of work, in the form of physical punishment and the withholding of food. For example, BM014 reported that if ‘I didn’t do what I was told I got a slap, or I got my hair pulled…[a member of staff said] “I asked you to clean that floor, that floor’s not clean, you didn’t do it”’.

BM046 talked of how a member of religious staff told her the institution ‘was a house of God, and we defiled it by our very presence, so we should be cleaning it. We should be down on our hands and knees seven, eight, nine months pregnant cleaning.’

Another birth mother, BM027, related the physical pain she experienced as she was made to ‘carry [tin] buckets of water up and down stairs’ as ‘punishment’. Atonement or punishment was cited as the motivation behind chores in MBI 3, too. For instance, BM040 stated: ‘that was our punishment’. BM066 told the Panel that the ‘fairly horrible regime’ was predicated on punishment. Powerless to do anything about it, she said: ‘at the time I just accepted whatever [it was] because I was a bad girl. I had been very, very bad and I needed to be punished. So, I just accepted it. It was punishment and I deserved it and that was that.’ Additionally, BM049 reported that she was made to do a range of chores, which she stated was done ‘to punish you because you’ve done bad. You had sex before marriage.’

Chores continued to be a requirement for women in the later months of pregnancy, sometimes right up to the start of labour. Several women spoke about having to do physically demanding labour while heavily pregnant. In MBI 6, BM007 reported having to 'wip[e] down the stairs…I mean I know we were eight or nine months pregnant, but you'd have to do that'. BM017 reported that, she 'was expected to clean [a big flight of marble stairs] on my hands and knees [while] eight months pregnant'. Again, in MBI 6, BM013 reported that, despite being heavily pregnant, 'You still got down and cleaned your floors' and said 'I was cleaning windows right up until the end [of pregnancy]', which she called 'hard bloody work'. BM072 said: 'about two weeks before [baby's birth] I was outside up a ladder cleaning windows'. In the same institution, BM024 recalled: 'you would have been six, seven, eight months [pregnant], yeah you were still doing' cleaning chores, and BM020 reported having to work right up until she gave birth, saying 'there was no consideration for carrying a baby'.

BM019 reported that there was a 'rota' for chores and that 'the stairs were one of the hardest things for any of us to do, because it was so hard when you were so heavily pregnant'. She explained further to the Panel.

> "I remember cleaning tiles…here were floor tiles that were like church tiles in the Home itself. There was the bathrooms, you'd clean the toilets and the tiles in the bathrooms with a toothbrush. But that was their way of keeping you…you know like maybe you do the grout around your bathroom tiles once a year, but that was constant when you were in there. And, and even the thing with the stairs was like the stairs were always gleaming, you know, but there was this, and they were obsessed with this routine.

BM070 reported that while 'very heavily pregnant' she had to clean a 'big marble hall' with 'a nail brush'. BM075 believed that women were made to do the stairs to bring on labour. She said: 'I remember whenever I was about eight months pregnant, that they made you clean the stairs. Up the stairs and down the stairs…that was to induce your labour.'

Of MBI 5, BM055 said: 'the day before I actually went into labour, we were out digging the garden'. BM021 reported that she had to clean floors. She stated that 'we had to go down to the laundry do the laundry by hand, and scrubbing…down on your hands and knees to do the floors and polish them' and that she had to do this 'right to the very end [of pregnancy]' during which she said 'I bled for three days…and on the third day I really couldn't get up out of bed then and that's whenever they brought me to the hospital [to give birth]'.

In MBI 9 a similar picture emerges. Women spoke about being made to do gruelling physical work while heavily pregnant. One woman, BM049, was made to clean and scrub floors even after her waters broke.

> I was in labour, and my back was killing me, and they had me down on my hands and knees, scrubbing floors and then getting them all dried, and then polishing all these steps and stairs. And I kept asking, I was, I just kept saying 'I'm so sore' and to tell you the truth, I can't even remember if they gave me even a painkiller…I thought it was terrible the way we were treated.

BM058 had to work cleaning bathrooms despite being ill. She stated: 'I had the most horrendous nausea and vomiting…and bending over a bath trying to wash it'. BM067 reported that while at MBI 9, 'even on the day that you were, like, in labour…and pains were coming…you'd still have your things to do', saying there was 'no mercy'.

BM058 felt that she was being made to atone for her 'sins' every day.

> We atoned for our sins many times over in the space of a day, through hard physical work, through being scolded and humiliated. If we had to be scolded for something it wasn't 'could I speak to you for a moment' it was full voice, full volume in front of everybody…They would say things like, 'You're very lucky that you have the opportunity to be here to atone for your sins'.

3.1.7 Financial harms

Women report having little or no autonomy over their own incomes. Social welfare payments paid to the women were taken by, or given to, the staff in some of the mother and baby institutions. Birth mothers refer to benefits books or payment books, and the payments are referred to as maternity benefit or unemployment benefit. Several birth mothers reported going to the post office or, in the words of BM075, who was in MBI 6, being 'paraded up' to the post office to collect their payments, which were then handed over to, or taken by, the institutions. BM058 said that, as the woman in charge of the institution had possession of her benefit books, she was 'totally in her power' and that when BM058 was leaving the institution, the woman in charge 'refused to hand them over and we had to leave without them'.

Related to the issue of welfare payments and financial autonomy is the provision of a weekly allowance to the women for their own use, including references to 'a couple of pounds for basics' (BM003, MBI 5) or 'to get your toiletries or if you wanted a few treats' (BM070, MBI 6). References are also made to families of birth mothers making financial contributions to the institutions, with one participant, BM011, recalling her father handing 'wads of money' to a member of staff in the institution.

3.1.8 Medical harms (excluding those relating to labour and birth[9])

Birth mothers speak about a range of medical-related harms, including administration of unknown drugs or medicines and a lack of medical care. There are several references to drugs being administered without consent or without knowledge of the purpose of the drugs. BM020 told the Panel that the staff 'lined us all up and "do you want a tablet?" I says "Aye, I'll take a tablet if the girls are taking one"'. Information from at least one set of records indicates that doctors prescribed sleeping tablets to the expectant girls and women.

Another participant remembered being given drinks 'once or twice a day' without knowing what was in them, reporting that 'you couldn't remember [after being given it]…it was like brain freeze' (BM004). She adds that these drinks were administered 'maybe once, twice a day' after admission to the mother and baby institution. One birth mother, BM014, reported an 'incident' that she felt extremely uneasy about and has found it difficult to tell anyone for fear of not being believed. She reported being taken from MBI 5 when she was around six months pregnant by a member of the clergy in a car and there was a question over whether he administered 'a wee tablet'.

> "I can remember it was [name of member of the clergy redacted], whatever you want to call him. I can't remember actually the drive or where I was, but I can, the next thing I remember is standing in a massive room, it must be in his house…and all I can remember yet is a massive mahogany fireplace and me standing at it, like I was about six months maybe at the time, I don't know why I was there, don't know. And after that I don't know what happened, I have asked to go under hypnotherapy to find out but I've been told maybe you're better not, you might find out something that you won't want to find out.

A second birth mother, BM031, also recounted an experience with the same member of the clergy. While not explicitly linked to medication, the encounter clearly unsettled her and she struggles to remember 'what he wanted me to do'. She reported feeling 'very, very threatened by him' in such a way that he 'frightened me to my bones'. She recounted the experience in testimony.

> "[Member of clergy], came and took me out of the [building]. And I remember being at the back door with him, a brown door, and I don't know where he wanted to take me or what he wanted me to do, but I lost it, I completely and utterly lost it with him. I screamed at him, I shouted at him, I called him all the names that I could possibly think of. I accused him of sleeping with the [female staff], all sorts of things, and just really really lost it. And all I could conclude was that I felt very very threatened by him. I don't remember where he wanted to take me. I don't remember what he wanted me to do, but he was obviously something that frightened me to my bones.

Reading from a statement on behalf of his mother, who was in MBI 5, CNA045 gave testimony relating to denial of medical treatment.

> I had bad haemorrhaging after the birth and I was in hospital for days. I don't remember much about it. After I got back I was in terrible pain and I remember being in bed crying, and one of the older girls asked could I have a painkiller. The [staff members] came out and told me that I couldn't have any pain relief and this was God's punishment.

3.1.9 Sanitation and hygiene

Five women spoke about sanitation and hygiene in terms of harms. BM004 told the Panel, 'I have flashbacks. I have flashbacks. I was told I was washed with Jeyes fluids.' She was also told that with 'one of the other girls the same thing happened to her'. Jeyes Fluid is a powerful corrosive outdoor cleaning solution. Although no other participants directly reference this, BM004 recalled that other girls and women were also washed in Jeyes Fluid. The traumatic impact of this harmful practice was lifelong. She reported present-day effects: 'that's why I can't bear the smell [of it]'. Another participant, BM014, reported that the staff 'stripped me naked, took a scrubbing brush to me, to clean my soul shall we say, and you have done wrong and they took the scrubbing brush to me and that went on a couple of times'. Such were the harms inflicted upon her that when her family member visited, she thought BM014 'had been self-harming'.

Additionally, two participants spoke about loss of dignity in relation to menstruation: 'the one thing I couldn't stand [were] the sanitary towels' which the women made themselves with 'wads of material' which they 'washed' and then 're-used' (BM005) or 'burned' and then 'put in the bin' (BM065).

3.1.10 The impact of silence

Harms associated with controls on communication, or the imposition of silence as described by birth mothers, relate to both the silence and secrecy surrounding pregnancy and adoption, and to the power dynamics of silencing women as a form of control. This was the case in testimonies from birth mothers who were in the institutions, as well as those who gave birth in other locations, such as private nursing homes. BM003 expressed surprise that 'nobody [in MBI 5] talked to us about after the baby was born… the only time they mentioned you were pregnant was your appointment for the hospital, it was not talked about'. BM009, who was in PNH 1, noted that 'My time in the home prior to the birth was a continuation of the secrecy and bid to cover-up my pregnancy as much as possible'. Whether related to general secrecy around pregnancy or to disempowering women by enforcing silences, a common theme is the connection between these silences and issues of shame or stigma. Birth mothers noted the emotional impact of the isolation caused by silence. BM040, for example, said of her time in MBI 3: 'Loneliness, mad…I got so mad, and I think it was not having anybody to talk to in those months, the months I went into the home, all that time, you're just, you're just alone.'

The long-term and ongoing impacts of these silences are highlighted by a number of birth mothers, for example BM051, who was in MBI 6: 'It was a pretty surreal experience and one that has stayed with me ever since. And one that's shaped my life, definitely.' The impact of being silenced through shame also manifests in the time it has taken participants to come forward to share their experiences, and many report being afraid of sharing their life histories, or the consequences of doing so for those who did. BM036 reported being discriminated against by the principal at a grammar school because, when asked about her marital status in the admission interview for her son, she shared that she was 'not married'. She reported: 'the interview ended abruptly. I was then informed there were no spaces left for first year pupils', but there were, and they had been subsequently assigned to pupils who had not passed the transfer test (her son had passed the test). BM036 shared that 'both my son and I were treated harshly on an ongoing basis because I was an unmarried mother'.

There were many women who could not share their life histories. Their untold life experiences reflect the power dynamics of shame and stigma. BM010 described to the Panel what happened after her child was born.

> I signed everything and I walked straight back and I got on with work and didn't say anything about where I was, never told a person, didn't say anything. I was really not wanting to associate myself with what happened…I think it was more, it was probably quite traumatic, and I probably didn't know I was you know, like, shame.

In her written testimony, BM009 wrote that 'due to the secrecy involved in closed/forced adoption, we never told our daughters about their older brother until [year in the early 2000s]'. The enduring effect of being shamed by institutions, religious personnel, family and wider society is a key theme throughout participants' testimonies, many of whom note 'trauma' as a lasting impact. For many birth mothers, that trauma generated a cycle of greater and more prolonged silences. BM021 talked about a 'deafening silence' that left her 'unable to talk about [my baby]'. Consequently, she shared that the silence meant that her baby was not allowed to be 'remember[ed]'. The 'deafening silence' is for her 'an ache I can't describe…I spent many years smiling, pretending I was fine but inside I was in agony'.

3.2 Emotional harms

> We were always made to feel 'less than'; being stripped of your own name for a start, you had no identity then. (BM017)

Emotional harms that featured in testimonies include 'humiliation', 'shame' and 'fear'. While emotional harm was conveyed in the majority of testimonies, 43 birth mothers explicitly referenced degrading and debasing treatment a total of 61 times. That accounts for 56% of birth mothers who gave testimony. The impacts of these harms are wide

ranging, both in terms of when and how they manifest, and for how long. Some of the terms used by participants relating to the impact of harms include ‘shamed’ (BM009), ‘degraded’ (BM069), ‘sinner’ (BM021), ‘we [were made to feel] less than anybody’ (BM046), ‘traumatic’ (BM038) and ‘demeaning’ (BM006).

BM021’s testimony to the Panel elaborated on these feelings.

> “
> I was constantly told I was a sinner, I was ashamed and ridiculous and made, made to feel that it was my fault that I was raped, that I was a disgrace to myself and my family and my community. These thoughts never go away, they were so damaging.

Women spoke often about the unrelenting impact of harms that continues to the present day. BM023 reported feeling ‘for the rest of your life that you were dirty’ and of feeling ‘like a second-class citizen’. Such feelings were so enduring that, as BM074 put it, ‘that has stayed with me for a long, long time’, and BM051 said, ‘I have never been able to get rid of that feeling’. BM017 stated that the staff in the institution to which she was admitted told her and others that ‘we should be ashamed, that I had brought shame on my family’ and, as such, ‘I was made to feel like I didn’t matter…dignity gone’. This was echoed by BM025, who said that, to this day, ‘I still feel quite useless’.

BM044 explained the attitude of staff in an institution she was in.

> “
> I found that they weren’t deliberately cruel, but they certainly, I did feel they looked down on you, you know…like you were second class, you know, and stupid.

A pattern emerged in the birth mothers’ testimonies, which was that when women told of harms, they followed up with the impact of those harms much less often than testimonies from children, now adults. This was concerning because it is likely to be indicative of the doctrine of morality perpetuated in many institutions and, less forcefully, but no less pervasively, in wider society, that normalised the shameful denigration of ‘unmarried mothers’ and reduced those girls and women to ‘sinners’, guilty of a moral crime. Traumatic emotional harm became the ‘norm’ in the context of a mother and baby institution or other institutions, and so the girls and women were acclimated to the regime in order to survive. Outside the institutions, societal pressure on unmarried pregnant girls and women positioned them as deviant and transgressive, and this impacted on many participants’ ability to speak of their experiences: as noted above, they were silenced. In their testimonies, women talked of how they did not feel they deserved support or empathy because they had, in the eyes of those around them, ‘sinned’. This could account for the disparity in perspectives between birth mothers’ testimonies and those from children, now adults, in terms of explicitly acknowledging harms for what they were.[10] As will be demonstrated later, it was often the children, now adults, of these birth mothers who verbalised the lifelong impacts for their birth mothers.

Women reported being made to feel ‘worthless’ and ‘like nothing’ by staff in the various institutions. For example, BM026 said: ‘you really were made to feel that you’d screwed up big time and that you were worthless. A fallen woman. [These were] all the things that you would hear. That’s how you were made to feel.’ BM023 also reported some of the ‘things’ that ‘you would hear’; ‘they called us the “Waywards”…we met a [member of the clergy] and he says “Mary Magdalene”, that’s what he compared me with, a prostitute’. BM023 became very upset during her testimony while speaking about the harms done to her, in the course of which she referred to the staff in MBI 5 as ‘embittered old women, who tortured us mentally, who gave us nothing but discourse, who made you feel so rotten [sobbing] about yourself [crying]’.

BM026 (MBI 3) recalled an attitude of ‘“You’ll do as you’re told. Because you know, you’ve screwed up. You’ve wasted your life. You’ve destroyed your life,” it was all of that whole emotional thing that you were made to feel that you were worthless, that you were…that you were a slut’. BM058 referred to ‘psychological abuse’.

> “This was the abuse that we suffered. They didn’t hit us, they didn’t give us black eyes, they didn’t beat us, they didn’t throw boiling water on us, they didn’t work us until we collapsed, none of the things that the girls in the Magdalene Laundries suffered but [name of the organisation in charge of this mother and baby institution] understood psychological abuse and they knew how to apply it.

The longer-term and intergenerational impact of being in a mother and baby institution and of being separated from their newborn babies at birth was noted by the ‘kept children’ of birth mothers whose first child was adopted. For example, P014 discussed the longer-term mental health impacts after his mother left MBI 5, saying: ‘I think it [being in MBI 5] changed [my mother] completely as a person.’ P043 said her mother ‘never wanted to talk about MBI 5…was hidden so, so deep down that she could never, never bring that out at all’. Others discussed the intergenerational impact (on themselves) of their birth mother’s experience in the institution. P014 said: ‘I do feel like mum’s issues have come across onto me as well just simply because I lost her as a child.’

P034 reported the impact of adoption on her mother, which further impacted her own childhood experiences, saying: ‘she would have bouts of crying fits…couldn’t get motivated…sleep for days…almost kind of manic too…and forgetful’. P014 also reported long-term effects on his mother that impacted all aspects of her life, from parenting to her career outcomes, and ‘made a massive impact on my mum’s life at such a young age… didn’t have the support of her family…having a child as well and then the child being taken away…her career then going down a different path, not following up on the teaching’.

P043’s mother had been in a mother and baby institution and had been separated from her baby. As a ‘kept child’, P043 described in her testimony how, when her mother told her about her experience, she felt relief to finally have an explanation for her mother’s demeanour. She further explained the impact her mother’s experience had on her and her family unit.

> …it had always been quite difficult with my mum…there was just some kind of barrier there. And I was so relieved to know, you know what was going on with her all of those years. What was that sadness and that anger and that bitterness, you know, that had gone on with her. But to know it and understand it, it put lots of things into perspective.

In referencing thoughts towards an adopted sister missing from their family unit, P007 outlined the intergenerational harm suffered by her family as a result of their mother's experience in a mother and baby institution and forced family separation through adoption.

> And I don't know if my sister would ever hear this testimony but you ask Mummy and she'll say she'd like to meet her and speak to her and all that there and let her know that it wasn't her choice that she was adopted. Well I'd just like to say to her she was always loved, she was always wanted, she was always talked about between me and Mummy especially, and me, myself and my other sisters, we talk about her all the time. We toast you on your birthday, Mother's Day, Christmas, New Year. [gets upset] But we hope she had a good life. But in all honesty, I think she'd have had a better life with Mum.

BM026, who was in MBI 6, talks about how the staff made her feel. She refers to the emotional harm as worse than any physical harm done to her. Similar comments were made in numerous testimonies by birth mothers who explained how the emotional harms they experienced had left emotional scars, as they carried the stigma and shame of 'hidden' pregnancy and forced removal of their baby.

One birth mother's experience of emotional harm was shared by her son, CNA015, who has a letter written by his birth mother to social services, in which she requested a photograph of him after he had been removed and placed with his prospective adoptive parents. His mother wanted the photograph as a keepsake before she had to sign consent forms for his adoption. CNA015 read the letter to the testimony facilitator.

> Could you possibly arrange for me to have a photo of [participant's original first names] before I sign the final papers? I really would appreciate it very much […] it's all I'll have of him before I sign the papers. I don't think I'm asking a lot. So […] please try very hard to fulfil my last wish.

The social worker involved replied, dissuading her from receiving a photograph of her son, to which CNA015's mother responded.

> …as you say I don't need one and it obviously wouldn't do me any good to have one so I shall not bother you again with my silly desires. I really do appreciate all you have done for us both. I will never forget you. There's so much I would like to say…I see him everywhere in appearance and in little things he used to do. Well, I must be patient, time heals a lot of wounds.

CNA015 told the Panel his birth mother never received a photograph of him. CNA015's birth mother dismisses her own needs when she refers to her wish for a photograph of her son as 'silly desires' and, in doing so, attests to the lack of worth or value that birth mothers, such as CNA015's, were made to feel.

BM026 said 'that stuff that went on in your head [about being made to feel worthless] was worse than anything else'. BM019 was treated similarly by hospital staff at 'handover' when going in to give birth. She stated: 'I was the dirt on their [medical staff] shoe, and they seemed to have appeared to me to have the same opinion [as the staff in MBI 6], that you know, I was worthless'. This was a common theme and will be explored later in this chapter when we discuss labour and birth.

Women report being made to feel worthless after being blamed and shamed by the staff of the institutions for being pregnant, including in cases where they had been raped. BM021 told us that she was 'made to feel it was my fault that I was raped…[and I was] a disgrace to myself and my family'. Women report the impact on them of the strong religious ethos to be found in several of the institutions. Staff in the institutions or members of the clergy who visited them called them 'sinners' or 'fallen women'. Women also report that chores assigned to them were presented as atonement for their 'sin'. In this way, religion was weaponised to justify punitive regimes. BM025 referred to chores in this way, saying: 'it was like being punished…just for being pregnant…I was just so frightened I just did what I was told…because I wasn't allowed to get out' (see also the section on 'Harms relating to chores'). Religion was also used to humiliate, such as when staff told BM004 to kneel 'in the corner with my arms out' or BM027 to 'kneel at the altar for about four or five hours because I wasn't doing [a religious ritual]'. Other humiliating practices included being given a wedding ring to wear when going outside an institution, which was reported in a number of testimonies. BM013 reported that the emotional abuse was such that 'you just weren't a person…you weren't a human being'.

The mental and emotional impact of the anxiety and dread felt by girls and women in anticipation of their babies being taken from them was expressed by participants. BM036, who had returned to MBI 6 with her baby, spoke of being so consumed with fear that her child would be removed that she took her child to the bathroom to ensure this did not occur in her brief absence. BM008 needed reassurance from her social worker that her baby would not be taken away from the mother and baby institution during the night, as she slept. In other cases, fear was used as part of the punitive regime. Several birth mothers who were in one particular mother and baby institution reported having to watch the separation of mothers and their babies in 'handovers' as their babies were removed for adoption. BM049 reported that 'you were made to stand and watch at them waving at

their baby'. She referred to this as 'punishment for you' and it had a 'terrible' effect on the women watching 'them screeching, crying' handing their babies over to waiting adoptive parents. Witnessing these 'handovers' instilled fear of what they themselves would subsequently experience, and that dread manifested in some girls and women, according to BM037, being 'too upset to hand over their babies' so 'another girl' had to do it.

The impact of witnessing the separation of mothers and babies continues to the present day. BM008, who was in MBI 5, was visibly upset as she recalled: 'it was desperate watching that'. CNA042 said that his adoptive mother was permanently affected by being in the room next to where his birth mother was as she prepared to hand him over: 'she said she spent the rest of her life, she said there wasn't a day that she didn't think of that woman, or girl as she was, I suppose in those days, and the effect that the adoption had had on her'. His birth mother was in MBI 4.

Humiliation, another emotional harm experienced by many participants, took many forms; two birth mothers report being locked in a small space — BM004 in a cupboard and BM036 under the stairs. Some girls and women had their names changed and, as noted previously, others were given access to church services through a separate entrance to other churchgoers: 'we went out the back door and sat…where we couldn't be seen' (BM036), and 'we went up the back way and went through this…entrance…It was a separate piece at the very back' (BM034). Other institutions led girls and women to the front of the church: BM054 reported that 'we had to go to church every Sunday, and we were sat up at the front. We were made spectacles of because we'd sinned.'

Women in several of the mother and baby institutions were called names by the staff, including 'street walker' and 'trollop' (BM038), and told that 'you were no good' (BM046, BM069). BM046 outlined an impact of being told this.

> "I mean, the [religious institutional staff] had it well beat into you, like verbally, that you were for nothing, you were no good, you were bad, you were indecent, you were the worst of humanity. So what self-confidence would you have after all of that?

Women report having their name changed in the institutions, which made them feel humiliated and stripped of dignity. Eighteen birth mothers made specific reference to being assigned an alias or false name when they were admitted to an institution. In two instances, birth mothers referred to the use of an alias as being optional. In all other cases, there was no choice offered and the women were assigned alternative names by the institutions. Birth mothers also recall that they were not permitted to tell each other their real names. The impact of using false names is highlighted by several birth mothers; for example, BM005 said: 'my name is part of what I am…it was the first step of taking me away from me, taking my personality'.

Some women resisted the use of false names, BM008 summing up her approach as: 'I'll be using my real name…I'm getting out of here soon and I'm going home with my baby'. BM011 noted that when she refused to accept her assigned name, a member of staff commented: 'we've a right one here, she's going to be a handful'. Also in MBI 6, BM036

stated that ‘for the duration of my stay I did not answer to another name, so the [staff] addressed me as “Girl”’.

BM066 told us that the shaming was persistent, and the institutional staff conveyed to the women that ‘we were evil, we were sinful and we were made to realise that at every opportunity’. Often, girls and women adjusted their behaviours to survive: as BM027 put it, ‘after a while you just kept your mouth shut and said nothing’. Many women reported feeling powerless to challenge or even ask questions. BM058 described the underlying fear.

> “I wouldn’t have had the temerity to question anybody. I was terrified. I was fully aware that the whole world disapproved of me, and not only that but the members of [staff] reinforced that belief. They would say things like, ‘You’re very lucky that you have the opportunity to be here to atone for your sins’.

Impact of emotional harm is reflected in lines from a poem submitted by one birth mother that references the practice of knitting baby clothes, which the women did under the direction of the staff.

> “I once knitted for goodbyes in Spring
> Sat opposite sterile nuns.
> Nuns trained in spotting cast-offs,
> And other shortcomings.

BM025 talked about the devastating and enduring impact of what was done to her, saying that, as a result, ‘I see myself as shameful’. Despite seeking and receiving therapy, BM025 noted the lasting, deep impact of her experiences as an ‘unmarried mother’ in an institution: ‘I have seen a psychologist…[but] nothing will ever make me love me…this is what being in [MBI 6] did to me. It took my soul. It took my self-esteem.’ Many women noted ongoing impact, years later, of what happened to them and their babies. For example, BM021 said: ‘Even now as a grandmother…I feel that I am not good and that my voice does not deserve to be heard. This is the daily battle and daily reminder of what those people, the people I should have been able to trust, did to me.’

BM017 told us how she terminated a later pregnancy because she could not face the prospect of being returned to an institution and noted that the abortion would not have happened had she not been so traumatised by her time in the institution.

> “I’m sitting here with the two A’s the ‘adoption’ word and the ‘abortion’ word and depending on the day, which is the darker cloud, which is the worst…and all because of how I was made to feel in the mother and baby institution. My time in there affected the rest of my life, it left me in shock, feeling numb, denying feelings, suppressing anger, with constant sadness and depression and very cynical about life.

In his testimony to the Panel, CNA045 read from a statement written by his birth mother, which describes the lasting impact of her experiences.

> “This has affected me my whole life. When my other children were born I was massively overprotective. I felt guilty my whole life. The baby was born in December and every Christmas is depressing for me. I attempted suicide one year because of the guilt.

BM009 spoke of the long-term and enduring harm caused to her and her family by her experience of forced separation.

> “…the trauma of losing our firstborn never left me. I spent endless days just crying, constantly thinking of my son, and searching for him. I can only describe it as a living hell. I lived with severe PTSD, and at times, I turned to alcohol to cope with the unbearable pain. My daughters often saw me in this state but never knew why I was in so much pain. As a result of my trauma, I could never be fully present for my daughters. The secret of my son’s forced adoption weighed heavily on our family.

Her son died only a few years after reunification with her family, and this has devastated the family, who are still grieving and mourning the loss of a son and brother they had known for too short a time. BM009 described the impact.

> “Losing him again, after having spent years trying to find him and reconnect, was unbearable…It felt like the final blow, reopening the wounds of my mistreatment before, during and following my time at [PNH 1]…I grieve for the life he could have had, free from the scars of his adoption.

It is the case that the institutions’ operational processes discussed throughout this chapter were largely predicated on family separation, often forced family separation, principally through adoption. It must be acknowledged, however, that some birth mothers who gave testimony were able to bring their babies home from institutions or were reunited with them a short time later. Some of these girls and women also suffered harms. This section addresses such harms.

Many women who gave testimony to the Panel told us how they left the institution with their babies, or were reunited with them at a later stage. Their experiences were not straightforward by any measure. This type of outcome was not unique to any one decade and happened across the lifetime of each institution. We can see how this happened mainly in two sets of circumstances. The majority of women who gave testimony to the Panel were in their teens or early twenties when they became pregnant and most of them lived in the family home. In these cases either their families decided, or the women or

girls were able to persuade their families, to take their child in some form into the wider family network. For example, in some cases, this involved a child being passed off as the child of its grandparents.

The other set of circumstances that enabled some birth mothers to reject adoption of their child was improved support for single parents, which became much more prevalent from the 1970s and into the 1980s. Initiatives in these years included the provision of dedicated residential units for single mothers, that enabled them to go out to work with supports in place for childcare. Additionally, there was increased provision around housing, namely Housing Executive or housing association homes for single parents.

BM003's baby was placed into a foster placement following her birth. She reflected that the first social worker allocated to her presented her with no option to keep her baby and she made damning comments to her about keeping her child. It was only the eventual intervention of another, younger social worker, a few months after her baby was fostered, that enabled her to realise that keeping her baby was an option. It was that advice that assisted BM003 to be reunited with her baby. BM003 told the Panel: 'the whole system was rotten, but there were kind people in it'.

BM046 told us that, on becoming pregnant, she was 'left' at MBI 6 by her mother and sister.

> "…because I couldn't go home to the family home. They were ashamed of me… They were, I was an embarrassment, and I think they hoped that I would have the baby, the baby would be adopted, and that would be the end of it. I think they saw it as a solution to the problem that I was.

Following her discharge from MBI 6, BM046's baby was fostered and she recalls visiting her son.

> "The foster mother was very kind to me, and she had this big high pram, and she asked me did I want to take him out for a walk. And I remember distinctly saying to her, 'am I allowed to do that?' And this was my son and I'm asking this stranger, you know, am I allowed to take my baby for a walk? But it wasn't like he was my baby then; it was like he was hers.

BM046 told us how, when she brought her son home, her mother found it difficult to form a relationship with her grandchild as 'she was too ashamed of the fact that he was born out of marriage'. BM046 felt judged by the community, too. She told the Panel: 'as soon as I come out of the house [after leaving the institution], you can really see all the curtains twitching, you know?…probably weren't, but that's what I felt…all that shame and guilt.'

She also told us how she believed that MBI 6 ‘has had a huge impact on my life’, and also on her, now adult, son. She explained that the time she spent in MBI 6 has ‘really affected how [son’s name] sees himself, because it affected me. It affected my relationship with him as a baby. And like I said, it’s documented now that the babies do pick up on how their mothers are, and that feeling of not being wanted or of not being good enough.’ BM046 believes that greater support with counselling would help her to move on in her life: ‘it needs to be put to rest so that I can move on and let it go’.

BM019 told the Panel how she took her baby girl home with the crucial support of her father. She remembers neighbours passed derogatory comments in the street. The local cleric whispered the word ‘disgrace’ when she approached him at a church service and he refused to baptise her baby. This caused her to withdraw from her religious faith. In a further bid to project respectability, she was ‘pressure[d]’ to marry the baby’s father, which she describes as ‘more shame and you have to be respectable and you have to be married, and it was just constant shame, pressure, shame, pressure’. The marriage was short-lived, however, and she returned home to her parents and a damaged relationship with her mother which she characterised as, ‘she just was control, control, control, control’.

BM038’s child was fostered following her discharge from MBI 8, where she describes her son being ‘taken from me basically without my consent’. She articulates the effect this had on her child, who is now an adult: ‘how do you explain to your child that he was taken away?’ She reports that it was ‘traumatic’. BM038 reports that she does not know how she got her son back.

> “
> I remember it just being really difficult. My parents or my mother didn’t want me home and I didn’t particular[ly] want to go back home because of stuff that was happening there anyway. So, the first that I knew that I was getting [my son] back was my sister, through the social worker, had agreed to have me in her home.

BM038 told the Panel that while she was able to have her son returned to her, she is only too aware that others did not: ‘And although I got him, I got him back and I fought to get him back and lots of people didn’t have that opportunity’.

BM052 spent time in MBI 6 and also provides invaluable insight into the major challenges she faced when her baby was placed in a baby institution and she returned to MBI 6. She remembers visiting her baby in the institution and told the Panel: ‘She only was six weeks, but anyway, she was kind of growing away from me, and so…that wasn’t, wasn’t a good time’. BM052’s partner’s mother was a foster carer and ‘she then thought that it’d be a better idea if she took the baby, because people knew she fostered children and it wouldn’t be a surprise [to see or be seen with the baby] or something talked about’. BM052’s baby came to live with her and her partner, who was by then her husband, when the baby was around 18 months old. She recounts the emotional harm the forced separation caused her.

> I didn't bond with her until the next baby was born. Yeah, I had a little boy then. I was married [16 months after first giving birth] and he was born [11 months after getting married] and when I saw him and how vulnerable he was, it made me realise what I've missed with the other one.

BM025 spent time in MBI 6 and she vividly recalled the time after her baby was born.

> I locked myself away in my room. I did not want to see anyone. I had shamed my family and considered ending it all. My father was extremely upset by the whole situation. It was the worst time of my life. The memory of my late father crying because the baby was being put up for adoption, his grandchild. It was my father who informed my mother that the adoption cannot take place. I just went along with whatever they wanted, and after six or so weeks the baby came home to my parents' home. I did not know what to do…there was really no bond with the baby… the time [name of her baby] was away at foster care broke me.

The enduring impact of this lost bond and the associated trauma took its toll on BM025's relationship with her child, now adult, and she explained that 'we do not have a relationship…we don't speak anymore'.

BM044 spent time in the same mother and baby institution and was left with no choice but to have her child placed into a baby institution. She recalls going to visit her baby.

> …there was my daughter [in a cot], and she was sleeping. [Staff member said] 'I'd rather you didn't touch her, because she's just gone to sleep'. And then that was, I just couldn't get over it, tell me I can't touch my child, I can't lift my child. I just looked at her. I couldn't…believe it.

With the support of a social worker from a voluntary agency, BM044 managed to get herself a bedsit and collected her child from [baby institution] with the social worker, and 'never looked back'. She acknowledged that, while her father came to visit her there, her mother appeared to struggle with 'coming to terms' with things, and what this meant for her.

> I just knew I had to plan doing it on my own without the support…I was on my own, that always frightened me, the thought that my life was going to be very lonely, you know…Because I'd made this decision, my life was going to be incredibly lonely. You know, you might never be accepted. And that was another thing about what they pushed, now, they didn't say it in those terms, but I think, you know, if you keep this child, life is going to be difficult for you, you know, you could be on your own. You could be, you know, you could be lonely.

BM047 is a birth mother who had persuaded her father that she could live in the family home with her first daughter when she had her as a teenager in the 1980s. However, when she became pregnant for a second time she did not think he would accept this and arranged to go to MBI 6. The baby she had then was initially fostered, but BM047 changed her mind and reunited with her. She told the Panel of the problems these events have caused in her relationship with the second child, now adult, who has discovered that BM047 considered adoption and who has accessed the relevant files.

> “And I explained to her a trillion times, you know, you were a baby. I didn’t know you know, I loved you inside me. You know, I never signed a paper…I’ve told her that so many times. But it was hard for her, really hard you know?

BM047 explains that her daughter replied: ‘“But [participant’s second daughter] but it was me mammy you know?”…It was hard, very hard for her you know? And she was rebellious.’ BM047 describes the pain of having to discuss the paperwork about these events with her daughter, which is made worse by the details that the paperwork leaves out about her efforts to see her daughter when they were apart for a short time.

> “She said that [I] didn’t, get custody of [her] from the child welfare until she was six weeks, I says ‘that’s a lie [participant’s second daughter]’, I said, ‘that’s simply not true. I seen you every week day.

BM047 outlined the difficult dynamics that these events have caused for herself, her daughter and BM047’s first child.

As the above testimonies show, even short-term separation had a lasting impact both on mothers and their children, at the most critical time in a child’s life. Support for these women was the exception rather than the rule and, as we note throughout this chapter, birth mothers rarely had a choice about what was to become of their child. The lack of community resources to support mothers was evident, and it was only from the 1980s that any form of intervention and provision of practical and emotional support became available for some. Even then, it was not easily accessible. We know from testimony from participants that when a birth mother did reunite with her child, the emotional harms that were suffered throughout this period of forced separation, and the guilt and pain that followed, caused significant and enduring harm for many women.

Family members of birth mothers also reported the impact of intergenerational harms as a consequence of what their parents went through. For instance, P045, whose mother was in MBI 9, talked of how ‘right throughout mummy’s life she had struggled with depression and anxiety’. P006, who spoke of the harms caused directly to his father, who had been adopted, also spoke of harm to his wider family due to the ‘withholding of case files by the [organisation that operated MBI 9] and social services.’ P006 described this as ‘absolutely appalling and totally unacceptable’. P006 said that if his father had

received his files it would have ‘helped [him] know of his own mother’s confinement, who his father was, and his birth there [in MBI 9]’.

In MBI 3, such was the impact of a birth mother’s experience of shame and stigma that her child, P051, reported their mother’s inability to even talk about it for 60 years, saying that ‘even after 60 years the shame and guilt were still so raw and palpable’. P025 told us their mother’s loss of her child through forced adoption led her to cry in the night and wake up shouting ‘don’t take my baby’. P029 reported ‘I[ying] awake at night listening to my mother sobbing alone in the bedroom next to me’. This impact was on a child who, at that time, was unaware that she had an older brother who had been adopted.

Many participants used the term ‘trauma’ to describe the ongoing impact of their experiences. In fact, there were 665 references to ‘trauma’ relating to physical and emotional harms across 273 testimonies (birth mothers referred to ‘trauma’ 178 times; children, now adults, referred to ‘trauma’ 336 times; and other participants referred to ‘trauma’ 151 times).

P044 also talks about the role of the staff in the institutions and the ‘ongoing effect’ of their behaviour.

> “
> …the mistreatment of the women and the children and everything, and the fact they felt they were doing this in the name of God and that they…were actually causing so much trauma and causing so much shame is just beyond [belief].

P029 refers to the ‘resulting trauma from my brother’s forced adoption’ which has led to ‘the generational trauma that has profoundly affected several family members, including my sisters and myself, throughout our lives’. She says that ‘the trauma begins with forced adoption, and ripples through entire families, affecting future generations’. The trauma ‘caused within these institutions’ that P037 experiences as a result of her father’s trauma having been an adopted child is also referred to as ‘generational’, spanning ‘four generations’ at the present time. P038 is ‘astounded’ how severe ‘the impact can be because, in a way we were exposed to that trauma through my mother, all throughout our lives’.

Adopted children, now adults, also suffered emotional harms, which are documented in more detail elsewhere in this chapter. Eighty-one testimonies given by children, now adults, explicitly document emotional harm. These harms range from humiliation, rejection and what appears to be gaslighting (a form of insidious abuse), to threats to ‘send back’ children to institutions, and denials of family connections. Harms also include unaccounted-for periods in their lives, particularly as babies, where there are no records of their existence or placement, which caused and continues to cause trauma. On some occasions, harms were done to children by adoptive parents and siblings. These harms are detailed in the section ‘Family separation (fostering, adoption and consent)’.

3.3 Harm against the person

3.3.1 Sexual harms, including sexual abuse, rape and incest prior to admission to institutions

The Panel heard testimony from birth mothers who had been raped, became pregnant as a result, and who were then admitted into an institution. We also heard from children, now adults, who learnt of their conception through rape.

In the 1960s, CNA116's birth mother was a pre-teen child when an older family member raped her, resulting in pregnancy. Twelve days after her birth, CNA116 was removed from her birth mother's care. Her birth mother was a child herself and was kept in an institution for a further three years. This is a stark example of a child, who was a victim of child sexual abuse, who was subsequently punished by being held in an institution as a victim of the violent crime of rape. CNA116 was not adopted but was instead institutionalised throughout her childhood. She was admitted to orphanages run by religious orders. As CNA116 said (referring to herself and her mother): 'we both suffered all of our lives'. Meanwhile, the rapist perpetrator was never punished for what he did to her birth mother.

CNA014 was told by her maternal uncle that she was conceived as a result of her birth mother being raped by a local man. After her birth, CNA014's mother was moved to a Magdalene laundry and remained there for almost 40 years until it closed in the mid-1980s.

CNA037's birth mother was raped and became pregnant when she was in her late teens and was sent to MBI 5 in the 1960s. In CNA037's case, she reported that the perpetrator was given a custodial sentence for the sexual crime against her mother. This was unusual, as testimonies and contemporaneous records show that perpetrators of rape and other sexual assaults were rarely apprehended.

BM012 became pregnant after being raped by a member of the clergy when she was 18 years old in the mid-1970s. Her mother refused to believe her and took the advice of another member of the clergy that she should be sent to a mother and baby institution to await the birth of her baby. BM012 later reported the rape. The rapist was not prosecuted but BM012 expressed relief that he had been identified to the police.

For those girls and women who were admitted into an institution following the trauma of rape, there is little evidence of professional curiosity as to the nature of their pregnancies, nor was there evidence of safeguarding. There did not appear to be social work involvement in their care. Testimonies show that when a girl or woman felt able to disclose rape or incest, they were disbelieved or punished for the crime they were disclosing. At a time when these girls and women would have been suffering what we now know to be complex trauma, they were let down and abandoned by the very system that was designed to protect them. Essentially, this victimised them twice.

Some of those who were admitted to a mother and baby institution following rape and/or incest were children, as in the case of CNA116's mother, who would have been in a highly distressed state. Additionally, they would have been experiencing emotional and physical changes, trauma from being removed from home and community, then admitted into an adult and alien environment that was not designed for children, thus exacerbating their already heightened state of anxiety and fear.

We know that safeguarding has progressed significantly since the time the institutions were operating, and that mandatory reporting laws mean that social workers and others, such as GPs, are mandated to inform police of sexual assaults if a victim makes a disclosure. While such requirements were not in place during the years covered by this report, internal reporting policy and/or professional discretion could have — or should have — compensated for statutory duty. At the most basic level, there did not appear to be a reporting procedure to follow within the institutions for referring an abuser to the appropriate authorities. A pregnant child being admitted to an institution should have warranted reporting the abuser as a fundamental safeguarding action.

3.3.2 Sexual harms within institutions

Ten women reported sexual harms perpetrated at the GSS Marianville Mother and Baby Institution, Belfast between 1967 and 1989; this is dealt with fully in the chapter on Marianville.

Sexual harm was also perpetrated verbally through highly inappropriate comments and an abusive form of questioning by members of the clergy. One named member of the clergy made sexualised comments to girls and women. One woman, BM019, reported that a member of the clergy pressured her into giving 'specifics' about how she became pregnant. This included being asked 'how did you conceive?', after which he 'progressed to what positions, and I was like, I was young, I was naive, but I knew that what he was asking was like totally not required by God'. She was 'required' to tell him 'if you're to stay here'. BM019 described the punishments she received for not complying with this member of the clergy's demands. As explained earlier in this chapter, BM019's failure to comply led to her being given additional and punitive cleaning to carry out. She was also barred from watching television and excluded from other social activities with the other girls and women, who were also told not to talk to her. She experienced discrimination, bullying and denial of liberty.

> "…the girls used to watch, *Neighbours* was on twice a day, I remember that, in the sitting room, and I wasn't allowed in to watch *Neighbours*. The other girls were told not to speak to me, so sent to Coventry…I never was allowed to leave [the building]. And then as another punishment, it was quite a nice summer and there was a, there was a garden and I remember being shown the garden at the start when we were being shown round, but then…I wasn't allowed into the garden either. So, by all intents and purposes I spent [five months] inside the building. And as I say I cried myself to sleep most nights.

She also recalled having to deep-clean the bathroom tiles with a toothbrush, not as a singular event, but every time.

BM080 reported being groped by a member of the clergy in the mother and baby institution she was sent to. She explained that this happened in front of female staff and that it was dismissed as a joke because the man passed off his actions as playful and amusing. BM074 and BM004 both raised serious concerns about the behaviour of the same cleric, which took place at the same institution around ten years apart. BM063 told the Panel about the fear instilled in her by a cleric who interviewed her privately in a mother and baby home about her sex life: she was only 15.

3.3.3 Sexual harms against children

While the HIAI had responsibility for investigating and recording the abuse and harms experienced within children's institutions, and the Panel's Terms of Reference do not include those institutions, it is important that the Panel acknowledge that one of the indirect harms of institutions and pathways and practices we have been tasked with investigating was the abuses experienced in children's institutions by those children who were separated from their birth mothers. A number of participants shared testimony about these traumatic life events. The chapter on human rights addresses these issues and includes extracts from testimonies provided to the Panel.

While adopted children, now adults, frequently speak of some positive experiences from adoption and the loving relationships they had with their adoptive parents and families, there are also references in testimonies to physical, emotional and sexual abuse inflicted in the adoptive family setting (or in foster homes). This negated the theory that it was better to raise a child in a 'stable' nuclear family than as a single mother, which was the rationale that led to many adoptions. These issues are addressed in detail in the section 'Family separation (fostering, adoption and consent)' in this chapter. As was made clear by the HIAI, significant numbers of children who were placed in residential institutions had been harmed by emotional, physical and sexual abuse. Some of these children had been separated from their mothers in the mother and baby institutions. They included CNA019, CNA068, CNA005 and CNA004, who shared testimony with the Panel about such harms.

3.3.4 Physical harm (see also 'Harms relating to labour and birth')

While in various institutions, birth mothers relate a number of instances of physical punishment, such as slapping, pushing, pulling hair or, as described by BM011, a 'clip round the side of the head'. These were reported as regular occurrences or routine punishments, including for failing to carry out chores to the satisfaction of the institutional staff. Other specific instances of physical harm include BM004, who reported that in MBI 6, a 'couple of days' before going into labour, a staff member 'pushed me down the stairs, I damaged the side of my head, wasn't allowed to report it, wasn't allowed to get a doctor', despite 'blood coming out of my ear'. BM020 reported what appears to be this very incident in her testimony about MBI 6. She stated: 'I do know a girl [and cited BM004's first name], she got thrown downstairs [by a staff member], and…her ear, you know'.

BM066, who was in MBI 9, recalled that ‘we weren’t allowed to wear a bra in bed’ when breastfeeding; ‘if you had a bra on, it had to be taken off’. She interpreted this as ‘sadistic’ and ‘cruel’, designed ‘just to hurt us, to make life more difficult than it already was’. BM027 reported that a member of staff in MBI 6 hit her with a kettle lead. On this occasion, BM027’s mother was in the visitors’ parlour and heard the commotion, and the outcome was BM027 being taken home by her mother that day.

> “
> I was told to make tea and I didn’t heat the teapot up, so she hit me with a kettle lead. And my mother heard me cry out and said, ‘that’s my daughter’. I think she would have murdered them. She would have murdered somebody that day. And my mum was a soft, gentle person. So, I heard my mum’s voice, and I couldn’t believe it. And I was wearing this heavy thing, it was like a sack. And my mum said, ‘she’s coming home with me now’. ‘She cannot leave here’. My mum says, ‘try and stop us’.

She also told the Panel of the punishment she experienced in the institution.

> “
> I was sort of like a rebel when I went in there because I just didn’t want to be there and they came to, they asked me about the [religious observance] and I said I was not going to [do what was expected], because I never believed in it…And they made me kneel for about four to five hours. I really can’t say how long it was, but roughly, it was about that.

Some participants also told us about witnessing physical harms during their time in the institutions. They reported that staff humiliated girls by cutting off their hair and MBI 6. BM065 reported that one girl in MBI 5 ‘had nits and I could remember them taking her outside…and nearly shaving her hair all off’. Another example is offered by BM069, who reported that in MBI 6, ‘this young girl beside me…about fourteen…her hair was kinda long and they cut it off her’. BM011 reported being ‘struck’ by staff in MBI 6 and ‘other girls being struck’ too. She said: ‘it was for talking or doing something minor that you shouldn’t have been doing, it wasn’t necessarily that you were being cheeky or rude, you just forgot it was silent time’.

4.0 Harms relating to labour and birth

4.1 Treatment in hospital

Some birth mothers spoke of lack of appropriate medical care relating to their pregnancy while they were in an institution. Instances of lack of medical care directly related to pregnancy include one participant who stated that she ‘never, never, never’ saw a doctor during her time in MBI 6 (BM027). A birth mother in MBI 5 remembers being ‘left for three days’ bleeding prior to going into labour (BM021). However, most testimonies on these matters relate to treatment while the girls and women were in hospital.

There are concerning reports of the conduct of some medical personnel when attending to girls and women who, about to give birth, or having just given birth, were arguably at their most vulnerable. Some medical staff demonstrated cruel disregard for their wellbeing as they went into labour and subsequently gave birth. There are reports of blatant discrimination on the basis of the mothers being from a mother and baby institution and unmarried: 'there's no way if I'd been a married woman that I'd have been left and had the labour experience I had' (BM003). Seventeen women reported being mistreated during the birth of their babies, and 28 women reported a lack of appropriate care. Taken together, 59% of birth mothers who gave testimony described mistreatment and inappropriate care during the births of their babies.

In terms of mistreatment, at one hospital women from MBI 5 reported medical staff giving enemas and 'shaving their vaginas', 'three of us…had that done in front of each other, it was so humiliating' (BM003). Other invasive procedures involved internal examinations that were executed without consideration or regard for the vulnerable situations in which these girls and women were placed. BM003 reported 'brutal' non-consensual treatment by a doctor.

> "…this man came in wearing scrubs…he literally shoved his hand up inside me, and done like an internal examination, and walked out, without even speaking to me.

BM047 reports being treated roughly and with no dignity or respect by a doctor after giving birth.

> "[He]…just grabbed me by the legs…and slid me down the bed and I don't think he even said hello […] and stitched me up [after the birth]…he didn't even take off his hat.

BM025 reports breast-binding after giving birth to her child.

> "They wrapped my breasts up with bandages, really, really tightly, I could hardly breathe. And I said to them, you know 'it's hurting me', and they said 'we have to do this'.

BM046 reports being physically assaulted by 'a sister or matron' during labour who 'smacked my legs and my backside and told me to "stop screaming"'. All four midwives who shared testimony that was analysed for this report emphasised that they did their best to provide professional medical care to the girls and women from the institutions. As detailed in the following section ('Mistreatment, trauma and lack of appropriate care'), midwives spoke of their lack of training with regard to communication and emotional engagement with birth mothers. For example, Midwife 4 said that, as midwives, they treated the girls and women from the institutions 'from a medical and midwifery point of view, the same as everybody else', saying they were 'professionally good to them'. She goes on to explain what this meant in practice.

> We treated them professionally like all the other mothers on the ward. If they needed pain relief, they got pain relief. If they needed, you know, help with engorged breasts they got the same treatment as every other woman on the ward. We were binding women up left, right, and centre, weren't we, because breast feeding was not the encouraged thing back then.

4.1.1 Mistreatment, trauma and lack of appropriate care

Testimonies include reports of medical personnel in hospitals who acted with professionalism and empathy towards participants. For example, some staff are reported as intervening to assist a vulnerable birth mother. BM035 did not have many positive memories but recalled that there was 'a wee nurse, she was the only nice one'. BM058 spoke about how isolated she felt after giving birth. She recalled that some nurses 'would have said to me, "Well, you're better not to see the baby if you're going to be giving her away"'. However, in contrast, when she was visited by two social workers and felt under pressure to agree to an adoption of her baby, BM058 recalls a nurse coming to her aid when she was visited by two social workers: 'there was a Sister in [name of hospital] and she used to wear Chanel No. 5 perfume [laughs] I remember that about her. She came sweeping into the room and she threw those two women out on their ear.' She suggested to BM058 that she did not have to agree to adoption.

However, there were many reports of harms by way of mistreatment. Of the 17 women who explicitly reported mistreatment, almost all of them (14) reported having their dignity violated. Some women reported that they were treated with contempt in hospital and that this compounded and reinforced the harms experienced prior to their admission to hospital. On her treatment in hospital, BM040 summed it up as 'cruel'. BM055 spoke about her time in the hospital and treatment by the nursing staff, saying: 'there was no soothing words, anything like that. It was just sort of cruel. Get the baby out and that was it.' BM006 described how she felt the hospital staff were judgemental and spoke about their lack of 'compassion' towards her.

> The two nurses who were on duty were brusque and it was as if they had said to each other, 'Here's another one of them there girls coming in'. They weren't compassionate at all. I was absolutely terrified at this point.

BM057 described 'hateful' treatment from medical staff while attending an antenatal clinic.

> We were taken about 10 at a time to an antenatal clinic to be checked. That was a most unpleasant experience as the staff, knowing where we came from, were very brusque and even hateful, so the prospect of having to go there to have our babies was very daunting.

In the experience of BM055, she was treated like ‘the scum of the earth’.

> “
> Yeah, I gave birth on the [son’s date of birth]. That wasn’t a good experience at the hospital…Because I felt like as an unmarried mother, I was sort of scum of the earth…By nursing staff, yes.

At one named hospital, women were ‘brought in the back [entrance]’, BM034 told the Panel. According to BM024, ‘[Named hospital] didn’t want to know you either…you were a nobody’. BM028 recalls being told by a member of medical staff ‘you don’t know how to look after yourself, you’re not fit to look after a baby’. A female paediatrician told BM051, who asked if she could ‘just sit on the bed’ during labour, ‘we didn’t put you in this state [of being pregnant]’.

Many women reported being treated poorly during their labour and the birth of their babies. Seven women reported inappropriateness over drug administration and obstetric procedures. For example, some were not given pain relief during labour and consequently had traumatic births. BM006 told the Panel of her experience.

> “
> I don’t remember a lot about my baby being born except for the bad labour pain and a lot of blood. I didn’t receive pain relief. I was seven hours in labour. I vaguely remember the nurse telling me to push again after my baby was born to push the afterbirth out. I had a tear which needed six stitches. My healthy baby was placed in a cot beside me after being cleaned up and the relief of having my baby beside me was immense. I couldn’t stop looking at my beautiful baby’s face. I felt very emotional at that point.

BM061, who had painful mastitis, was not given pain relief: ‘they [staff] just cleared off’. BM025 says that ‘when I was in labour, they allowed a student nurse to cut me, and I lost two pints of blood…and then I was stitched up by a doctor and just sort of left to my own devices and they, strapped my boobs up really, really tightly, I can remember that’.

Twelve women reported that hospital staff were unkind or cruel. This manifested in spiteful comments, judgemental behaviours, and prolonged isolation and segregation. BM065 remembered that ‘two midwives were over looking out the window when my [baby] was born’. BM048 said that hospital staff ‘gave no comfort’.

A number of midwives shared testimonies and one of them, Midwife 1, recalled that when girls and women from a mother and baby institution were admitted to hospital to give birth, ‘There was very little communication with the girls. We were told not to get into personal conversations with them.’ She elaborated on this.

> …some of these girls were in their teens, and you know you, ok you were caring for them, you were doing your job as a midwife, but you weren't communicating with them, and…because you didn't have the skills. That was just…the bottom line. And you went by what you were told by senior colleagues that you didn't ask anything with their personal lives or their circumstances or anything like that.

Testimony from Midwife 1, and other midwives note their attempts to do their best from a professional perspective for the girls and women in their care, despite some of the prevailing attitudes.

BM009 shared her experience at PNH 1.

> I vividly recall the moment a nurse briefly entered as my contractions began. She spent barely any time with me, offering no comfort or guidance, only handing me a walking stick and instructing me to bang it on the floor if I needed help…I was then left alone in the room for several hours, right up until the final moments of the birth.

BM009 shared that she 'felt like I was being punished by the staff…for simply being pregnant outside of marriage'. BM004 has 'night tremors' in the present as a direct consequence of rough handling during her labour and birth.

Many women spoke about being discriminated against for their unmarried status. For example, BM003 reported that 'other people were getting their privacy and a room on their own, the three of us [other birth mothers] were together with a commode'. Others talk about being chastised by nurses and doctors for being upset at being made to go through labour without pain relief. BM006 said: '[I was] shouting in pain [during labour] the nurse said "now now that's enough"…I was seven hours in labour [with] no pain relief.' BM019 reported not being given a glass of water, saying she was made to feel 'worthless' by hospital staff: 'I was the dirt on their shoe'. She reported that 'I was being treated differently', but yet, 'when Daddy came in their attitudes and things changed'.

Isolation and loneliness were key factors in harms caused during labour. Nine women spoke about how isolating it was to be kept apart from the other women on the ward and ostracised. They also speak about a lack of kindness compounding that isolation: 'I was on my own…the pain was so bad' (BM053), and 'they gave me no comfort' (BM048). Some women had a less negative view of being kept apart from other women while in hospital. BM003 recalls that, after a difficult birth, she was grateful to be moved to a private room away from the other new mothers. Midwife 2 said that girls and women from the institutions were allocated a side room and that, while this could be perceived as isolation, it was done for reasons of privacy and that all of their medical needs and meals were attended to. At the same time, Midwife 3 told us that the purpose of the side room in her experience was so that 'they [girls and women from institutions] were hidden away'.

Testimony given on behalf of a deceased birth mother by CNA095 highlighted isolation and lack of monitoring or care during labour.

> “I just know, the only little bit that she told me about that time was that she was in a room on her own, she was told not to make noise, and no one came near her until my birth was pretty much imminent. That’s all. I can’t elaborate on that because those are the three things that she told me. And I don’t know how she got to [named maternity hospital]. I don’t know how she got back, because she brought me back with her to [MBI 6]. But I do know that she was alone and nobody was with her. That’s all I know.

The majority of girls and women in MBI 3 were sent to a maternity unit for their antenatal care. BM079 was one of them, in the late 1960s. In her testimony, she described the experience of giving birth as being the most difficult part of her pregnancy, rather than anything she encountered in MBI 3. She concluded that it was during the labour process that she ‘experienced true degradation and cruelty’. She maintained that there was an element of punishment throughout.

> “The nurses and midwives were appalling! I was treated like a slut and a woman of loose morals and, in fact, they were quite happy to say this to my face! I was put in a small ward of my own and lay there in agony, not knowing what was going to happen, frightened, terrified. Various different midwives came into my room in rapid succession — to give me an internal examination. At the time I thought this was normal, but on reflection I believe there were too many of these and it was a form of punishment as internals are very unpleasant and painful! Really, the only time a midwife was with me was at the actual point of delivery. No pain relief, no encouragement just a smack on the backside and being told to stop yelling! These hypocritical women set themselves up as judge and jury!

She added that there was derogatory name-calling and that she was called ‘dirty’. Her newborn son was immediately taken away and was not returned to her until she was being discharged. BM079 recalled that the ‘only kindness I received in this hellhole was from the orderly who brought round the meals’.

BM078, who was in MBI 3 in the 1970s, described her experience in the same maternity facility: ‘There was no antenatal care, nobody ever told you anything about giving birth, you just were sent in to do it. There was no explanation of what they were going to do or anything.’ This is reflected in other testimonies also where women were uninformed and, thus, unaware and fearful of what they faced. Fear and lack of understanding and knowledge further compounded the women’s trauma. Eight women spoke about how they were left in fearful ignorance relating to what would happen to them during labour. Some of this enforced ignorance stemmed from receiving no education about the impending birth, no antenatal information and no peer guidance (the women were kept from sharing information on the birth once they had their babies). For example, BM040

said: ‘We were never told about…labour’. BM069 said that ‘there was no aftercare’, and BM074 recalled being simply told to ‘take a shower, take a bath’.

BM078 described an unhappy experience because her baby was found to be in the breech position and attempts were made to reposition the baby. This was upsetting, but so too was the attention that was drawn towards her unmarried status.

> “
> …even, in those days were terrible as well, because when I went into the hospital, they said, ‘Now we are going to call you Mrs, because it’s not right for Miss, anybody Miss to be having a baby. We have wedding rings, we can give you if you want to wear a wedding ring.’

BM078 recalled that she did not want to agree to this and to ‘make a liar out of myself’. She also remembered that when the married women on the maternity ward received visitors, staff pulled the curtains around her to make her invisible. BM078 also recalled that, as she would not be breastfeeding after the birth, she was given a tablet without any consultation with her.

> “
> So that I wouldn’t produce any milk. So, it just wouldn’t happen. Just there just wouldn’t be any…Nobody even mentioned that people would be doing that, you know…just take this tablet now, this will make sure…you dry up quickly you know, like and that was it. And…nowadays you would think, oh I might get mastitis, I might get all these different things, but nobody even, there was no, nobody ever checked, were you alright, was everything, your bits alright, you know, like, just…They were very…just very cold.

In the context of this aspect of BM078’s testimony it should be noted that there have been recent health concerns raised by mothers (and their adult children, particularly daughters) who were given the drug diethylstilboestrol (DES) to dry up their breast milk. The drug has been linked to cancers for birth mothers and for their children, now adults, if they were exposed to the drug in utero (in the womb).[11] Grandchildren of birth mothers can also be affected.

BM031 raised a concern about DES.

> “
> Yeah I remember it because as soon as they mentioned the drug I sort of went oh yeah, because my second son was born in the ‘70s, both my children, in fact the three of them, were born in the ‘70s and I do remember with my second child I tried to breastfeed him and I couldn’t, so they give me Stilbestrol. And I don’t know whether they give us Stilbestrol in…the convent or not, I don’t know…I don’t remember, but obviously they gave us, or did something, because where did the milk go at the end of the day?

CNA095, who gave testimony on behalf of her birth mother, raised similar concerns about DES.

> She said that she was left totally alone in a room during labour at [named maternity hospital] and told to be quiet and was only attended to when my birth was imminent. I don't know if she was given any drugs. It says in my records that I was purely bottle fed, and as I was with my mother for 11 days at [MBI 6] I often wonder if she was given the oestrogen DES, diethylstilbesterol to dry up breastmilk. My health record would suggest it's a very strong possibility and there is evidence and ongoing research into the long-term effects of those exposed to DES in utero.

DES was also administered to married women who were not admitted to institutions. However, the testimonies from birth mothers in relation to DES relate to the administration of drugs and medicines without the knowledge, understanding or consent of the women themselves.

BM026 also felt that the treatment received on the maternity ward was influenced by her 'unmarried mother' status.

> But even that was you were in a side room. 'Miss'. 'Miss', you know, they would have called you that. And you weren't allowed visitors because it was only husbands were allowed up. So you weren't allowed anybody in. Maybe in the daytime, you know, two o'clock to three or whatever it was. I think I remember my mummy coming up. But nine times out of ten you were there in this side ward where everybody could see you. It wasn't like it was a wee private side ward. 'Oh, that's the unmarried one,' you know. So, even though it was in [MBI 3], it still carried on outside as well.

BM080 reports a serious harm perpetrated by a member of the nursing staff just a few days after she gave birth which still causes her to feel anger today.

> Now, again, I am so, I was so naive, that you never would have dreamt that people would have behaved like this. But now I know. Now, I had just been there for a few hours and the matron had come up to see me. And I was lying in the bed and she said: 'Well, a girl like you, I'm sure, will want to get her figure back as soon as possible…I'll tell you what to do'…I was naive…never thought that anybody would — medical person — would go out of their way to do, basically, any harm? So, I did. She took the pillow, pillows from the bed, so I was lying flat on my back? She told me to touch my toes. So, I did that. And she told me to keep going. Now, well, naturally the inevitable happened. All my stitches burst.

A doctor examined her later and reported that what the medical staff member had bid her do had caused significant physical harm. BM080 reports that the matron was looking at her with a smirk and she concludes that the matron acted and behaved that way because of her status as an ‘unmarried mother’.

4.1.2 Prevented from having contact with newborn baby

For many girls and women, their experience of labour and giving birth under a ‘veil of secrecy’ (BM034) was compounded by the hospital staff, or staff of a private nursing home, preventing them from seeing their newborn babies. This was reported in testimonies by 17 birth mothers. All speak of not being ‘allowed’ to see or touch their babies or having been prevented from spending any time with them after giving birth, including for feeding.[12]

For example, BM004 reported that ‘I wasn’t allowed to touch him. I don’t even know how heavy he was’. BM017 reported that she ‘wasn’t given’ her baby and ‘wasn’t even allowed to hold her’. She went on to say that the nurses ‘just did the bidding of the staff’ by ‘follow[ing] their orders’ to keep the birth mothers from their babies. She talked about the impact of the separation from her baby and noted, ‘it’s beyond belief…to keep her in the nursery and to be told not to go near her or mix with the married mothers. It’s an experience I’ll never forget until the day I die.’ BM017 went on to share the enduring impact of not being able to spend time with her baby: ‘I was disassociating a lot because of the shame and the pain [of the loss], and I’ve learned now that it’s complex trauma’. Describing her experience, BM010 said: ‘I didn’t get to hold him. I didn’t get to nurse him. Nothing, nothing tactile. And the nurse…said “Take the baby out of the room, the baby’s for adoption.”’ BM009 gave a detailed description of how her baby was taken away from her after she gave birth in a private nursing home.

> “When my child was born, he was immediately taken away by staff at [nursing home]. I did not get to see him or hold him. I was not told if the baby was a girl or a boy, or even if he was healthy. I was given absolutely no information. I recall overhearing a doctor on the phone to my parents and heard him telling them I had a baby boy…I desperately wanted to see and hold my baby, and at one stage I remember leaving the room to go and find him. I walked down some stairs and into a large empty room, but there was no sign of any babies anywhere. I do remember meeting a lady who I believed to be a cleaner who asked me where my baby was. I responded that I did not know.

Mothers reported that their babies were removed from the delivery room immediately after being born. BM018 remembers asking staff: ‘where are you taking him?’ when they removed her newborn son. However, she was ignored. BM028 told the Panel that she asked ‘at least three times’ if she could see her baby and noted that ‘they [hospital staff] just never let on they heard me’. When BM061 asked to see her baby she was told ‘“what do you mean you want to see ‘YOUR’ baby? It’s not your baby, your baby’s being given up for adoption.”’

Birth mothers also speak about discrimination, by being cruelly prevented from seeing their baby in the hospital nursery or being reprimanded for trying to do so, because they were 'unmarried mothers'. BM022 and BM018 were told not to enter the nursery to see their babies. For example, BM018 said: 'I was told point blank that I wasn't to go to the nursery'. Having made 'several attempts' to go and see her baby in the nursery and being 'caught' by the nurses and sent back, she said: 'we weren't allowed [to go in] and I just thought is this normal or is this because I came from [mother and baby institution]? And I didn't really realise until I got home after everything that it was [because I came from a mother and baby institution].' BM022, who calls the adoption of her baby 'a foregone conclusion' over which she had no agency, reported that 'once he was born he was taken down to the nursery and I was told not to go down or have any contact with him because they didn't want me to develop any bond'. She, like BM018, also referred to her belief that hospital staff discriminated against her on the basis that she was from an institution.

> "…it's only when you become an adult and look back and think for people that were adults it was, it wasn't very nice behaviour, and it wasn't very nice for healthcare professionals either, that are supposed to be non-judgmental, to treat people in that way. And it was almost like they didn't want anyone to see you, it was again just, you know, the whole shameful side of it.

Discrimination was also experienced by BM048, who described her experience.

> "When [name of son] was born, they didn't bring him beside me. I was put into a ward with other women who had their babies with them. I remember a child came in and said, 'why has that woman no baby?', and everybody looked at me. I, that night or day after [name of son] was born, at 11 o'clock, after 11 in the morning, and they put him in the nursery. But I got up the next day and I searched for him. I put my foot to the floor, and I looked for him, and I found him in the nursery. The nurses would say, 'you shouldn't be in here', but I kept going to feed and change him for the seven days that I was in that hospital. When they would come in and say that to me, I just would look down, hoping they wouldn't throw me out.

Other mothers report not being allowed to have their babies beside them like the married mothers. BM003 told the Panel that 'Everybody whispered about you. It was awful, because they'd babies beside their bed, I didn't, and they said the baby was down in the nursery, I wasn't allowed to go down.'[13]

4.1.3 Other harms relating to labour and birth

In addition to the harms noted above, seven women reported harms relating to discrimination and segregation from other new mothers in the hospital on the basis of their unmarried status. BM044 talks of how 'they used to put all the girls…from [MBI

6] in a single room so they wouldn't annoy anybody else' (referring to the [named] hospital). BM046 reports that the nurses discriminated between the girls and women from institutions and the other mothers: she quotes one nurse as saying: 'that's one of the [MBI 6] girls' and shares that 'you knew you were, I suppose, different'. BM037 notes that this difference was visibly marked in the women's clothing: 'girls from [MBI 6] were instantly recognisable…in spite of the borrowed [wedding] rings…dressed in old fashioned flannel gowns'. BM029 talks about being put in 'separate rooms' because 'we were unmarried mums'.

Five women talked about medical complications at the birth, including a baby's heartbeat 'slowing' (BM048), 'haemorrhaging' (BM010) and where a baby's 'shoulders stuck' (BM047). While this could have happened to anyone going through childbirth, their isolation (few if any had a family member at their side or in the hospital) made it a much more fearful experience. The impact on the women of birth complications was 'horrific' said BM047, caused 'panic' said BM048, and was 'horrendous' according to BM011, compounded by the discrimination they experienced as 'unmarried mothers'. Many spoke of extreme 'loneliness', being left 'in a hallway' or going to hospital by ambulance 'alone' with 'no visitors' for the duration of their stay. BM037 reported that the impact of her experience in a maternity hospital was so deep that, 'even after half a century I can still feel the shame.' She detailed it as follows.

> The girls from [MBI 6] would undoubtedly have been instantly recognisable in this small hospital as unmarried mothers from an institution in spite of the borrowed wedding rings supplied by the home. They had no husbands, no visitors, no flowers, baby cards or gifts and their little offsprings were dressed in old fashioned flannel gowns which were sold by the [staff of the mother and baby institution]. Even though my friend visited me with a gift and flowers I found the whole experience deeply embarrassing. Living a lie, pretending I had an absent husband did not come easy to me and I truly regretted not just telling the truth. Even after half a century I can still feel the shame.

BM048 described the 'panic' she felt 'on my own'.

> I was really ill that night…there was one light, it was a dark room. The nurses did their job, but they didn't comfort me. Nobody held my hand. Then I was told the baby's heart is slowing and I was giving up. I was getting into difficulty, and then the doctor appeared at the foot of my bed. I was getting out of control. I was panicking, the pain, I remember they took the gas and air off me, but they gave no comfort. It was like I was a piece of meat and it didn't matter. I lost me as a person.

Two women reported excessive sedation. BM028 referred to 'doping', saying that 'they gave you so much stuff [drugs] you were really out of it', so much that she had not realised she had given birth. BM107 still questions, 'how did I sleep and only wake up when I was in severe labour? They must have given me something to make me sleep

through it.' BM005 spoke of being so 'knocked out for the birth' with 'some sort of a painkiller' that she remembers 'waking up and they would bring the baby to me to be fed'. In contrast, BM009 spoke about the lack of medication: 'I wasn't given any medication for pain…I do recall being given medication after the birth but I was not told what this was… there is no record of [it] in [PNH 1]'.

Again, shame permeated all aspects of labour and birth. BM017 shared that she felt her 'dignity was gone…I was made to feel like I didn't matter…we were put in a side room. The staff had told them [hospital staff] who and what we were, and they were told to treat us differently.'

5.0 Family separation (fostering, adoption and consent)

> The harms that shaped my life began with my separation from my mother. (CNA118)

The following sections of this chapter focus on harms caused by the forced separation of families and the impacts which these had on the lives of participants, as described in testimonies.[14]

5.1 Involvement of and pressure from third parties regarding adoption (including impact on birth mothers)

5.1.1 Pressure from family

Birth mothers' testimonies indicate pressure from multiple sources to place children for adoption, including families, social workers, clerics, and the institutions. In many cases, birth mothers had limited say in what happened to their babies and many testimonies suggest that being 'placed' for adoption was often not done with the informed consent of the birth mother. Many women recall being constantly pressured and told that they would be incapable of raising a child. Pressure from parents was a common factor for birth mothers after they made their pregnancy known.

BM004 said one source of pressure came from a letter received from her boyfriend's mother in which she told BM004 that she 'wasn't fit to be a mother, that's one of the things I can remember…that's what you get thrown up to you, you're not fit to be a mother'.

BM011 states: 'My dad was pushing for adoption, from the few conversations we did have.' BM036 remembers: 'my mother said I didn't need to give him [son] a name as he wouldn't be coming home, my father didn't speak'. BM019 had no say in what would happen after she became pregnant, recalling that she was told by her mother that 'we've

found this place in [location redacted] and what will happen is you will go in there and you will have this baby and then you're giving the baby up for adoption'.

Lack of options was a common feature for those birth mothers who spoke about pressure being applied to agree to adoptions. BM022 reported: 'you were told from the very beginning, wasn't really discussed about what you wanted to do, it [adoption] was a foregone conclusion'. A birth mother in MBI 5, BM028, recalled a similar experience.

> …nobody ever said to me 'if you wanted to keep the baby this is what help you'll get'. The social worker did say 'if you decide to keep her I'll help you as best I can'. But my family were telling her not to be [saying that].

BM077 told the Panel: 'I never was given an option other than give him up for adoption'.

5.1.2 Pressure from clergy

The role of clerics in pressuring girls and women to have their babies adopted is referenced by some birth mothers. According to BM013, a cleric told her that 'you cannot bring this baby into the world, and you keep that baby, you have him adopted to a nice mummy and daddy'. BM040, who spent time in MBI 3, recalls 'the [member of the clergy] was back again on the scene saying, "you know, the best thing is, have your baby, get it adopted. You'll give it a life."'

BM059 reports that the decision to have her baby adopted was made without her wishes being taken into account, saying that she would 'rather have had the youngster and be at home and we'd manage somehow but then I was told "no" and the [mother and baby institution and the cleric involved] and all put it down that you weren't going to be just having [the baby]'. BM011 refers to the difficulty of speaking up against the clergy, saying: 'you're being controlled by [members of the clergy and staff]. And you're in the building and there's thousands of people swarming in and doing their prayers, praising these [members of the clergy and staff]. So, who's going to believe anything I say?' BM008 spent time in MBI 5 and spoke about a practice there that required the pregnant girls and women to go to a private room to speak to a member of the clergy. BM008 asked what the purpose of this was, and another young expectant woman told her the following.

> It's about you're an unfit mother, and you wouldn't be fit to look after a child. You'd be safer giving him to a married couple, up for adoption. And you'll have no money to bring up a child on your own. All this talk about getting rid of your baby basically, giving it away to somebody who could manage better.

BM008 continued.

> …there was girls going down to the room and had been talking, [and they were] coming back and you knew that they'd been crying. And I had asked them, you know, 'What did they say to you?' and they said 'The usual, you know. You'd be safer getting your baby adopted', whatever, 'that wouldn't be fit to bring up a child on your own and this, that and the other'.

BM023 also refers to this practice whereby a member of the clergy had 'a talk' with girls and women.

> [Member of staff] locked the door, and a [member of the clergy] went in with each girl, had to go up in, and they come out roaring and squealing and going frantic when they come out of this place, out of this office with him in with him…We weren't allowed to talk to them when they come out.

Both women spent time in MBI 5 in the early seventies and their testimonies refer to different dates over the course of three years.

5.1.3 Pressure from within institutions

Several birth mothers speak of an assumption that their baby would be adopted after birth, as if it were a foregone conclusion. They refer to an absence of alternatives and of being told that giving their baby up for adoption was the only option available. An assumption that adoption was an inevitable outcome was reflected in several testimonies that indicated how some of the institutions facilitated the adoption process. For example, BM010 stated that '[named children's institution to which babies were moved] was very accessible to people who wanted to adopt children' and that the institutional policy on adoption facilitated informal and casual approaches.

BM013 says that, when staying in MBI 6, 'it had been drummed into us…[adoption was] the better life for a baby. [They said] "What can you provide for him, [but if he's adopted] he's going to have a mummy and daddy."' Similarly, BM036 recalls that a person she refers to as the Head of Home 'called me to her office. She informed me that when I entered [the mother and baby institution], I entered with the understanding that my baby would be adopted.' BM026 has similar memories of the attitude in MBI 3: 'this baby is going, and that was it, end of'. A birth mother, BM055 in MBI 5, recalls being met with disapproval when she made it clear that she wanted to keep her baby: 'I felt as if [name of staff member] was…not happy…sort of pushing me…you weren't taking the baby home'.

BM040 has detailed recollections of how these assumptions translated into routines and practices in [the mother and baby institution]. She says that 'there was a time in

the afternoons when we were not allowed near the nursery for two hours…it was the adoptive parents coming up to see and we were warned never to go near the nursery in those two hours'. She also recalls that [the mother and baby institution] had particular demands to make with regard to babies being put up for adoption, stating that the staff 'told us that the babies had to be perfect, or else, if they weren't perfect, they wouldn't be adopted. The baby was taken away, given a medical, and you were told it had to be perfect.' In relation to her own baby, she recalls: 'I was wishing, it's awful to say that, but I was thinking I just hope they'll find something wrong and I can keep her'.

No notice was given to BM040 when the time came to hand over her baby, and no support was offered: 'I was told that morning and that was it…"you've got half an hour… the baby's parents are waiting…say goodbye"'. She remembers: 'I sat there with her for a half an hour and cried me eyes out didn't want to let her go upset'. BM040 had to travel with her baby to the office where the handover to the adoptive parents took place. She sat in one office and they were in another, next door. BM040 told the Panel that the social worker involved came in to take her baby into the other room, telling her: 'Don't dare come out of this room until we come in and tell you to go.' She recalled leaving afterwards on her own and the immense sadness she felt on the journey back to her mother's house.

Many birth mothers concluded that adoption was viewed as inevitable and described inevitability as being compounded by the pressure they experienced within the institutions. Numerous birth mothers spoke about how staff members offered their view that birth mothers would not be able to raise their child themselves. This was expressed via arguments about the lack of housing and economic support, but in some cases also included harmful moralistic commentary. In PNH 1, BM010 found that the matron's approach 'leaves a lot to be desired. It was wrong. It was coercion, it was, I don't know what it was, it was just not good.'

BM024 recalls that the staff 'just told you the child was being adopted and that was it. And the child went for adoption.' The common assumption that babies would be adopted was evident in BM036's testimony. She reports that a staff member 'called into my room, she had a lady, gentleman and two young boys with her. She introduced them as the people who would be taking my baby when he was discharged from hospital.'

In MBI 5, BM029 noted that a named staff member had a 'different attitude' towards birth mothers if she knew a birth mother was intending to keep her baby. She stated that 'she [asked me] "Are you sure now you want to keep the baby?"' This was echoed by BM055, who also referenced the same staff member's unhappiness with her intention to keep her baby. BM073 reported a similar experience, noting that a staff member told her she was not fit to keep a child. The pressure that was applied involved locking her in a room until she agreed to go and see a social worker to begin the discussion of adoption. BM073 reports the following conversation.

> She says, 'I don't think the situation you're in that you should keep this child.' I said: 'I comes to you for help not to give the child up. I thought you might help me.' 'Oh', she says, 'no'…This used to go on…She kept coming down, every time she come down, she'd keep at me, keep at me…'You're not fit to keep a child, you know, you can't…Best thing is if you go to social worker and if you talk to the social worker, we can make arrangements for your child to be adopted'…well I did talk to social worker but not to give my child up. No. Because once I was out that door I wasn't gonna go back.

In a different institution (MBI 8), BM038 reported similar pressure.

> …the woman [in charge of] the place told me 'nobody keeps their baby here'. I remember being told that, 'you can't keep your baby here, once you have your baby they'll be adopted'…I don't think I even thought of what that meant then.

BM038 stated that her baby was 'taken' from her 'without my consent'. She said: 'one day I was called to her [member of staff] office and while I was there [my baby] was taken from there. I haven't got exact dates on that yet but I think he was about six weeks old.'

Several women reported that in one mother and baby institution staff pressured girls and women to have their babies adopted by presenting adoption as a *fait accompli*. For example, BM024 stated that 'they [staff] just told you the child was being adopted and that was it'. BM011 noted that '[a member of staff] introduced herself and said…your dad has decided your child is going up for adoption, because you're definitely not fit to look after it'. BM011 questioned why this member of staff felt it necessary to add the point about her fitness to be a mother and felt that it was gratuitously cruel. BM036 was pressured by a member of staff in MBI 6, despite her stating: 'I didn't agree to my baby being adopted'. She reported their exchange.

> [Member of staff] informed me that when I entered [the mother and baby institution], I entered with the understanding that my baby would be adopted. I told her I wasn't in the office for the duration of the meeting with her [Head of Home] and my mother. I didn't agree to my baby being adopted. [Member of staff] told me she had forms, she passed them across the desk to me, I told her at no time did I agree to have my baby adopted.

BM013 recalled a member of staff being 'fuming' when BM013 decided to keep her baby rather than put him up for adoption, saying: '[she said] "Are you keeping him?" I said "Yes". And got my stuff, and she was fuming. Absolutely fuming. Absolutely fuming and the look she gave me.'

5.1.4 Pressure from employees of the state (including GPs and social workers)

A significant number of birth mothers told the Panel that they experienced pressure to agree to adoption from their social worker. There were also some positive comments about social workers and the support they offered. Moreover, in some testimonies, such as that of BM003, details were provided of negative and positive actions taken by different social workers. BM003 described her encounters with the social worker assigned to deal with her in MBI 5.

> She came down to see me, and she said to me one day about, I asked about the baby, and she said you know, 'If you keep this baby you're going to end up in a flat in [district in home city of BM003]. And you're going to have men calling to it at all hours of the night.' And I remember being, looking at her and being so shocked that she would say that, and I was afraid to say, although I was thinking, no I won't. But I was scared to say it, because all of a sudden I thought this woman has all the power here. She just dismissed anything I said about keeping the baby. She also, which was very unprofessional of her, mentioned a girl that I'd known that had a baby a few years before it, and she said her family are rearing the baby, and it's caused a lot of friction in the family. Now it wasn't true. But I was scared to stick up for the girl as well. So you were actively encouraged, this is what's going to happen with you.

BM003's testimony describes how she eventually agreed to an adoption and then returned to her family home and sank into depression. The first social worker was arranging for her baby to be placed and had ended contact with BM003. A second social worker then arrived with a new attitude and approach.

> I just went, stayed in my bed or lay in the sofa all day. And a social worker from the Board called out, and she was very young. I just remember her being very young. I was laying on this sofa, I didn't even lift my head to say hello to her or anything because I just thought I'm fucked off with social workers.
>
> And she said 'when did you see your baby last?'
>
> I said 'Well I sneaked down to see her in the hospital, in the nursery.'
>
> And she said 'you haven't seen her since?'
>
> And I said 'No'.
>
> And she said 'Do you want to see her?'
>
> And I just got up and I went 'of course'.
>
> So, she went out to her hall, and we'd a phone, and she rang [Social Worker A] and

> I heard them arguing on the phone. And she came in and said 'I'll come and take you up tomorrow'. And she took me out to the foster home where I saw my daughter.
>
> And then she said 'What do you want to do?'
>
> And I said 'What do you mean?'
>
> And she said 'Well, this is your child.'
>
> So, I got her back the day after. But no thanks to Social Worker A, because she never give me any, as far as I was concerned she'd gone, and it was my fault because I'd let her go. So yeah that was, that wasn't a nice experience at all. She was not helpful in any way. It was all about, I call it now the adoption fact, you know the baby factory, yeah.

In this case it appears that generational differences might have led younger social workers to be more supportive to birth mothers who wanted to keep their children.

Birth mother testimonies more frequently discussed social workers as facilitators of adoption. Often, they were described as persuading or pressuring birth mothers that adoption was the best option. As will be discussed below, Social Worker A was mentioned regularly in this respect. According to BM019, 'periodically…a social worker would have come in for meetings and kept pressing [me] to sign forms and sign forms'. BM023 says that '[name of social worker redacted] would have been promoting [adoption]' and told us that '*promoting* [meant that] adoption was your best option'. BM023 references the difficulty in challenging the dominant view within the institution (which in her case was MBI 5) that adoption was the 'best option', saying that the only reason she was able to 'get the strength' to stand up to them and assert her desire to keep her baby was the support of one family member.

> "
> I got the letter from our [name of her sister redacted] to say that she was behind me, that's it. I was able to tell them then what I thought about them before I left and say what I thought they shouldn't be doing.

BM023's testimony attests to the importance of having support, which enabled her to challenge some social workers, who were reported in numerous testimonies as routinely promoting and facilitating adoption as a response to pregnancy in 'unmarried mothers'.

As indicated above, one social worker, Social Worker A, came up in several testimonies as a key person in terms of securing adoptions by pressurising girls and women and their wider families. For instance, BM003 reported that Social Worker A was 'not helpful in any way' and was 'all about' what she termed 'the baby factory'. The baby-as-a-product metaphor was also used by a social worker who gave testimony, P023, who referred to Social Worker A's interest in pregnant women as 'trade' and to Social Worker A as a

‘baby trader’. BM047 reported that the ‘only thing she [Social Worker A] was interested in was my baby’ (meaning, securing the baby for adoption). Even though BM047 was still pregnant at the time, ‘[Social Worker A] came down…as often as she could from [location redacted]. And asked me all the time to sign papers. Every time she came down, you know, sign papers.’ In BM047’s case, pressure for adoption from Social Worker A was applied — and adoption was sought — before her baby was even born. This was also the case for BM023, who stated that Social Worker A made repeated efforts to persuade her to give up her son, saying that she ‘wanted him [her baby] adopted’. These conversations occurred while BM023 was still pregnant with her son.

Social Worker A was also reported to have ‘coerced’ adoptions. For example, BM050 stated that ‘I might have said yes [to adoption] because I was coerced’. Her baby had ‘been taken over the border without my permission’ to a baby institution in the Republic of Ireland (RoI) and the decision to adopt the baby was questionable. She stated: ‘I was coerced into saying, into giving the baby up for adoption [during an ‘interview’ with Social Worker A]. But deep down, I knew that it wasn’t my decision, you know?’ BM050 concluded with: ‘I had a deep resentment against [Social Worker A]. And I just feel that… it wasn’t my decision.’ Birth mothers also reported Social Worker A’s influence over their own parents. BM018 told us that this particular social worker was ‘sharp enough in her speech and no-nonsense talk…and she would have…been very dominant and my mother would have been…intimidated by her’. BM003 also referred to Social Worker A as ‘very intimidating’.

According to BM018’s testimony, Social Worker A had been persuading her mother to have her daughter’s child adopted throughout BM018’s pregnancy. BM018 reports that one particular conversation over the phone between her mother and Social Worker A took place ‘about maybe a month before or two months before I had the child’ in which Social Worker A used religious shame to persuade BM018’s mother: ‘my mother was anxious about going back to see [Social Worker A] because she had more or less pointedly says no it’s, you know, it’s going against the Church, unmarried mothers you know’. BM018 reports that Social Worker A was ‘very persuasive’.

Social Worker A was also reported as ‘facilitating’ adoptions in many cases. Birth mothers and children, now adults, brought records to their testimony sessions which documented the adoption process and how the adoption of babies had been enabled. The information on official documents is, in some cases, false, according to birth mothers. For instance, BM009 had in her possession formal records relating to her child’s adoption. In them, there were two versions of the same document, one of which is signed by the social worker (see ‘Experiences relating to the content of records’). BM009 told the Panel that the document has been signed by Social Worker A on a date that was just two days after the birth of BM009’s baby. BM009 disputes the content of these documents (for further details, refer to Section ‘Experiences relating to the content of records’).

In another case, BM010 reported that Social Worker A signed the ‘first part’ of some ‘forms’ before BM010’s baby was born but stated that she was unaware of what she was signing. She said: ‘one form came to me, oh in September and it was a form that has got the signature on, [Social Worker A]’s signature, and this must be, somebody said there were two parts to this form or something’. Later, BM010 stated: ‘I must have put my date

[on it], I don't know what I was doing, I thought well that's the form in, I've consented to something anyway'. BM010's baby was taken by Social Worker A three days after her child was born. Seven months later, BM010 was taken to commercial premises that were owned by the Justice of the Peace whose role it was to formally sign the adoption papers. Her compliance at that encounter was grounded in fear: 'I was so frightened', she said.

As mentioned above, facilitating adoptions prior to and within days of a baby's birth was not uncommon. A member of the clergy who gave testimony, P057, recalled a baby who was 'born on a Saturday; a social worker came on a Monday and took her away in a blanket. That was literally it. And she was brought [to a baby institution in RoI]'.

Social Worker A was named by another social worker (P023) as being the 'right hand' of a specific organisation in terms of directing adoptions. P023 cited the example of a 47-year-old woman who successfully adopted a baby after just six months of applying, despite being seven years over the cut-off age of 40, and other cases when Social Worker A was involved in the formal adoption of children.

Social worker P023 also reported a case of a pregnant woman with learning difficulties, who was under the care of psychiatric specialists, and whose life was considered to be seriously at risk if she proceeded with her pregnancy. As stated by P023, 'abortion is illegal in Northern Ireland…so, she was booked into [hospital] for a D&C', a procedure which involves scraping tissue from the lining of the uterus. The procedure was considered to be 'in her best interests' in the mental health professionals' opinion. P023 reported that, while this woman was in hospital, Social Worker A intervened and tried to take the woman from the hospital and take her to a mother and baby institution where she would stay until the baby was born. P023 explained.

> "…at about nine or ten o'clock at night, [Social Worker A] landed down having called at [the home of the woman], got a suitcase of clothes, landed down in the gynae ward to pack [name redacted] off to [name of an institution].

The woman was reported to be 'in hysterics' and the ward 'in an uproar'. In P023's view, Social Worker A was 'talking about babies for childless couples. You're talking trade, here.'

BM058 was another birth mother who told the Panel that she was pressured into adoption by a social worker: 'they were very insistent…they tried to guilt-trip me…talked about how the child would have a better life.' In BM058's view, 'they were working for the prospective parents'. BM065, who became pregnant at 18 years old, stated that the 'social worker… told me that I wasn't capable of having, or rearing a baby, because I was mentally immature, as I had the mentality of a thirteen-year-old'. BM019 reported that 'periodically then a social worker would have come in for meetings and kept pressing to sign forms', including immediately upon giving birth: 'a social worker was sitting to the left of me when I woke [after giving birth and said] "you need to sign this"…because [if I didn't sign it] her job was on the line [for having arranged the adoption in the first instance]'. BM019 described the pressure from this social worker as 'overwhelming' and 'terrible'.

BM043 also criticised a social worker, specifically, his role in taking her child from her home. She said: ‘I don’t even like to talk about that man. That man was scary, vile and he was just a vile, a vile social worker.’ BM043 shared that he spoke to her in an overtly sexual and inappropriate way, saying things like, ‘Oh, you look very sexy’ and ‘touching my shoulder’. She described their interaction.

> “
> ‘You’re a sexy woman, you’ll get another man, and you’ll maybe go on to life and have another baby. You won’t be able to look after it’. He took, he took the baby, the blanket around it, out the door he went. I chased after him.

In addition to the significant role played by social workers, testimonies make it clear that some family GPs were instrumental in separating girls and women from their families prior to them giving birth, by directing them to institutions. For example, BM021, who was 15 at the time of her pregnancy, told us: ‘Mum took me to the doctors, you know at home, and then the doctor said “she’s pregnant”’. The doctor then told her to contact a mother and baby institution.

A GP also arranged entry to the mother and baby institution for BM045, who described the GP’s role.

> “
> The doctor examined me and said that I was fairly well advanced, so she…advised my mother to get me away as soon as possible, which [is] what happened. [T]he doctor contacted a social worker…and the social worker arrived that same day and I was just taken down, she drove me down to [the mother and baby institution].

BM070 also told the Panel that her family GP was involved in arranging the referral to a mother and baby institution with her mother. The GP was also involved in attempts to have BM070’s pregnancy conclude with an adoption.

Being pressured from multiple sources, sometimes simultaneously, to have babies adopted had a range of adverse impacts on birth mothers that continued to affect them throughout their lives. Many reflect on the enduring lifelong impact of the adoptions on their lives. BM040 alludes to the punitive aspect of pressuring pregnant girls and women, saying: ‘the pressure was on, and it stayed on…I had done wrong, so it had to be put right’. When presented with the family who intended to adopt her child, BM036 recalls that ‘My reaction wasn’t good, I told them all to get out of my room as no one would be taking my baby. I still relive that day and still find it hard to think about.’ BM050 says: ‘I was allowed to be led…and coerced. That’s stayed with me all these years. I think about her [child] every day.’ BM069 says that ‘making you feel…that you weren’t worthy to raise your child…made me feel, the whole of my life, that I’d been proving myself’. BM012 reports that after she signed the adoption papers, six weeks after her baby was taken by a social worker, ‘I went through life unfeeling…I missed my baby…Everything was a secret. There was no-one I could confide in.’

BM062 reports the devastating impact of having to sign adoption papers: 'I tried to commit suicide the day that I signed the papers'. It was evident that recounting their experiences was often retraumatising for birth mothers. For example, BM023 spoke about the impact of giving her testimony — of reliving the experience of being in an institution and being 'told what to do' all the time.

> "No matter how upset I would get or whatever I am, and how I feel about leaving here [the testimony session], I'll take a while to, you know, recuperate from this, but it's worth it, because you know, they should be held accountable, somebody should be held accountable for this.

Many women have undergone counselling and psychotherapy to try to process what happened to them and their children. Others have discussed the impact on their subsequent interpersonal relationships with people, particularly partners, where trust and self-worth have been difficult to establish and sustain. For example, BM019 described the long-term impact.

> "I have a fear of abandonment…I attach to people I shouldn't attach to. I've held on to marriages that I shouldn't have, I've went into marriages I shouldn't have, and I…I just don't know how to stop…the impact that it had is just, and there is still shame that I feel.

As a result of the ongoing harm caused by her experiences, BM034 said she had decided to 'get some counselling and some support. Because I can't keep going round in circles…it's amazing that those feelings are still there. The guilt, the shame. You know, you didn't have much self-esteem, no self-worth.'

5.2 Consent for adoption

Consent for adoption in the period under investigation could not be sought nor given (by law) for six weeks after the birth of a baby. However, at least six birth mothers and additionally, some children (now adults), other family members and social workers make specific reference to adoptions being arranged before the six-week period had elapsed. Some women report adoptions being arranged while they were still pregnant. Of those who recall specific timeframes, BM004 refers to 'about four weeks' following her baby's birth, and BM035 comments that 'I always thought I had him for five weeks and two or three days. But I wouldn't swear to it'. A birth mother in MBI 6, BM019, recalls the social worker claiming to have 'stuck her neck out' having arranged a fast adoption.

> "…the adoptive parents…[were] coming into the hospital from day one, and that she [social worker] had gone through hoops and broken every protocol and did everything to make it happen that the adoptive parents were with [the baby] from day one.

An adoptive mother, P005, reported that she adopted three children, two of whom arrived with her when they were only three weeks old. One child was 'technically fostered for three weeks' because 'papers were not signed or anything. We had her for three weeks before it was signed'. Two years after that, P005 went to MBI 5 and adopted another girl, who 'was also only three weeks old' when P005 took her home from the hospital where she was.

P013 explained how her husband, who was adopted as a baby, was 'taken off' his birth mother after 'twelve days' and that 'she personally had to carry him and hand him over'. P044's mother had a daughter who was 'taken off her after 20 minutes [and] adopted within a matter of days'.

Consent had to be acquired through the informed and free decision-making of the birth mother. However, testimonies given by birth mothers reflect a pattern of powerlessness. Many birth mothers had limited, if any, agency over what happened to their babies, and more often than not, the baby's future was predetermined by others, including the institutions' staff, members of the clergy, social workers, the birth mother's parents or a combination of all four. Lack of involvement in decisions relating to adoption is referenced by numerous birth mothers. According to BM072, 'Obviously somebody has filled in paperwork or had a discussion between the doctor, my parents, the [institution], the hospital…I don't even know what the intention was when I left the hospital'. BM072 also says that 'clearly somebody filled something in or said that [adoption] had to happen'.

Adoption had to be agreed by the birth mother in a process of informed consent. Yet many women noted they had no support and no one to explain what, if any, options were open to them. This was noted by Social Worker 3 in her testimony. She acknowledges that signing consent for adoption was frequently perceived as an obligatory action on the part of the pregnant girl or woman. Social Worker 3 described the context for such outcomes.

> "…often [girls' and women's] perception was that they had been forced to give up their baby, when in fact they had signed consent. But often then there wasn't counselling involved, there wasn't real support. So, in their eyes and experience they had no option at all. So, it was sort of a forced consent even though legally it wouldn't have been seen like that.

Social Worker 3's observation makes the distinction between what was legally binding and what was pragmatically understood. They also noted that 'consent is one of the hardest things…you must have support through it and that often wouldn't happen'. This was referenced by BM023 above, who was only empowered to challenge the institutional predisposition to adoption when she was given support from a family member to resist the pressure to have her child placed for adoption.

As such, questions around consent for adoption focus in many cases on the signing of forms and official documents, and whether they were signed with an understanding or full appreciation of their contents. It is the case that some birth mothers who gave testimony to the panel have no recollection of signing consent for adoption. For example, BM002 states: 'I must have signed something but I don't remember that at all'. BM005 reports: 'we brought the babies there [name of Baby Institution in RoI] ourselves. And then I presume we signed papers, I don't remember doing that.' BM009 describes the feeling she had on gaining access to her documents: 'The presence of my signature on this document is extremely upsetting, especially as I have no recollection of signing it. I also have questions about whether the signature is actually mine.' Others speak about refusing to sign consent forms, yet they maintain that adoptions were arranged nonetheless. BM018 recalls that her sister 'pointedly says to me "do not sign anything" [consent for adoption]…and I says…"I never had any intentions of signing anything"…it was just done. And I was never involved [in the decision or the process].'

For those birth mothers who recall signing documents, a common theme is their lack of understanding of what the documents represented. According to BM028, 'I have a funny feeling the day she [her baby daughter] come out of the hospital I think I signed something that day in MBI 5'. When trying to trace her baby three years after giving birth, BM033 recalls the following.

> "…they said 'No, she was adopted'. And I had signed the final consent form, which I didn't know what even I was signing…[I was told] 'Just sign that'. And she was took away from me quite quick in the [named] Hospital.

A number of birth mothers give accounts of the inappropriate locations and pressurised circumstances in which they were asked or told to sign adoption or consent papers. These locations included the commercial premises of Justices of the Peace who were required to oversee the formalisation of adoption consent paperwork. BM075 says that after her baby was born, 'the social worker used to come to where I worked and sit outside all the time and say to me: "You have to sign these papers. You have to sign these papers." Just, you know, just really hassling me all the time.' She stated that she was eventually 'taken into a [shop owned by the Justice of the Peace]'. She told us: 'I remember a [the shop], and we went in the back of the [shop] and they made me sign these pages'. BM075 was so distressed by the adoption that she attempted suicide and was hospitalised.

Other birth mothers provide similar detail on their experiences of signing papers in inappropriate locations. BM009 gives a detailed account of the circumstances in which she signed papers under pressure and without an awareness of what they contained.

> “At some stage following my time at the home, [name of member of the clergy] collected me and drove me to a pub in [location]. No one else accompanied me. I wasn’t told where I was being taken to or why. At the pub, there was another man there, who [the member of the clergy] took me over to, and I was told to sign a document. No one told me what this document was. As a 17-year-old I felt very intimidated and frightened. I was in a pub in [location] by myself with two men, one of whom was a complete stranger to me. The other man, a [member of the clergy], whom I felt was a person of authority who I should obey. I felt like I had no choice but to do as I was told. Months later, I was again collected by [the member of the clergy] and driven to an office in [same city] and told to sign another paper. Again, no one else accompanied me, and I was given no explanation as to why I was being asked to sign another paper. I have no idea what this paper was.

A shop was used as the location for signing documents in the case of BM010.

> “Had to go to the [redacted] shop in [location] to see a JP [Justice of the Peace][15]… whose name was [name of JP] and his son is [name of son]. He was the GP that was there, the doctor that was there, the doctor at the birth at the time…So, I went over to the shop and it was one of these real [redacted] shops with the sawdust on the floor. It was this glass sort of kiosk thing in the middle, and he signals to me, come over, come over here. So, I went up the step into this box with him, and there was no room, because he was a big man, and there was no room. And he said now this is form whatever, he must have used some words or something to say adoption, you know, so he said ‘You know what you’re doing?’ And I was so frightened I said ‘Yeah I do know, I do know, yeah, yeah, yeah, yeah’. ‘You know once you sign this you’ve no rights to your child ever again?’ And I went ‘How do you mean? I had a child, how do you mean I don’t have rights?’ I was thinking that, I thought I want to get out of this box, go away, run away and that’s what I did. Big, big waxy seal, signature, signature, signature, I must have signed I don’t know how many signatures. There was no point, it’s gone now, it’s gone. It’s like as if you, it’s all gone, it’s all just gone. And anyway I just felt I didn’t have a child, I just felt I hadn’t given birth, I just felt that it was gone.

The locations, the circumstances and the lack of information regarding the content of the documents birth mothers were signing had a direct impact on them. BM009 reflected on her position at the time.

> “I felt completely intimidated and that I had no choice but to do as I was told. It is only since getting my file from the [redacted] Trust recently that I now realise I was probably being asked to sign official documents for the adoption of my child…this marked the beginning of many, many years searching for my son, and battling with severe PTSD brought on by the trauma of the entire experience.

A mother in PNH 1, BM009, referred to the adoption practices as ‘coercive’. She describes the upset caused by an encounter with a nurse in the days following the birth of her son.

> “I was asked by a nurse at [PNH 1] what I was calling my baby. Before I had a chance to answer, she sharply stated ‘It doesn’t matter, as his name will be changed anyway’, and she walked away without allowing me to name my own child. I was denied the right to name my own son…This erasure of my identity as his mother and his right to his name has haunted me for decades.

Further upset was caused to BM009 when she gained access to her records to learn that her son was documented as ‘Baby [Surname of BM009]’.

BM038 reported the pressured environment within MBI 8.

> “…it [the pressure to give up my baby] was just constant. That lady…was just constantly telling me, you know, ‘he’s going to be going to foster care whether you like it or not’, she was just a, it was almost like she relished in this position that she had that she could control you by telling you they were taking your baby away basically.

Birth mothers also reported feeling suicidal which they linked directly to the period of signing adoption forms. BM062 told us she attempted suicide on the day she signed, and BM075 also attempted suicide after signing papers and spent time thereafter in a mental health institution.

Pressure to sign adoption consent forms dominated many testimonies from family members as well as from birth mothers and children, now adults. An adult child of a mother, P045, whose baby was adopted from MBI 9 stated: ‘I probably query the legality of the adoption…because Mummy definitely signed [adoption form] under duress’.

In many cases, birth mothers, children, now adults, and family members of birth mothers dispute that consent was ever granted for adoption (see also section ‘Experiences relating to the content of records’). For example, Social Worker 40 reported a case in which adoption consent forms were signed by the mother of the birth mother. Social Worker 40 explained that it was clear upon ‘read[ing] through one of the ones [cases] where the mother of the girl [the birth mother] who had the same name as her signed the consent forms’. Social Worker 40 cited the case of a 17-year-old birth mother whose baby was adopted against her wishes. She reported that the birth mother told her, ‘I didn’t want him adopted’ and when Social Worker 40 asked her about the signed consent forms, the birth mother replied, ‘No, I never agreed…I didn’t sign consents’. Social Worker 40 continued.

> And I then went to [place redacted] and got the file out and saw the consent's been signed by a [name redacted], I can't remember the surname, and I took a photocopy of the consents to her and said, 'Look, there's your signature, have you put this at the back of your mind, have you tried not to think about you consented?', 'No', she said, 'I never consented', she said, 'That was my mother, my mother's name is [name redacted] too and she went and signed the consents'. Now, the… JP [Justice of the Peace] at the time must have known that woman [the maternal grandmother] probably hadn't had a baby as late as she had but anyway, the consents were signed and that was illegal.

Social Worker 40 also cited a case involving Social Worker A, whereby a birth mother who was undergoing psychiatric treatment in a mental health facility in RoI was 'taken out of a psychiatric hospital to sign the consents'.

Other participants who report their knowledge of instances where birth mothers 'didn't sign anything' include P038, who discovered in her thirties that she had a half-sister, born in a mother and baby institution, and later discovered records from that period. Having looked at these records, she concludes that 'It would appear from those records…that Mum didn't sign anything. There was no consent.' P038 reported that, as a result, her mother was 'traumatised' by the adoption, and 'deeply damaged' throughout her entire life, finding bonds with 'friends', and even 'family' very difficult to make and sustain: 'she can't really function well in friendship, partnership or as a mother'.

P009 came to give testimony with another family member, and both spoke about how her mother had had a child adopted, which appeared to be against her will. There are serious concerns about the lack of consent. P009 reported that a 'social worker did tell me that she [birth mother] didn't sign anything. Which kind of would have been an indication that it was against her will.'

Another participant, P033, reported that his mother, whose oldest child had been adopted, exhibited signs of trauma when she had to 'sign anything'. P033 reported that while he and his siblings were unaware of his mother's experience in a mother and baby institution and their adopted sibling until they were adults, 'she would break out in a sweat for some reason [when she was asked to sign a document]…and start shaking…I kind of related it back that she probably had signed documents when she gave up [her baby]'. While it is not clear whether or not consent was free, or even informed, P033 does convey the devastating impact of adoption under such circumstances (he reports that her baby was 'taken away from' her and she 'didn't get to see her very much or anything') on his mother throughout her life.

CNA067 is a child, now adult, whose birth mother categorically stated that she 'did not sign' any consent form. While she did tell him that she was brought to sign her consent in the presence of a Justice of the Peace (records state this also), she maintains that she did not sign it. Her son has been seeking the record from the court but has, to date, only been told by social workers that they have seen a signed consent document in the court but cannot share it with him. CNA067's concern is that it may have been fraudulently

signed by ‘anyone’ and may not be his birth mother’s signature, given her denial of the document: ‘she said she definitely didn’t sign anything in that office’. Some adopted adults have gained access to consent documents relating to their adoptions and, in testimony, challenged the validity of their documents.

CNA044, an adopted adult, gave the following testimony relating to consent not given for her adoption. Her birth mother told her she never signed the forms and there appears to be doubt over the validity of the signature of the Justice of the Peace.

> The writing on the consent form…it’s the exact same writing as the [staff member at MBI 5’s] records. It’s the same [staff member] who wrote it all out.
>
> …. So, then [Justice of the Peace 2] gets a letter from the adoption board to say ‘your signature is not known in this office and state whether the consent was in fact executed before you’….

The Justice of the Peace has replied to this letter (CNA044 has a copy) as follows.

> Dear Sir, With reference to the letter, I cannot recall signing my name to such a form. But a person known as Miss [name of CNA044’s birth mother] called to me during the winter months with a form at my door and told me that it was for school dinners.

Regarding the signature purporting to be her mother’s, CNA044 told us: ‘I do have cards from [birth mother’s first name] now [showing her signature] I believe [birth mother’s first name] when she told me that she never ever signed a thing. I believe her now. It was the [staff member at MBI 5] who signed everything.’

CNA045 also believes that the consent form associated with his adoption includes a forged signature. He also has two baptism certificates dated on the same date and year, but with different names — his adoptive name and his birth name — and stated that his birth mother’s signature is on a consent form which she states she never signed. CNA045 has copies of the documents noted and the signature on the consent form is ‘not her writing’. He describes the information there.

> …if you look at that signature [points to the record], that’s the writing on the paper which they [Welfare Committee] sent in the post. They sent this supposedly to [birth mother]…This is the writing on the front of th[eir] letter. And in my opinion…it [the writing on the front of their letter] is the exact same writing [as the signature alleged to be birth mother’s]. And she maintains she never signed nothing. And I said to my barristers, ‘It [the writing on the envelope] is the same writing. It’s identical writing [as on the consent form]’. [The barrister said] ‘Aye, it looks very similar’.

CNA075 also reports anomalies in her adoption. She states that her birth mother's signatures on consent documents were 'forged, by all accounts' and that her adoptive parents' ages were 'changed' to suggest they were in their early forties rather than their late forties to ensure no barrier around their age could be placed in the way of the adoption. For similar reasons, CNA095 also refers to the consent form for her adoption as 'very questionable'. CNA095 believes that the consent form for her adoption was signed 'within three days' of birth, which, if so, clearly contravenes the six-week rule noted above. Moreover, CNA095 reports 'evidence and paperwork to show that I was earmarked from before birth for a particular couple.' The evidence for this includes CNA095 being named by her adoptive parents, leaving her birth mother with 'no choice' in what to name her baby. CNA095 says that the form is also 'questionable' because of 'the way her signature is placed on the form and the fact that [the form] is filled in in various different handwriting, so clearly [the form was completed] at different times'. CNA095's statutory welfare adoption file shows that she was handed over to her adoptive parents at just ten days old, and that her birth mother was unaware of her baby's whereabouts from that time onwards.

CNA131 also questions the authenticity of her birth mother's signature based on the format of the signature being markedly different from the way CNA131's birth mother consistently signed her name. CNA131 reports that 'I know for a fact that was not my mum's signature'. CNA083 recounts that her birth mother may not have been aware of the documentation being signed. She says: 'I don't think they could have seen the paper that they had signed because my name was [name redacted], and in another one it said [different name] and it was scored out and [name redacted] put above'. She continues: 'So, either they covered up the sheet or they [birth parents] didn't see it because they [birth parents] knew, they knew me as [different name] so, my name had been changed. It literally is scored out and [redacted name] put atop'. Additionally, CNA083 reports that her adoptive mother 'lied' on official forms about her age prior to the adoption and maintained that she was five years younger, which would put her in her forties rather than her actual age — which was in her fifties — at the time of the adoption. CNA083 told us that the lie was maintained throughout 'going to court and everything'.

In P048's testimony, he talks about his mother's time in MBI 6, where she gave birth to a daughter who was adopted. He reports that his mother was 'barely literate' and yet the answers on her form are skilfully written.

> "…there is a form that was on the file, and it was about the questions being asked, effectively, why is this child being placed for adoption? Blank. So in the whole form, it's filled in start to finish in very, very neat, it's almost like calligraphy writing. It's very, very formal, start to finish. Some of it's filled in in the first person. Some of it's filled in in the third person. But one thing that I can categorically say, is that's not my mum's handwriting.

P048 goes on to say that 'even the words, my mum couldn't have spelt half the words that were in that form', citing answers to questions given by his mother, such as '"describe yourself", to which an answer is written "reasonably good-looking"'. P048 laughs at this, saying: 'my mum would never say that'.

5.3 Cross-border movement of babies and mothers

Family separation was compounded by the geographical distance put between birth mother and baby in cases where children were moved across the border or mothers from RoI returned there without their child.[16] A number of birth mothers make specific references to babies being moved across the border for the purposes of adoption. BM004 says: 'we went to [county in RoI] to take him there…being taken across the border was an awful hard thing, from the North to the South'.

BM005, who was in a mother and baby institution prior to giving birth to her daughter, reports that her baby was taken over the border. She said: 'My mother and my brother came for me and they took both of us [birth mother and baby], they took us to [baby institution in RoI]…I signed the papers there for her adoption. And she was taken away permanently to their building and I came home.' Later, when BM005 was in MBI 6 she gave birth to a son and recalls: 'Another lady and I, and she must have been from the South of Ireland as well, although I didn't know her. You were put on a train, we went to [baby institution in RoI].' BM050 talks about how her baby was taken over the border, which left her 'broken-hearted'. She states: 'by about the fourth week [after her daughter's birth] I decided that I wanted to go and see her in [baby institution in RoI] which, she'd been taken over the border without my permission'. BM050 attempted to get her baby back and contacted 'the social worker, [Social Worker A]' to ask for her baby, but Social Worker A falsely informed her that '"the baby has gone to her [adoptive] parents"'. Years later, BM050 discovered 'that she [the baby] hadn't gone to her parents and that [when BM050 tried to visit her] she was still in [baby institution in RoI]'. BM050 stated: 'I had a deep resentment against [Social Worker A]. And I just feel that with everything it wasn't my decision, you know. [I was] led, you know, and coerced. That's stayed with me all these years.' CNA045 also recounts a similar experience, whereby despite having the original records, the state and the institutions 'denied any knowledge of any adoption'. Records obtained by the participant show that he was still in a baby institution in RoI for months after his birth mother had been told that he had been adopted.

Children, now adults, born of birth mothers who spent time in mother and baby institutions also talked about cross-border movement in their testimonies. CNA029 told the Panel his view that there has been a 'massive cover-up' on this matter.

CNA029 was born in 1963. In testimony, he explained that his birth mother was from RoI and when she became pregnant, arrangements were made to move her across the border. CNA029 described his deep concern that such 'trafficking' was possible.

He noted the following in his written testimony.

> "How did my mother end up getting from the West of Ireland to a [mother and baby institution] in Northern Ireland in 1963? Who facilitated this process and to what extent was this all legally sound? My [birth] mother did not like to talk about this at all as she clearly found it very painful. But she did reveal that the process was started by a [cleric]. This meant that someone in the Church had arranged for my [birth] mother to cross the border to have a baby, i.e. me, in an institution and for the process of adoption to take place thereafter. To me this smacks of trafficking in babies and the guarded silence thereafter supports the view of a massive cover up.

CNA045 was born in the early 1960s. He was sent to an institution in RoI where his birth mother visited on several occasions, but was only able to see CNA045 once, when a volunteer staff member answered the door and brought him down. It was 50 years before he saw his birth mother again. When they reconnected, she told him that she brought £100 her father had given her to give to the institutional staff to secure his return. However, upon arrival at the institution she was informed that CNA045 had been adopted. CNA045 has documents that dispute this, and which confirm he was still in the same institution in RoI on this date. CNA045 refers to his birth mother's experience as part of a 'conveyor belt of child trafficking'.

CNA092 was born in the 1960s and taken across the border to a baby institution in RoI. He expressed anger in testimony about how it was possible to take a baby across a border that he described as 'the most heavily policed frontier' at that time. He remarked the ease with which children were brought over the border for adoption, yet if 'stray' cattle had moved across it there would be 'an investigation'. CNA117's birth mother gave birth to him in a mother and baby institution in RoI in the mid-1960s. CNA117's birth mother was a Presbyterian from Northern Ireland, as was his birth father. His birth mother was 19 at this time and his birth father was 30. CNA117 shared a unique issue about his birth circumstances that the Panel had not heard previously.

> "[If my] birth mother had not been trafficked across the border to conceal my birth I would have been born in the North to parents from the North. I believe that, like anyone else born in the North, that I should be entitled to choose whether I want to be Irish or British, or both.

The cross-border movement of birth mothers and their children meant that birth mothers (some as young as 12 years old) were separated from their own families, and their newborn babies were themselves separated from them, depriving both mother and baby of forming a bond and also of familial support when they were particularly vulnerable. Forced family separation and movement to an unfamiliar geographical location was described as 'traumatic' and isolating by CNA032, and 'dehumanis[ing]' by CNA016. CNA032 shared details of his several movements across the border, following his separation from his birth mother, including to baby and children's institutions on both sides of the border and to an adoptive family. He told the Panel that as a child, it was clear that 'I was maladapted to the new world that I was experiencing. I was unable to adapt to mainstream society as the whole thing was alien to me. I was not accepted as part of a family or society in general.'

Some participants remain confused about their identities because they have two 'original' birth certificates, from both sides of the border, with different people identified as their 'biological' parents or with their own adoptive name entered as their birth name, as is the case for CNA021. CNA117 and CNA128 have three birth certificates. Being moved across the border has also impacted on access to records for other children, now adults. CNA102 told us that their birth mother had been moved from a location in RoI to a mother and baby institution in NI and said: 'when I looked for my records the social worker said it took longer because it was cross-border'. CNA029 told the Panel that the knowledge that they were moved across borders is 'painful'.

5.4 Harms caused to children, now adults

5.4.1 Learning about adoption

Of those who discussed being told about their adoption, most participants (62) recall being told about this by their adoptive family. Of this number, 29 state that they were told by their adoptive mother and five by their adoptive father, with 18 stating they were told by their adoptive parents jointly, and a smaller number by their adoptive siblings (five) or other family members (five).

Participants who recall being told by their adoptive mother were told at various ages. Some recall that they were always aware of their adoption. For example, CNA002 said: 'mum always told me I was adopted'. CNA022 told the Panel: 'I've always been aware I'd been adopted'. Seven participants specifically recall being told as children (before they were 13 years old). CNA033 says this happened at 'maybe five or six' years old. For CNA037 it was, 'Around my 11th or 12th birthday my adoptive mother…turned round and told me I was adopted'. Three others recall being told as teenagers. CNA057 said, 'I was 13 or 14 when I found out', and CNA058 recalled, 'my mother told me…about 13 or 14'. For CNA078, the knowledge about adoption came in adulthood: 'the news was delivered to you before you got married'. Other participants do not specify exact ages. CNA067 recalls that when he found out his brother was adopted, he asked, 'what about me am I adopted?' His adoptive mother 'busted out crying and she says "yeah you're adopted too"'. CNA067 told the Panel, 'I near fell off the sofa'.

CNA065 described what she remembers about being told she was adopted by her mother.

> "I was told…when I was about eight. I don't really remember a whole lot prior to that. I remember my mum telling me we were going down into the town…and mum saying something to tell you, you know, as you do, I'm sure it was very hard for her to say and I obviously, you know, 'what is it?' and she says, 'you have another mummy and daddy somewhere'. And I remember being shocked, but I also remember thinking, 'aww! I'll get more presents at my birthday!, I'll get more presents at Christmas.' And I must have verbalised that to her because she told me, no, that wasn't the case…There was no huge conversation…it was just a part of my life. It was a part of my identity…I did always feel a bit different. There was no doubt about that in certain family settings, not my immediate family, but with the extended family. I did always feel just that wee bit that I wasn't included.

For those children, now adults, who were told of their adoption by their adoptive father, most appear to have been told as children. CNA011 says he was told by his adoptive father because 'you had to bring your birth certificate into school for confirmation'.[17] One participant, CNA054, notes being told as an adult when she was due to get married: 'the reason they [her adoptive parents] told me was they were having to tell his parents [her fiancée] of my origin'.

Participants who recall being told by their adoptive parents jointly have been told at various ages. Several (nine) note that they 'always knew' (CNA035). CNA082 said, 'I grew up knowing [about adoption] before I understood what it was', while CNA124 recalled, 'I was probably only about eight or nine that I found out that I was adopted'. Others were told as teenagers, for example: 'I was 13 or so when my adopted parents told me I'd been adopted' (CNA064). CNA102 'found out when I was going into secondary school that I was adopted and was told by my adoptive parents'. Others were told of their adoption when they were adults. CNA021's parents 'didn't tell me I was adopted until I was 21' and told him due to issues with visa authorisation.

Of those participants who were told about their adoption by siblings, three were told by their brothers, one by their sister and one by an unspecified sibling. CNA017 notes the age at which they were told (around age 13) by their brother who said: 'you're adopted'. Three participants note being told by a cousin (CNA007, CNA027, CNA073); one by an uncle (CNA087); one by a grandmother (CNA099); and one, CNA020, by an aunt in conversation with his adoptive father.

5.4.2 Impact of learning about adoption

> I have always been anxious and fearful. I was told never to tell when I discovered I was adopted at 14 and consequently have maintained a silence in many areas of my life. (CNA125)

Many participants recall a sense of shock or confusion around learning they were adopted. For example, CNA057 'can remember screaming', CNA002 said the news 'blew me away', and CNA068 'didn't understand what that meant…hung with me unanswered for several years'.

CNA029 was born in the early 1960s and describes the moment he learnt he was adopted.

> My world literally changed [around age seven or eight] when one of my friends at the time said that his father had mentioned that I was a bastard. In my innocence I went home and asked my [adoptive] parents, 'was I a bastard?', not knowing what the term meant beyond being a word that you shouldn't use. I have quite a vivid memory of my parents explaining to me that I was adopted because as they put it, my real mother could not look after me, whatever they meant by that. Following that conversation I never felt the same way again. My world had changed and not for the better. As a child and indeed from that moment on I was very confused about who I was and why I had been adopted and how could your mother just give you away. I was never confident in myself about anything and that was a feeling that was to stay with me all my life…I never quite fitted in, and it held me back. My adoption was never mentioned in the house very much after that if at all and as it turned out I was one of five children [who grew up in CNA029's adoptive household]

> four of whom were adopted. After finding out that I was adopted I very soon began wetting the bed which continued until the age of eleven or twelve. My [adoptive] parents who I must state at this point were excellent and always caring, never really managed to figure out why I was doing what I was doing or simply ignored it as part of growing up. On reflection it was clear that I was suffering from some type of anxiety from the shock of finding out I was adopted and had taken on all the mental baggage that comes with such a revelation.

For those who were told of their adoption by other family members, several note a sense of surprise or shock. According to CNA087, 'the shock of that was great…it was shock more than anything else'. Several people explained that the fact that other family members knew about their adopted status, when they did not, had a deeply negative impact.

CNA027 described the secrecy within their family and circle.

> "
> [Name of cousin] confirmed that she'd been told some years earlier that I was adopted but I was never to be told. It transpired that all my cousins knew I was adopted but knew none of the details. Furthermore, some of my friends also knew. My cousins had never, had been told never to tell me. My friends never mentioned it out of deference to me as I had never mentioned it to them. They assumed I did not want to discuss the matter. In particular my best friend [name redacted], himself adopted, had known about me for approximately 30 years.

CNA070 shared the shock of learning about their adoption and the impact that had on them.

> "
> I was told I was adopted when I was twelve years of age…And it was a lot. Emotionally at twelve it was a kind of shook your world…totally pulled the rug from under your feet…who you think your mum is, who you think your dad is, your uncles, aunties, brothers is like all of a sudden you don't find that they're truly your family.
>
> I'd a great family and I was well brought up, you know, I got an apprenticeship, went through school…I had a very happy family. But at the same time there's always that feeling from there on in that you weren't the same, you weren't, you know, this is actually not where you really were from.
>
> So, that led me to actually, I wanted my story, I wanted my full story so that led me to go looking for my birth mother.

Some adopted adults told the Panel that they always 'knew' they were adopted but have no recollection of being told and grew up without discussion or acknowledgement from adoptive families of their adoptive status. CNA095 explained.

> I knew I was adopted. I've always known I was adopted, but I have absolutely no recollection of ever being told. It was never, ever discussed. I have never until relatively recent years had any discussion with any family member about… my adoption.

CNA095 further explained the impact on them.

> So, from a young age I was always wary of strangers. To an unhealthy degree, I would have said. Even unfamiliar family members. I was shy, would have been one of those people that if anyone spoke to me, I would go red in the face and was just unable to carry out a conversation or engage with them. I think I was hypervigilant as a child. I was very untrusting and very intuitive about people I met. With my immediate family I was also a people pleaser. I never wanted to upset my parents or anyone around me, or any of my childhood friends. I always assumed that's just who I was. So, I put a lot of it down to being unconscious about how I felt in relation to my adoption, now as an adult looking back.
>
> I was a very imaginative child. I often imagined myself in different families with different siblings as a child but had no real understanding of why. I imagined being discovered by long-lost parents. I also remember imagining myself as a princess that had been sold as a baby. But mostly I thought of myself as an orphan. And I clearly remember that, between the ages of zero and ten thinking I was an orphan. Bearing in mind as well that no one had ever discussed an alternative with me or anything about my adoption, but I knew I was adopted.

CNA054 attributed behavioural patterns to being adopted and not discovering this until she was in her early 20s. She described these to the Panel.

> Why am I like that? And probably every activity that I do in my day-to-day life I can attribute it back to the time I found out I was adopted. And when this individual described me as spiky I thought, 'I need to find out why'…I'm very conscious of my behaviours, that some things I do inherently they set tests for people…And I thought, 'Why on earth am I like this?'…And then the whole adoption thing started to play on my mind. I felt very alone, very isolated…I felt grateful to them [adoptive parents] for taking me on, I suppose. I felt a bit like sullied goods or tarnished in some way. So I felt a sense of gratefulness.

CNA003 vividly recalls the day he learnt he was adopted, when he and his siblings were told by their adoptive mother.

> I was playing football out in that grass out the back, and nothing would break me playing a football match, nothing and I remember Mum coming out to the steps and calling my name…And I says 'ten minutes, ten minutes, the match is nearly over'. She says 'No right now, right now'. And I thought something's happened here, and she stood waiting for me to come off the pitch knowing that I was coming off it. And she brought me into the kitchen…and she says, 'Just to let yous know yous are all adopted, and the reason why you were adopted was your mothers couldn't afford to keep you'.

CNA003 talks of having had a 'burning desire' to search for his birth mother but, out of respect for his adoptive mother, who struggled with the idea of seeking his birth mother, he agreed not to search until his adoptive mother had 'passed'.

Others talked about how they have carried the fact of being adopted as a 'sin' throughout their lives, for example, CNA061 talks of feeling 'unclean', saying: 'I'm the sin'.

> But I think at that age, particularly from nine, I realised that adoption for me meant being…unclean…I just thought I'm unclean, I'm the sin…and maybe some people are just born bad like me…no matter what you do.

When CNA024 discovered that the couple he assumed were his parents were effectively fostering him by seeing 'father unknown' on his birth certificate, he reacted by thinking: 'Right, I'm a bastard…and from that day on I went straight down a hole…I never stopped 'til I hit the bottom…I ended up on the streets'. This was a result of his use of alcohol in the aftermath of the revelation about his origins.

When CNA052 learnt that he was adopted by asking his teacher what 'adopted' meant on his birth certificate, he reports that 'I descended into a pit of sadness and depression for a period…quite insular; withdrew from the world'.

5.4.3 Lifelong impacts on mental health

The impact of being adopted and learning of that adoption, and of early separation from their mothers, manifested for a significant number of children, now adults, in ongoing adverse mental health. The impacts on mental health and wellbeing are significant and varied, including: depression, anxiety, panic attacks, fear, isolation, low self-esteem, loss of identity, abandonment, the manifestation of childhood grief through significant loss, impact on forming relationships, attachment and bonding issues, and feelings of shame or being shamed by others.

CNA078 reports that ‘I’m taking medication for anxiety; negative thoughts, terrible negative thoughts…[I’m] not good enough’, and that learning she was adopted just before she got married remains ‘the most serious trauma I’ve experienced’. CNA072 reports that her adoption was used to explain away any behaviour that was ‘slightly out of the normal [expectations]’. She told the Panel that ‘anything I would have done’ family would comment, ‘that’s because she’s adopted, those adopted people are weird’. She explained that ‘if I did anything, the adoption would be blamed’.

CNA042 reports that ‘I still take medication’ and that a psychologist ‘confirmed that my experience of childhood and how it was dealt with was probably a significant factor in my mental health issues’.

CNA064 describes the enduring impact of trauma.

> “
> I’ve so much trauma inside now that I know what my birth mother went through…my previous history and current circumstances make daily life a struggle. I know I can’t reverse time and I have to accept the person I am through no choice of my own.

CNA072 also shared testimony relating to trauma around her birthday.

> “
> And I hated my birthdays, I hated, still to this day I hate the attention on me, I hate birthday cakes, I am very bad at celebrating other people’s birthdays. I hated my birthdays, I just hated them. They were traumatic events…why do you have to celebrate a fact that you were born and given away? I don’t think that’s anything to celebrate.

CNA055 described the lifelong anxiety that began for her after discovering, at the age of 16, that she was adopted. Her anxiety reflects the emotional conflict of being loved by a ‘beautiful family’ on the one hand and, on the other hand, being ‘unjustly taken’ from her birth mother.

> “
> My panic attacks and severe anxiety started not long after that, it’s very difficult when you have been brought up in a beautiful loving family and been given everything you need to try and explain why you feel that way. If I am honest I felt like a princess in a house full of boys, I was so incredibly lucky to have had that and am grateful for every single moment of it, but I don’t think one situation has anything to do with [the] other. On the other side of this situation was a baby being unjustly taken from its mother, a mother who didn’t want that, someone that I have found out since didn’t even have any idea that that was what was actually happening. It just shouldn’t have happened. However, I didn’t want to hurt or have any impact on my family who I loved endlessly, how could I hurt the people who had loved me so, they never seemed to understand why I needed to find answers and couldn’t comprehend how I was so affected by it. It wasn’t until much later I understood why they felt this way.

Some children, now adults, have attempted suicide or died by suicide. CNA119 said that his experience 'exposed me to great harm and has caused me significant mental health issues throughout my life including suicide attempts and ongoing trauma'.

CNA095 told us that her adopted brother died by suicide at a young age.

> [This] gives you an idea of how deeply unhappy and depressed he was for his entire life…I remember that being throughout his entire life right up to the day he died. As a teenager, his depression worsened. And he would tell me constantly, pretty much on a daily basis…he hated his life, and he hated Northern Ireland… Did it start from being in an orphanage for five months? Was it triggered from a trauma, you know, from that first five months of life? I'd just like to know. I may never find the answers, but I'd like to know the information that would supplement the understanding.

CNA047 recounts that his 'emotional and psychological needs have been adversely impacted resulting…in his ending up in a psychiatric ward due to attempted suicides on a number of occasions. These suicide attempts are strongly correlated to hi[m] having his own children and parenthood bringing him back to his own unhappy and unsafe childhood'.[18]

CNA036 also attempted suicide and self-harmed, behaviour he described in testimony.

> [This was] lifelong coping through self-harm, and a number of suicide attempts. That, harmful self-comforting behaviour could have been as a result of early trauma, again hard to know, what happened whilst I was in, the, the baby home. But it was evident, after I was adopted, that, that you know there were signs that I was struggling so…Bedwetting, sleepwalking, persistent nightmares. My adoptive mother noted that, after a hospital stay as a young child, where the ward resembled the baby home, I reverted to an almost, catatonic state which she had observed before my adoption.

CNA045 and CNA002 both shared having had suicidal thoughts. CNA002 told the Panel the following.

> I remember in [date in mid-2000s] I sat on the beach and did not want to be alive. I walked into the sea when the tide was high [voice breaks], and it was at this point I realised I did want to be alive. It was like an epiphany. My whole life turned around in that moment.

CNA045 reported that he experienced persistent pain, both physically and emotionally, which manifested in 'sleep disorders' and 'suicidal thoughts'.

CNA003 was also suicidal as a direct result of feeling ‘unloved, unwanted, and uncared for’ throughout his life as an adopted child. He shared his traumatic experience with the Panel.

> I went into an extremely dark place that I felt unloved, unwanted, uncared for, not by my own family just in general as a lifelong experience. And in one specific evening I got so down I went in and said goodbye to my kids who I love immensely, unconditionally, they mean everything to me and I left the house to take my life.

5.4.4 Lifelong impacts of isolation and exclusion

For many participants, emotional harms done to them were felt throughout their lives and impacted how they lived, who they had relationships with (or not), and how they felt about themselves. Feeling abandoned and rejected was a common theme in testimonies by children, now adults, with over 100 references to ‘abandoned/abandonment’, ‘reject/rejected/rejection’ and ‘unwanted’. The enduring impact of this is described by CNA008.

> Although I had a good adoption, the whole situation has been a burden in my life. If I had stayed with my [birth] mother my life would have been different, maybe I wouldn’t have had the career I had, but ultimately it is rejection which has been the overwhelming trauma in my life.

Feelings of isolation, difference, rejection and exclusion were felt by many adopted children, now adults, often despite having been adopted into loving families. Similar feelings were noted by those who were fostered, boarded out, or spent extended periods in institutions. For many adopted children, now adults, these feelings were reflected in their relationships with their adoptive families, their peers, and in intimate relationships. CNA008 told the Panel of feeling ‘rejected’ throughout his life, which he found particularly difficult.

> When I was growing up as a teenager adoption was never discussed. However, as a young child I always knew I was adopted and thought I was different from my friends…I never mentioned to anyone I was adopted…as I didn’t want to be different…Rejection was the hardest…Rejection was the largest part of being adopted as you always had in your mind that your birth mother didn’t want you for some reason.

CNA122 stated that despite having ‘an idyllic upbringing’, there were many times when she felt like she did not belong.

> “
> I wasn’t then and am not now an abandoned pup. I was a baby, who, through no fault of my own found herself without parents — one unknown and one whose arms I had been taken from. I have eternal gratitude for my Mammy and Daddy and love them with every fibre of my being but dislike society reminding me that it could have been worse…thank you…I am aware.
>
> When you are an adoptee, you are at the mercy of the system and getting decent parents is never a guarantee, but I did. I had an idyllic upbringing and always knew that I was adopted and was made to feel special each and every day. That does not mean that I didn’t have a huge crisis of identity in my teenage years when I could fully comprehend what it was or that I don’t still suffer now. I have always craved love and acceptance and although I had a happy home there were a lot of times when I felt like I didn’t belong.

CNA057 emphasised the ‘gap’ that exists in her life despite having good relationships within her adoptive family.

> “
> It’s hard to say but [long pause] I mean the mother I went to, the mother that adopted me and the father, although he passed away when I was young, did love me, and my brother did love me and I loved them. I have cousins through my adoption, which I have known all my life, I feel a bond with them, as far as I am concerned they are my cousins…but there’s something missing in your life, there’s something, there’s a gap there, no matter how much you loved the people that brought you up and no matter how much they loved you, there’s definitely a kind of longing or wanting to know what happened, how it happened, why she [birth mother] went in there, why she stayed for six months.

CNA079 described feeling ‘unwanted’ and ‘abandoned’ as an adopted child. While he does ‘not blame’ his birth mother, he does blame ‘the church’ and birth mother’s family for ‘not giving her enough support’. CNA089 feels unable to ‘show feelings’ for fear of being ‘rejected’ and focused a lot on rejection in her testimony, recalling that because of ‘how I was portrayed and hidden I always felt shamed’ throughout her life. CNA101 reports feeling ‘stigma attached to the fact that you’re adopted’. Describing the impact of that, she said: ‘I nearly felt that I was a lesser person, that there was something wrong with me, I was a reject. I was a nobody.’

CNA065 discussed the impact of being adopted and the trauma of feeling rejected.

> “I’ve always struggled with me knowing that I was adopted. I’ve always struggled with why wasn’t I good enough to be kept? Why did she give me away? What did I do? What did and I put it on myself that I had done something as opposed to her and her circumstances. And I remember every single birthday cake I can remember blowing out my birthday candles off my 13th birthday, and all I wished for was to be loved. That was it. And that was a consistent thing, of every candle that I blew out up until recently, you know, and it wasn’t a case of not knowing like, I know my children love me, I know my partner loves me. I know my parents and brothers love but…you’re how am I loved? If the first person who met me didn’t love me?

CNA095 shared the ‘deep-rooted knowledge’ that she was ‘different’ and having ‘no real sense of identity’ due to her adoption and the secrecy around it.

> “I was nothing like the rest of my family. No similarity in looks, personality, behavioural traits, so all the things that non-adopted people take for granted without even giving them a second thought. I don’t remember being so conscious of that as a child. But I think it was a deep-rooted knowledge that I had that I was totally different to them. And that wasn’t from a lack of love from my parents; it was, I believe, from the lack of genetic mirroring and no real sense of identity. Basically, I didn’t know who I was. I just wasn’t really aware that I didn’t know who I was. And I don’t know if that makes any sense whatsoever, but it makes sense to me now, although it didn’t make sense at the time.

CNA032 spoke about never being treated as a member of his adoptive family and felt that the stigma of being a ‘home-boy’ (i.e., born in an institution) remained for a long time.

> “All this time I was never treated as a member of society or even a member of my adopted family. I was the outsider at all times. [My hometown] had a very parochial society so I couldn’t lose myself in that type of society. The stigma was going to live with me for a very long time. The home-boy was still about and [I] surely was reminded about it many times.

CNA064 reflected on the impact of adoption growing up.

> “My personality, my character, my life choices all shaped and influenced by another family who raised me…not my mother…I became aware that I wasn’t the same. The wider family circle were welcoming and loving, but as I became more aware of the world I knew I was different. I didn’t share the same genes, the same blood line. Weirdly that always give me an inferiority complex.

CNA060 spoke in her testimony about ‘separation anxiety’ and ‘feeling lost’.

> “
> …you don’t maybe quite fit in, you don’t belong the way other people do…
>
> I would have a bit of imposter syndrome as well, I don’t know whether that’s connected with the whole thing, no idea, it might be. Lack of belief in myself, lack of confidence in myself…
>
> When you think about a wee baby being born and the connection between the mother and the baby is so huge, isn’t it, that bond. And there must be somewhere along the line the wee baby gets used to the smell of the mother, the sound of its voice, you’ve listened to that voice when you’re inside the womb and all the rest of it, and you do sort of wonder then an abrupt whoosh, you’re away, you know, does that wee baby somehow at some level think — where did she go? Where did she go? Where’s she gone?

CNA094 expressed concern about potential secondary rejection.

> “
> Who do I belong to?…I feel, maybe rejected is not the right word to use but would I be rejected again if I did reach out…Why would somebody give a baby away after five months, you know, that’s the bit that I can’t get my head round.

Children, now adults, talked about struggling with identity, both growing up and as adults. CNA027 spoke about his identity and not knowing his ‘blood relatives’ as ‘unsettling’.

> “
> I never really thought too much about identity, but then it dawned on me that I was not who I had always thought I was and identity became a major issue for me, and I wanted to find out where I had come from…I also realised that I actually knew none of my blood relatives and this I found quite unsettling.

CNA082 also spoke about the impact of loss of identity.

> “
> As seemed to be the practice in the sixties and maybe slightly later, my name was changed to [participant’s name], and that’s one of the things for me that I find difficult, the name change and that loss of identity and the denying of my roots really.

Many children, now adults, spoke about not fitting in or feeling different, or that they were some kind of outsider. CNA072 expressed the lifelong feeling of not fitting in.

> “
> I just wanted to have a normal life, a normal sense of identity, a normal birth certificate, a normal mummy, a normal daddy…I wanted to have family physical attributes and my traits, personality traits that run in families.

CNA072 also told the Panel about the fear and uncertainty she experienced specifically in the months leading up to her 18th birthday and the fear that as an adopted person reaching adulthood she may be left isolated.

> “
> But I do remember…dreading it.…[and thinking] ‘Okay, what happens now, I don’t wanna go, do they kick me out and then I’m left on my own two feet?’

CNA118 reported feeling a ‘fractured sense of self’. CNA087 expressed anger regarding her loss of identity through adoption.

> “
> And I remain angry over the fact that I lost my identity. All my life my identity was hidden from me. And it would have remained hidden from me if I hadn’t pursued it and did the DNA testing. You know, I am very resentful of that.

CNA122 described in her testimony the lifelong impacts of rejection.

> “
> Rejection in its simplest terms is a bullet through the heart and confirmation of what you already suspected — you weren’t wanted. In the midst of its complexities, however, it is so much more. It is an attack on your self-worth, it erodes your confidence, it devalues you, makes you feel isolated and ‘different’ from the rest. It also brings to the fore a host of abandonment issues and these are what have haunted me my whole life.
>
> They have led me to make foolish decisions within relationships, interfered with my trust and left me vulnerable to loneliness and feelings of unworthiness. I could be in a crowded room and feel like the only person there.

Children, now adults, also referred to feelings of unworthiness, or as CNA061 phrased it, ‘worthlessness’.

CNA055 told the Panel of similar feelings.

> So, I continued to bury it and try and manage it by myself, but I was unable to be in social situations, my shyness was crippling, I was unable to speak in a group, I had feelings of severe unworthiness which I could not shake. I was just a shell of myself trying to please everyone but myself to be accepted in a world that had made me feel I had been thrown away. I fell into the wrong relationships because I thought if I did this or if I did that they would love me and never leave and always ended unfortunately to my detriment.

Other children, now adults, talked of shame or low self-esteem. CNA042 explained low self-esteem as a lifelong impact of shame.

> As a child I was always told I was given up for adoption and I had a happy childhood, I was well looked after, there were no issues with my adoptive parents whatsoever. I always was told that I had been adopted, right from my earliest memory, but I was told that it was a secret and that I shouldn't reveal it to other people, I shouldn't talk about it outside the family. And that, I suppose, was predicated by that fact that my mother, my adoptive mother, [adoptive mother's name] was told and had to promise at the time of the adoption that she wouldn't reveal any details about my birth parents or my true origins. And she maintained that secret until she died, basically. She never told me anything. And the result of her telling me this was that I was very ashamed of the fact that I'd been adopted and I wouldn't tell anybody, I wouldn't talk about it and what have you. And the upshot of that was it resulted in me developing, without doubt, very low self-esteem.

Many children, now adults, said they were 'people pleasers' as a direct consequence of feeling not good enough as adopted children. For example, CNA055 stated that 'it [adoption] made me a people-pleaser. I forgave too much, I am an extreme empath [and] I fear conflict even when it means sacrificing my own peace'. CNA052 reported that 'I have met other adopted people. I have found that I was a bit of use to others in the world. I am a typical adopted child in that we are quite the people pleasers, we go quite the distance for others around us.' CNA071 said: 'I think this is a trait of being adopted that you're a people pleaser'. CNA088 offered their perspective, saying: 'being an adoptive child…to be always grateful that you were rescued…no child should be grateful to any parent for having them'. CNA126 reported 'work[ing] harder than anybody else because I needed approval'.

CNA065 told the Panel that the lifelong sense of rejection leads her to being a people pleaser.

> I would say that was one of the biggest things within my life that caused me immense pain and immense stress and immense hatred of myself, and I was not worthy of any of that, even down to, and this is going to sound pathetic, I've always been known as, 'oh, ask [participant's name]. She'll do it'. Such a people pleaser, because if I said no, they wouldn't love me. I said no, I would lose them. They would go away and not come back.

Several children, now adults, reported how the actions or comments of others fuelled a lack of belonging. CNA036, who was born in NI and adopted by a family in England, remembers being constantly chastised about his adopted status by his adoptive parents and brother.

> I think another impact has been, I guess the denial of and the search for identity…it was made clear that I did not belong with my adoptive family and [I] was frequently reminded of this…my elder brother, my adoptive brother, would use the phrase… 'you're not my brother'. Deliberately and hurtfully. But actually to receive at different times, the phrase, 'you're not my son', from both my adoptive father and more recently from my adoptive mother.

CNA009 recounted feeling 'different' from her cousins and having difficulty in understanding the family links that were common for most of her peers.

> I could just feel there was something really different between me and my cousins, just totally different, like they would have been talking about grandparents on their mother's side. I didn't have grandparents. I was six years old at school and someone told me about going to grannies on a Sunday and I didn't know what that was. I didn't have a granny to know about.

A number of participants referred to a missing bond when describing their lives with their adoptive families. CNA031 reported that 'I never had a bond with my adopted mother or father, especially my adopted father, there was no bond, no loving. They were just there for, you know, my basic needs, but there was no emotional needs'. Similar feelings were expressed by CNA072, who contrasted her relationship with her adoptive parents with her relationship to her own children.

> There was that feeling of always not being listened to or, I suppose, having a proper bond, I hate to say that word but that sort of mother thing that I have with my own son now.

CNA071 spoke about a ‘brutal’ childhood with his adoptive parents, who showed him no ‘love or affection in that household’. He reported feeling no connection with his adoptive family.

> “
> I always had a sense, if that’s the word to use, that I didn’t belong in the place where I was, from day one…I’m on my own here and I have to learn to survive…Growing up was brutal…I didn’t see any love or affection in that household.

He goes on to say how this relates to his records.

> “
> I did not bond with her [adoptive mother], even the social workers are saying it. There’s notes made later. She’s saying it, she’s saying this child won’t bond with me. I never bonded with that woman. I fucking hate that woman. She’s dead now…But I am just so amazed when I read these letters of the power of something in my soul that made me, as a 14-month-old baby, particularly with that woman, to know you’re not my mother. I was able to understand that she wasn’t, at that age I think I was able to understand something is wrong here. You’ve taken me away, you’re an imposter.

Some adoptive parents caused emotional harm and compounded feelings of isolation by conveying to their adopted children that they were unwanted or easily returned to the institutions from which they came. For example, CNA008 told us that his ‘father tried to discipline [adopted brother], which had a greater effect on me, especially when he threatened to send him back to the children’s home’. The effect on CNA008 was such that ‘I made sure I was on my best behaviour after that. It has been stored in my memory ever since’.

Similarly, CNA005 was told: ‘I’ll leave you right back to the [name of the institution]’.

The impact of harms to children, now adults, also manifested in addictions and dependency on drugs and alcohol. For example, CNA045 reported having a ‘severe dependency with alcohol and drugs…[and] feeling totally disconnected from your body’, which he attributes to ‘being adopted’ and to sexual abuse. CNA047 told us about a reliance on ‘prescription drugs’ and ‘alcohol’ and also reported ‘making an attempt to end my life’. CNA071 referred to difficulties trying to ‘control that anger’ and talks about how he used ‘alcohol’ and ‘drugs’, which he called a ‘manifestation’ of being ‘let down’. CNA002 also reported reliance upon ‘alcohol…and serious drugs.’ CNA034 told the Panel that she was ‘reliant on alcohol’ from aged 17 and had started drinking aged only 13.

A number of children, now adults, reported use of drugs and alcohol to numb their feelings as a result of the complex emotions experienced. CNA011 explained his experience of this.

> “
> …feeling the self-worthlessness of yourself, that you weren’t belonging to nothing or nobody. The drink gave me a more, gave me more buoyancy that I am somebody, I’m top of the world here, I’m still going to ask these questions, I don’t care about the consequences to anyone else at that time.

CNA047 told the Panel of a similar experience.

> “Life’s taken me down the road [of] alcohol and prescription drugs and all that you know. And just being completely removed from everybody around me you know, and everybody thinking everything is great on the outside and you’re dying inside all the time, you know that’s the way you feel.

CNA068 recalls a lifelong battle with alcoholism to ‘cope’ with feeling rejected.

> “I have struggled with alcoholism for much of my adult life — it’s a form of self-medication to cope with my feelings of rejection, abandonment, being lied to and a total confusion about my identity. Who am I? Who do I belong to? Why was I conveniently removed before I was even born, to be out-of-sight and out-of-mind of my natural family and home? In a sense, I was redacted…As an adolescent, my behaviour was pretty wild and out of control — I even got into trouble with the law. I would have been known as a juvenile delinquent in those days.

Harms were also caused to children, now adults, as a result of racial discrimination. Being a ‘mixed-race child’, CNA016 shared that she suffered sustained and targeted abuse and discrimination throughout her childhood, stating that she was ‘trafficked’ across the border and that ‘as soon as we hit the Republic of Ireland, our colour was front and foremost of every single document’. Quoting from her admission notes, she read: ‘“healthy, well-adjusted, lovely babies, coloured”’, and said ‘that term meant that we were never offered up for adoption’. CNA016 also discussed the contents of a letter written to an institution in RoI from the mother and baby institution where her birth mother was admitted. The letter related to placement of ‘coloured’ babies. Reading aloud from the letter, CNA016 quotes: ‘“Do you think you could possibly help out?…I feel sorry for her and the babies, being coloured. I think they have a very hard time ahead of them. They are lovely babies”’.

CNA071 also reported racial discrimination which was revealed by the discussion of his mixed ethnic heritage on his adoption prospects. Citing correspondence in his case notes, he quotes: ‘“The baby is coloured and so there will be no possibility of placement for adoption.”’ Also on the form, in a section asking for details of any ‘physical, mental or nervous disorders’, someone had entered: ‘“baby is coloured.”’

CNA016 told the Panel how race was regarded.

> “…our colour was very much viewed as a disability. It was a disability, it was actually worse than being disabled. It was worse, you could have had the worst kind of disability, and it was still going to be better than to be a mixed-race child.

It is clear from these accounts that those involved in adoption assumed that children of colour would be difficult or impossible to place for adoption in 1950s and 1960s NI or RoI, and, as CNA016 observed, this was seen as being akin to a 'disability'.

CNA071 provided insight into how welfare authorities continued to discriminate against him when trying to find a foster home with lower 'standards'. In his testimony he shared a letter between one welfare authority and another, in which one official referred to his ethnicity.

> I do hope it will be possible to find a foster home for [name at birth redacted], where the standards would not be high in an area where other coloured people are living.

Harms related to being adopted impacted others connected to the child, now adult, as CNA027 notes.

> I've no doubt it has impact on my family, it certainly had impact on my wife when she found out. So those things had an impact on me, but somehow when it's you, when it's you yourself it's easier to handle 'cause you're right in the middle of it. And when it's somebody that loves you that's kind of beside you, I think it's much more difficult for them to you know to handle the situation. So it does go down, there's no doubt it goes down, you know it certainly goes down at least one generation.

CNA029 spoke about 'generational harm' and observed that 'the impact from adoption goes way beyond the mother and baby…[it has] a negative ripple effect on many other people'. The impact of generational harm causing a 'ripple effect' was also noted by other children, now adults. CNA015 refers to it when he talks of the impact on his own extended family.

> I think giv[ing] testimony is a way for, to be able to educate society and for them to see and understand the trauma and you know, the ripple effect that it has on, on everybody that's involved. That it's not just me, it's not just [name redacted], my adoptive parents, the half-brothers, my father that didn't know I existed, their family, so it's wide-ranging.

CNA042 refers to the origin of the 'ripples' that his adoption caused.

> When I went for the counselling the counsellor said to me, 'are you sure you want to go through with this because when you start this [search] you are throwing a pebble into a pond, and the ripples', and I thought about it afterwards and I thought to myself, that pebble wasn't thrown in when I went for counselling, that pebble was thrown in on the [date in the 1950s redacted] when I was given up for adoption, and those ripples are still running out from that.

CNA029 refers to a similar ‘ripple effect’ having learnt that his birth mother ‘became an alcoholic following my birth’, which was emotionally difficult for him to deal with as he reflects on what that must have done to his siblings.

> “
> [This] had a very negative impact on me as I felt responsible for what they [his siblings] had to endure from our mother following my birth. This highlights something that I feel is often forgotten in stories around adoption. There is an impact from adoption that goes way beyond the mother and baby and can have this very negative ripple effect on many other people.

Many children, now adults, also report having medical concerns relating to their genetic make-up, about which they have, or have previously had, little or no knowledge. An example of the impact of this is shared by CNA089, who underwent tests in which it was found that she had precancerous growths. She talked about how those medical findings aligned with what she later found out about her birth family’s health.

> “
> And then last year I find out that Dad had died of cancer, my real dad at [early sixties]. My cousin had died at [same age] of [the same kind of cancer]. Another cousin’s just being treated with [the same type of cancer] and other ones just been diagnosed. And I’m mad. I’m mad because I didn’t know. I’m mad because you know, every time I got pregnant, ‘what’s your family history?’ ‘I don’t know’, I’m having amniocentesis because I didn’t know. When one of [my children] was having problems ‘What’s your family history, what’s your health?’ ‘I don’t know, I don’t know’ I know nothing. My children, I wanted to protect them but couldn’t protect them.

The state, in the form of the bureaucracy it placed around family tracing and record searches, was another cause of harm that was discussed by children, now adults, as well as birth mothers. CNA066 told the Panel about how social workers in a Health and Social Care Trust instructed her to ‘write a letter to my birth mum and read it to an empty chair with a social worker there’. It is not clear what, if any rationale makes this anything other than a violation of the participant’s dignity — it was presented as a prerequisite to receiving their record, yet appeared to have no justifiable basis. CNA066 recalled that ‘if you don’t hit their spots you weren’t going to [get your birth certificate]’.

Some birth mothers and children, now adults, also told the Panel of their anger that, when seeking their personal records, they were expected to return to the very institutions that had been at the centre of their family separation. CNA003 asked: ‘why are [name of adoption agency] even operating out of the places where this…took place?’ CNA003 found this very triggering and expressed disbelief at the decision to bring participants to the institutions that led to their family separation.

5.4.5 Abuse and mistreatment by foster and adoptive families

Some children, now adults, related experiences of mistreatment or abuse within the adoptive family, which included sexual abuse, physical abuse, verbal abuse, coercive and controlling behaviour, rejection, threats to 'send back' children to institutions, denials of information that would help children, now adults, learn of their birth family history and what CNA096 described as 'gaslighting' (manipulating a person into doubting themselves or their reality).

Sexual abuse was perpetrated upon some children, now adults. CNA037, for example, commented that 'I was adopted and then whenever I was about three years old then I was sexually abused. That led then to growing up in a childhood of domestic violence and rape'. CNA118 reported a complex relationship with her adoptive parents and 'deep and enduring trauma'.

> "At the time, I lacked the language to understand or explain what I was experiencing. In hindsight, and through reflection supported by professional psychological input, I now know that our household dynamics were based on coercive control and emotional, psychological, and covert sexual abuse…I loved and still love my parents deeply, even though they treated me in harmful ways. That made it difficult for me to understand that I was being harmed. I did not know that I could not trust these people to respect my humanity. The result was a deep and enduring trauma – a conflict between affection and fear, loyalty and betrayal, that has shaped much of my emotional life.

CNA001 had a traumatic childhood with her adoptive family, including being sexually abused by her adoptive father. She reports her experience.

> "…there was emotional abuse, physical sexual abuse [and] mental [abuse]. Until my 30th birthday. I got married very young to escape from my adoptive parents. My brother had all the abuse, except the sexual abuse. We were just terribly neglected. And they [adoptive parents] were two people with good jobs and money about them when nobody had money.

BM062 told the Panel about abuse she and her sister experienced in a foster setting.

> "This woman [foster carer] used to leave us in the house on a Saturday…And we wouldn't see her because by the time she'd come home we were in bed. And these boys was in the house with us, and this is when most of the abuse was taking place…What I used to do to stop it from happening, was to stay out late. And sometimes I was only across the street, yards from the house…I was staying out until the lights went off in that house.

Physical abuse was also reported. CNA047 told us that their adoptive mother was 'very abusive', and that she 'beat' CNA047 'with anything she could get her hands on'. Similarly, CNA032 reported that they have 'awful memories of my adoptive mother', who would 'beat me with her fists and kick me'. This went on 'for many years until I left in my late teens'. CNA032 also reported that their adoptive mother 'beat' CNA032's own children, too, 'on every visit'. CNA059 told us that their adoptive mother 'was very fond of the stick; she'd batter you; she was very very abusive'.

CNA071 describes the abuse he suffered in his adoptive home as follows.

> "Punishment was extreme and it was dished out by her, my adopted mother, more so than my adopted father…I had to deal with this on my own. I am at that stage in my life, I was very small, very shy, very timid, if you'd have looked at me, I, you know if somebody had give me a cross look, or you know I would have never wanted to fight, I would have just collapsed. So even though I was trying to be strong in my own wee self and survive, I couldn't do it.

CNA096 describes the relationship with her adoptive mother as 'an emotionally boundaryless environment of harm, and with just anything that she didn't like about herself being projected onto me.'

CNA034 speaks about her life growing up under a 'saviour narrative' by her adoptive mother, who frequently told her how 'lucky' she was as a child to have been 'chosen' by them. CNA034 reports that this 'narrative' persisted throughout her life and it was accompanied by 'wounding language' around her birth mother 'not want[ing] her'.

CNA034 refers to her adoptive parents' interpretation.

> "They chose to tell me very early on that I was adopted, so I feel like I have always known this, and it was accompanied by a strong narrative of being 'chosen', 'special', and 'lucky', which I embraced as a child. However, this also included a supporting dialogue of 'your mother didn't want you, we did' and 'you could have been in a children's home', a saviour narrative that in my teenage years included much more wounding language. I see now that my adoptive mother tried to separate my life into the 'bad' life before her and the 'good' privileged position after her.

Many children, now adults, report that their adoptive fathers did not, or could not, protect them from abusive mothers. CNA080 talks about how her adoptive mother's abuse extended to her father, saying, 'it was horrible…she would just fly into pure rages'.

Some adoptive fathers also meted out violence, both physical and sexual, and caused emotional harm. CNA036 talks of how their adoptive father was 'emotionally, unregulated, often abusive and occasionally violent'. Similarly, CNA020 refers to his

adoptive father as emotionally and physically abusive. CNA037 reports that she grew up ‘in a childhood of domestic violence and rape’. CNA003 remembers his adoptive mother attempting to shield him and his siblings from the abusive behaviour of his adoptive father.

> “When my father would have came home drunk, when we were very young, she used to see him coming in through the gates unable to stand virtually, and she knew the abuse was going to start. She would have rushed us, the three of us, up into a bedroom, and I can remember distinctly, on so many occasions, we would have been pushed under the bed…we went upstairs and under the bed and he came in the verbal abuse started on my mother. We could hear it from upstairs, we cried, we cried because we could do nothing. We were in fear of this man.

These are just some of the reports of a violent, abusive and unsafe home environment that were reported to the Panel. They came from a significant minority of testimonies. The impact of physical harms left children in fear.

5.4.6 Degrading and controlling behaviour

Some children, now adults, had to contend with a range of degrading and controlling behaviours. For CNA080, these included derogatory comments by her adoptive mother about her siblings and their birth mothers, resulting in ongoing, lifelong impacts.

> “I was adopted by people that really probably shouldn’t have been allowed to adopt, and there was myself and my younger sibling…our lives were just horrendous, as two adopted children in the ’70s, the woman that adopted us basically thought that our mothers were just the worst, that she was a sinner, and that, that we were sluts, and she was a slut, and everything was bad, and everything was a secret, and it was the most shameful, shameful secret in the world. So we were brought up just feeling quite worthless, really, which influenced our lives as growing women and led us to make further bad relationships, romantic relationships and various things, just through the messages that we’ve been told as children.

Similar experiences were related by CNA127.

> “[My adoptive mother] said to my Dad: ‘Tell her what she is, tell her.’ And Daddy says: ‘Stop it now, stop it!’ And she started shouting: ‘Tell her what she is! Tell her what she is!’ And I said: ‘Daddy, Daddy what am I?’ And he says: ‘You’re nothing love, you’re nothing.’ And she shouted: ‘Yes you are. You’re a bastard!’ And I never, it was a Sunday and I never forg[o]t that day.

CNA034's adoptive mother's descriptions of her as a baby, particularly relating to her image and body shape, had a harmful effect on her.

> My adoptive mother would tell me that I was a 'balloon' when she got me, and this was because of the awful formula the foster family gave me, but she soon sorted that out. I still don't know what that meant. What I heard is 'you were fat', and that wasn't acceptable. This constant validation through weight and appearance continued throughout my life, leading to lifelong issues with my weight and appearance.

As a result, CNA034 grew up with 'profound issues with low self-esteem' which she attributes 'direct[ly]' to her 'adoption experience'. CNA034 developed survival strategies that included the 'creat[ion] of a facade to hide behind' because, as she puts it, 'being me wasn't what they wanted'. CNA034 always knew she was adopted, yet when she tried to ask her adoptive mother questions about her identity, she was always 'shut down' with 'emotional manipulation' that manifested in accusations of, 'are we not good enough?' and, 'she [birth mother] didn't want you but we do'. As a result, CNA034 developed eating disorders and 'lived with constant anxiety, but I didn't have the words or experience to name it. I felt I was dying — that there was something fatally wrong with me. I had a range of anxiety disorders, and I coped with them on my own.'

Controlling behaviour was a factor for some children, now adults, in their adoptive homes. CNA059 explained this as follows.

> It was a very, very controlling house. My clothes were sat at the bottom of the bed every morning, she [adoptive mother] put rollers in my hair, it was like something out of *Gone with the Wind*. You just couldn't deviate from what she wanted, you had no control over anything…Everything was controlled down to the way I spoke, down to the way I thought so when I hit 17, I rebelled.

CNA076 recalls his adoptive mother being physically violent, taking his wages from him because he opened his wage packet himself.

> I started work, I come home with my wages, opened them. Great. Look, here's my wages, and I got walloped. For opening the wages. How dare you open them? You're not allowed to open your wages…She took all my wages off me and gave me my bus fares, and that's all I got…Every single penny was taken off me.

For CNA096, the experience of living in the adoptive family home was very different to the impression given to the outside world. She spoke about the facets of her adoptive mother's behaviour.

> …gaslighting, betrayal, punitive actions. I describe myself as a golden scapegoat. So, to the rest of the world, if she wanted to big me up to the rest of the world then I was lovely, and pretty and smart and talented. But behind closed doors I was selfish and thoughtless, uncaring and ungrateful and it's a very crazy-making situation to grow up in. I fully appreciate how difficult it can be. I've not been a single parent myself but I can appreciate that is very, very tough, and to be a single parent to a child that isn't your own. I mean I've read a lot of adoptive parents reading about they're feeling they're raising a stranger's child, they do feel that way, they don't bond, they don't connect in a way they hoped they would. And within, when it's just two of you in a household people will say 'Oh that sounds like you must have been so close' but it wasn't closeness, it was an emotionally boundaryless environment of harm, and with just anything that she didn't like about herself being projected onto me.

The harmful experiences which some children, now adults, had in the adoptive family in some cases led to a complete breakdown in familial relationships. For CNA080, abuse at the hands of her adoptive mother — 'she was just so abusive, and physically and mentally abused my dad as well. It was horrible' — led to a severance in their relationship: 'the situation at the minute is I'm estranged from the woman who adopted me. I haven't seen her in decades.'

It was alcoholism which caused the severing of CNA047's relationship with his adoptive family.

> …alcoholism and all that that brought just blew our family apart so there's absolutely no contact now with them at all. I would see my sister the odd time just and maybe in a supermarket or something but it's just like kind of pass somebody and say how are you doing, that would be it.

5.4.7 Poverty and neglect

Neglect took many forms in the cases where it was experienced, and it often impacted adversely on dignity. For example, two participants reported 'the shame [of] period poverty' and shame over menstruation as a result. CNA001 told the Panel of her experiences.

> I wouldn't have had a sanitary towel. I had to use the [name of newspaper redacted]. I had one pair of pants that I can ever remember, which were tied up in a knot at the side.

CNA018 reflects upon the poverty endured in the family home and questions the vetting process for prospective adoptive parents. Similarly, CNA067, who had a good relationship with adoptive parents, also experienced 'poverty…the house was poverty' with 'no heating' in a house with six children. CNA075 spoke of a childhood of poverty and neglect, with no toys and an education that 'suffered a lot…through sickness'.

Financial difficulty was not the only factor contributing to neglect. CNA001 reports that their adoptive parents 'were two people with good jobs and money' and yet 'we were just terribly neglected'. In CNA001's account, 'We were left on our own. We were left down at the school at the chapel grounds at eight o'clock in the morning [in primary one] to wait for the school to open, because they had to work.' CNA001 adds that they 'were actually starved. The kitchen door had a padlock on the top. We had to sit and wait till they [adoptive parents] got up with their hangovers to get something to eat.'

Some children, now adults, also reported a life of secrecy and shame, which at times meant they did not receive appropriate care, for example, for medical issues. CNA080 offers an account of their adoptive parents who fixated on secrecy around their adoption, which CNA080 relates to 'shame'.

> [My adoptive parents] had very peculiar ideas about privacy and any outside interference from anybody, and that just all tied into the adoption being top secret. We went to a hotel one time, and this conversation overheard amongst the staff in the hotel where it was thought that we all looked odd together. There wasn't really any family resemblance, and we had to leave that hotel early, because it was like our cover was blown. You'd think we were murderers on the run.

CNA080 reports that they did not have 'medical review[s]' and 'didn't go to a dentist or a doctor' as a child until they were 'old enough to arrange [the appointments] myself'. Another child, now adult, CNA016, speaks of an 'exceptionally cruel time' with '60 year old' foster parents.

5.4.8 The assessment process of prospective adopters

Many children, now adults, described a happy upbringing and good relationships with their adoptive families. Feelings of isolation, rejection or lack of identity were still a feature for many children, now adults, who had loving and caring adoptive families, as described earlier in this chapter. It is, however, deeply concerning that neglect was such a common theme in testimonies for children, now adults, and this raises questions about the involvement — specifically safeguarding, or lack thereof — from the state. Many children, now adults, report neglect and cruelty and a lack or absence of vetting in their adoptive family environment that went unchecked by the state.

CNA034 reports that 'I experienced emotional abuse, neglect, and cruelty…and no one helped me'. Similarly, CNA118 talks about how 'I feel that I was neglected and mistreated by my adoptive family' and acknowledges that there exists a greater 'failure':

that is, the ‘failure’ of ‘the governments of Northern Ireland and Ireland…to protect me’. Indeed, many children, now adults, report on the lack of ‘checks’ on fostering and adoptive parents. For example, CNA016 refers to boarding out of children as a ‘financial transaction’ that was unregulated, while CNA003 also refers to the lack of checks and feels ‘preordered’ for adoption based on their adoptive mother’s influence over the adoption process, which came from her active role in the Catholic Church. CNA003 states that their adoptive father was ‘an abusive alcoholic’ and wonders how a ‘social worker never kn[e]w’ that, believing that ‘they would never have been able to adopt [otherwise]’. CNA032 refers to their adoptive mother as a ‘religious zealot’ and a ‘tyrant’ who was ‘never vetted’.

CNA047 raises the question about how vetting of adoptive parents was conducted in the past, particularly given the cruelty they experienced as a child growing up in their adoptive family. Indeed, some participants reported that their adoptive parents lied in their applications about their ages, to enable the adoption, and others talked of the opportunistic way that adoptive parents were decided upon. For example, a carer for BM010’s elderly mother, who was interested in adopting, told BM010 that ‘she was in [location] one day and this [social worker] came up to her car, tapped on the window and said “we have a baby for you”’.

CNA125’s adoptive mother called at the local welfare office in the mid-1950s to enquire about adopting a baby girl. Five days after CNA125’s birth, a welfare worker arranged for the adoptive parents to visit her at the hospital and they arranged to collect her a couple of days later. CNA125 stated she was giving her testimony because ‘I feel it highlights the lack of checks when babies were adopted and also the speed with which adoption took place’.

CNA088 also reports that her adoptive parents were not vetted. She shared her concern that the adoptive parents ‘were able to [adopt] without any form of vetting or anything, literally walk into a [mother and baby institution] and pick whatever baby they wanted, whatever baby came up’. CNA043 reports concerns about the selection process for adoptive parents, given what she experienced as an adopted child in a volatile and ‘cruel’ household.

> “
> I was never accepted by my mother and was fully aware that she hadn’t wanted me. She had lost a baby and I was not it. My father had tried to leave my mother but his mother sent him back telling him he had to get on with it. I was a sticking plaster that was never accepted.

CNA043 reports that her adoptive mother was ‘a very unwell, unstable woman who fully controlled our every action’, and as a result, CNA043 told the Panel: ‘I cannot understand how mental health could have been brushed over with regard to suitability for adoption’.

CNA020 reports a lack of support throughout his life, saying that he was ‘let down by the social services who did not look out for me’, the impact of which is ‘acute raw emotional pain, that has followed me around my whole life and which I struggle to put into words, and which sometimes overwhelms me and makes it hard for me to function…because of my experiences’. The impact on CNA020 is, like other participants, lifelong. He stated: ‘It feels like an unresolvable grief. It’s hard to reconcile being given up for adoption within such a cruel system, along with managing the abuse at the hands of my adopted family. It does affect me in my very soul.’

CNA036 believes his adoptive parents were not properly screened and that they did not receive the support needed to raise an adopted child. He reports that his adoptive father was both emotionally and physically abusive towards him and that he was not allowed to ask about his birth parents or seek information about their community. He reflects that he learnt to show that he had everything he needed from his new family.

During his testimony, CNA036 referenced his social services case notes.

> “
> There’s a quote saying ‘at first I was quite anxious. But now seem to be a happy little boy’…that kind of sticks with me because…even though I can’t remember that time, it’s like no, no, I didn’t stop being anxious. I just learnt not to show it. You know that was, the start of my, or at least part of…how I developed to know to hide what I felt.

Social workers who shared testimony with the Panel did explain the type of vetting processes that took place around adoption. Social Worker 1, Social Worker 2 and Social Worker 3 — who shared their testimony for the Queen’s University Belfast and Ulster University report of 2021[19] — all provided details of processes around adoption, including the role of the adoption panel. For example, Social Worker 3 explained the process as follows.

> “
> [We asked] was adoption in this child’s best interests?…we look at our list of approved adopters and we would have tried to find what in our view would have been the best match…we tried, and it’s not science, it’s an art, we tried with our experience to look at what we thought was a good match. So, the match then would go to our panel.

Social Worker 2 described the various stages involved in placing a child with an adoptive family: ‘approving people to be suitable to adopt, ratifying the decision that a child was eligible for adoption, and then the third component was ensuring what child would go to what family’.

This is a process that appears to have become more regulated from the 1970s onwards. However, problems could arise if the standard procedures were not followed. Social Worker 40 speculated on this.

> “…the Adoption Panel were really the ones that were placing, I mean, we [social workers] really didn’t have much input into the placement of the child, and the Adoption Panel might have been looking and saying, oh here, this girl is a degree student, there’s a nice doctor and his family are wanting a baby. There could have been an element of that there. They’d be suitable.

6.0 Searching for birth family

6.1 Impact on relations with adoptive family

For several children, now adults, the decision to search for and reconnect with their birth families introduced another level of complexity into their relationship with their adoptive families. CNA050 felt that their adoptive parents had always feared talking about the adoption, seeing a risk that it would alter their relationship: ‘I think there was a fear…that the family dynamic would change or maybe they would lose us. Or they would open up a can of worms…that was too difficult.’ For CNA102, seeking her birth family was also akin to opening a ‘can of worms’.

> “My adoptive parents weren’t really forthcoming in helping, so I pushed it aside. And as I grew up and got married and had children of my own then I suppose struggled quite a bit through adulthood and quite a bit with relationships. My own children were born and I wanted to find where my roots come from. So, I myself then I suppose opened up quite a book for myself, or a can of worms, whatever way you want to put it, or an emotional journey.

Guilt at having a birth family and an adoptive family introduced potential conflict and children, now adults, tended to compensate and adjust their behaviours to please their adoptive families while they formed relationships with birth families. For example, CNA008 found himself highlighting negative aspects of his birth family in an attempt to ease the pain for his adoptive parents.

> “My [adoptive] Mum and Dad never really accepted the situation and I felt it hurt their feelings, as they never asked me much about my birth parents. I tended to talk down the whole situation, telling them the bad aspects to make them feel better. They made it clear that they never wanted to meet them. My father especially never asked me anything as he considered me to be his child.

Concern for her adoptive family was also an issue for CNA055, who described her experience in trying to balance her own happiness in finding her birth family with the potential hurt and upset caused to her adoptive family.

> “I had to be extremely careful around this time, my joy in finding my Mum could not be relayed to my family in [location]. I kept things very separate, I felt as though I was living two separate lives…I just couldn’t bear the fact that I might be hurting them by showing them my joy…I was also never asked, this made me so sad. It seemed like this enormous part of my life meant nothing to anyone except me, but I know that not to be true, they just didn’t know how to navigate it.

Many adopted children, now adults, faced huge conflicts trying to balance loyalty to their adoptive families with a desire to search for their birth families to enable them to establish their own identities. Delays in that process caused children, now adults, further harms. CNA076 ‘decided’ to search for her birth mother ‘after my adopted mother died. I really…had to go and find her.’

CNA048 said that he felt he ‘betray[ed]’ his adoptive parents with whom he had a wonderful relationship, even though he waited until they had died before searching for his birth mother.

> “And this is the bit now that’s hard, because you’re sort of betraying them by looking for your birth mother and your birth father, you think, here I shouldn’t be doing this, you know. Why do I have to wait so long to try, now they’re both dead, supposed to think that, but I would still visit the grave and apologise.

CNA055 recalls delaying the search to avoid ‘hurt[ing]’ her adoptive mother.

> “I just didn’t want to hurt [adoptive mother]. I know now, the beautiful person she was, she probably would have supported me, it would have been so beautiful to hear her side of the story, I wish I had of had the courage to have the hard conversations…so at 30 when she passed…only then I felt I could start the search.

CNA041 described a similar ‘sense of loyalty’ to his adoptive parents.

> “And listen I’ve had a very happy and a wonderful upbringing and my parents who brought me up were wonderful people and loved me really dearly…I didn’t [trace my birth mum] as obviously a sense of loyalty or whatever else, but it doesn’t mean to say…I never wanted to know. I was always very, very curious and always felt something missing in my life and something I was potentially deprived of finding out.

6.2 Records

In testimonies to the Independent Panel, participants spoke extensively about the importance of records in providing an understanding of their experiences and information on their family backgrounds. They also spoke about the difficulties faced in searching for records, the obstacles they frequently encountered during the process, and issues with the records they had received, such as inaccuracies, gaps and redactions.

6.2.1 Experiences relating to seeking records

Participants who spoke about their efforts to gain access to records — about themselves, their time in the institutions, their adopted children or their birth mothers, the circumstances around their birth or their early lives, or information about other family members — frequently experienced delays in gaining access, problems with locating records due to misfiling or other factors, claims that records had been destroyed, evasion or avoidance on the part of those with control of the records, or straightforward refusal to provide access. For many participants, the process of seeking access to records proved, and continues to prove, to be a complex and gruelling experience.

Eleven birth mothers made specific reference to difficulties relating to gaining access to records. BM010 states that it took a social worker 'years' to find records of her son. Having started the process of tracing her son in 1989, she describes the protracted and confusing nature of her subsequent interactions with social workers.

> "And they said there were no records of my son, they'd no records of him at all…I made contact in '89 initially…But they couldn't find any records. They could not find any records until 1994.

BM014 describes trying to access records as 'like flogging a dead horse', while BM040 says that MBI 3 'wouldn't give you any information…I had gone down a couple of times, and they didn't want to know'.

Similar experiences are described by other birth mothers who met obstacles when trying to access records. For example, BM034 recalls that when she sought records about her daughter, 'I was told I had to wait six months for an appointment' with the relevant adoption agency. BM069 said: 'I got bits and pieces' from the adoption agency, and describes it as fitting together a jigsaw: 'you have to keep adding bits to it all the time'. In describing the impact of such delays, BM077 said: 'I've had very little help…they ran me a merry tune…this was sporadically over the years, and I just found it a very, very difficult process'.

Children, now adults, specifically mentioned delays in securing access to records. These experiences relate to a variety of record types, such as adoption and care records, birth certificates, records relating to identities of birth fathers, church records, institutional

records, medical records and records about deceased family members. According to CNA007, ‘it’s probably taken six, seven, eight, maybe ten years to get some information from the [name redacted] Adoption Agency’. CNA034 states that ‘information was held back from me for almost fifty years’. References are made to delays due to lack of resources, with social workers unable to deal with requests in a timely manner. For example, CNA013 says that ‘every time [social worker] tried to get information, she was in a queue’. CNA081 says: ‘I’ve been told the notes have been sitting for nine months, but there’s not a social worker to go over them with me’.

The impacts of such delays are described by a number of participants. CNA032 says that ‘the impact of lost time meant that I had lost out on meeting my birth mother so late in life…not having my original birth certificate impacted seriously on my quest to find my birth parents’. CNA093 feels that the search for records ‘was a very long process…that information should have been available’ and has a ‘suspicion that it could have been more efficient…I wonder why it took a year and a half’. CNA119 describes the following difficulties in accessing records.

> “
> [Adoption agency] refused. And refused again. I then received a transcribed copy that was incomprehensible. Then after pushing, and threatening legal action, a pdf arrived with the form with my birth weight on it…It took me three months to see that piece of paper…I was made to feel this was an imposition and inconvenience and a discretionary decision in their sole control, not my right in law, or necessity for my present health let alone my wellbeing.

CNA013 shared his frustration from his contact with the adoption agency holding his records.

> “
> There were five documents and she took a picture of a couple of them and sent them to us, but there’s other stuff there, that we found when we came off the phone were really quite frustrated, because that’s all my stuff…that’s my history and they’re not able to give it to me.

CNA081 described the harm caused from the delays in receiving records.

> “
> Yeah, like it’s not nice sitting waiting for them…it’s really, really hard because you don’t know…maybe they’ll turn around and say, you know, something that totally shocks me like, and…I think it’s just learning more stuff, but then just not knowing, like how long was she [his birth mother] in there for, like do you know? Like how was she, I really want to know how was she treated?

According to CNA047, ‘everything was difficult to get, you know…and you always feel as if there’s something they’re not telling you, or you know, there’s just a lack of trust in people, you know, and there’s so many hoops you have to jump through’. CNA003 describes a prolonged period of delay and frustration during which he was ‘interrogated’ after an initial attempt to find information about his birth mother.

> “
> So I went away and they said they would see what they could do. Months passed, months passed and I was called again to come up and meet them…And a different person came in, I couldn’t understand why a different person was dealing with me, rather than the same person who had already asked me all the information. Then I was interrogated virtually, as in who I was, what I did, where I, where I worked, what my children done, where they worked etcetera. And I’m going what’s this got to do with anybody else, it’s got to do with me searching, you only need my information. And I was treated like a dog. The best way I could describe it was, I thought I had committed murder and I was being interrogated by two different detectives seeing if my answers were the same. That’s the best way I could describe it. And this went on for a period of three years. I met four different individuals. I had to go through the same rigmarole to four different people. I got no answers at all, it was just all who are you, what do you do, and this went on and on and on. And I just thought has anybody got any information? Why do yous keep bringing me up like, and interrogating me? And if somebody asked me now about searching, my advice would be never go down the road of searching, because you’re treated as if it’s your fault, you’re the criminal, you should not be searching for your mother. That was the way it came across, that was the way I was treated. How dare you even think of looking for your mother.

CNA026 describes a social worker acting as intermediary, viewing files but not providing direct access to them. She also cites a common theme for many participants who received some records, which is that they were only given a truncated version of the information contained in their file, namely a subjective summary written by a social worker. Offering only a truncated or summarised history perpetuates the denial of a person’s history and identity. CNA026 describes the limited information offered.

> “
> …the social worker who had been allocated, who eventually then managed to view the file, it took about a year for her to view the file after her being in touch with me… [the information that the social worker gave] it’s just notes, it’s just a typed summary of what she viewed…I haven’t seen the documents, my file was viewed and she went off to view the file in social services…I understood that was just process, how it had to be done?

A similar process is described by CNA102, who got only what the social worker decided she ‘needed to know’.

> I'd only got an A4 sheet of what came out of my file and I had asked [for] a copy of my adoption file and they said 'no', that it wasn't the law at the time and the law was that I wasn't allowed to view it, and it was just down to what they took out of the file that they thought I needed to know. I wasn't happy about that but I couldn't go any further with it, I wasn't getting anywhere.

A number of participants talked specifically in their testimonies about the difficulties they faced trying to access information and records about deceased relatives. On discovering she had an older birth brother who died aged seven months in one of the baby institutions, CNA122 told the Panel about her experience of finding his unmarked grave.

> [Name of birth brother]'s grave was unmarked and his existence completely unacknowledged. The rules of the Catholic Church stated that stillborn babies or those who had not yet been baptised shouldn't be buried in consecrated ground. My brother, however, had been christened but that didn't stop him from being interred in an open pit in bog land at the bottom of a cemetery…Within this I also had to reconcile myself with the fact that my birth aunt had signed his death certificate and left her nephew there to be disposed of. Apparently, it was preferable to leave her own blood to be entombed with strangers than it was to recognise him and let him be amongst his own kith and kin in [village in NI]…My experience in finding my brother, learning what happened [to] him and recognising myself and my own mortality within it all has been one of the most disturbing, devastating and traumatising things I have ever lived through.

CNA095 talked about the difficulties faced trying to access birth information about her deceased brother.

> I'm still in a continual battle with [Area] Trust over my brother's adoption file, which I have been denied access to in any form or any information from it, even though I know quite a lot about him having grown up with him as my sibling post-adoption, but also I have snippets of information about him pre-adoption [including detail about his identity, a fact about which the Healthcare Trust are aware]. So, I know his birthname, I know his mother's birthname, and my applications to [Area] Trust have tried to reiterate through it that they don't need to protect his identity pre- or post-adoption because I am aware of both. And I understand obviously that there will be certain things within that file that they would have to redact, and I get that completely. But they will not engage in any way with sharing any information from his file with me as his only living relative. I applied for the third time last week, and within 12 hours received a point-blank 'no' again. I have replied and asked for an independent review, which is following the guidelines, and the same day received another point-blank 'no'. I have previously taken my case to the ICO [Information Commissioner's Office], and the ICO supported [Area] Trust completely. And I'm not asking for his full file…I just want little bits of information post-birth prior to adoption to explain the five months of his life that I can't offer any explanation for other than that he was in [name of institution in county in RoI].

P006 is concerned that he has not been granted access to his father's adoption records. Everyone associated with his father's adoption is deceased and he sees no logical or legal reason why he should be denied access, as he maintains he has a right to know about his father's personal history.

He described his efforts to the Panel.

> "
> As a family we have firmly requested access and [that we] be given an un-redacted copy of my father's adoption file, as an account of his early childhood, up until this date, having tried for two years, our request has been refused by Social Services. The Data Protection Act of 2018 does not protect the deceased, of which each of those family members connected with my father's Adoption are.
>
> We as family know that Adoption files are held in the custody of Social Services for a period of 75 years, which up until this time they have held our father's file for over 74 years, which leaves us at the 'mercy' of Social Services and a time period of just 8 months, 'a race against time', before its potential destruction, as there is no legislative law against this.[20]

Lost or destroyed records were a common feature for those individuals seeking access to information. Claims that records were destroyed in fires were made to several children, now adults, including CNA021, CNA057, CNA069 and CNA083. This was in connection to several different mother and baby institutions.

CNA021 details this in testimony.

> "
> …reaching out to them [the institution] turned out to be preposterous, because nobody could remember anything supposedly…I don't know what, the records mysteriously caught fire, you know so the, that's one of these weird cases that I'm familiar with.

CNA057 explained her experience seeking records that she had been told were 'destroyed', as follows.

> "
> …we'd phoned [MBI 9] and we went over but it was all different now, it was not the way it was then, there'd been a big house and big grounds and all in those days, but they weren't able to tell us much, we asked for information [and] they said oh, those papers, I don't know, they said they were burnt in a fire or destroyed or something.

CNA069 had a similar response from the same institution.

> I inquired further with the [organisation responsible for MBI 9]. And that's when I was told…there'd been a fire and the records were burnt.

CNA083 told the Panel of their experience of trying to access records from a private nursing home — they had also been 'burned'.

> …there's nothing from [PNH 2]. It was sold in the seventies and apparently there was a fire and all the information was burned. Yeah. So, there's nothing, absolutely nothing.

Disposal of medical records was also discussed by CNA021.

> I did check with the medical records and never got a response and I got irritated, so I wrote to like the CEO of the hospital, and then I suddenly got a response back… but they said that they had no records, and any records that they had prior to a certain date were destroyed.

BM002 says that when she approached a baby institution in RoI seeking records, 'they told me they'd been destroyed'. When seeking medical records from a healthcare Trust in NI, BM019 was told those records had been destroyed, as 'they said they only kept them for 30 years or something'. It should be noted that Department of Health retention periods for medical records apply regardless of whether or not a person was adopted.

Misfiling of records was another key theme in relation to harms caused to participants seeking to access records. This impacted on BM076 and her wider family. Hoping that her child would seek to find her at some stage, she says: 'I'd actually written two letters [to her birth child]…and left them up in the [baby institution]. Whenever her brothers were born and to tell her where I was living if she ever came to look for me.' However, the institution in question filed them under the wrong surname and, when her daughter did seek to make contact with her, 'they hadn't got those to give to her'.

Difficulties in accessing records arose regardless of the record type or the creating agency, with individuals describing issues regarding efforts to locate church records, medical information and adoption files. Like CNA021 above, access to medical records was an issue for CNA046, who discovered that she remained in hospital for three months after her birth, but says: 'I wasn't allowed to see my medical records from that time… three months I was in the hospital, and I don't know why…I'm assuming there was something. There has to be a paper trail somewhere.' This was a cause for concern especially when she gave birth to her own child, 'because I needed to know what we're going to encounter health wise, is there anything hereditary that I need to worry about

her?' CNA012 established that she was hospitalised when just a few weeks old but 'those weeks and months are a blank — I have tried to source and retrieve my early medical records, but they no longer exist, or so I'm told. Frustrating!'

CNA066 described the importance of accessing records, particularly medical records.

> Access to information is vital…If you get the information, you can either do something with it or not do something with it. But if you can't get the information…I mean I have spent 60 years of my life and they're going 'well what about family, what about this, what about whatever'. 'I don't know, I'm adopted.' So medical records, medical things, definitely has to be, should be released. People should know if there are family, you know if there're illnesses that have gone through the family or whatever bits and pieces, people need to know these things.

In searching for a birth certificate, CNA091 describes the conflicting information he was given about records, due to being born in NI and adopted in RoI. He describes talking to a health trust in NI.

> …it was 'oh, well then you were adopted in the south, well then it's the south… your records will be there'. And then speaking to people in TUSLA [Child and Family Agency in RoI] about getting better records or access to records and 'Oh, you were born in Northern Ireland, it's going to be more complicated, your records are held there'.

The 'frustrat[ion]' felt by CNA091 was caused by 'four years of it…workshops, meetings… and then it was denied after four years of this process, journey they call it…there was no reason given'. Understandably, CNA091 has been left 'frustrated and angry' as a result.

Other people also reflected on the impact of the delays and conflicting information. CNA021 describes the frustration.

> [I'm] worn down by the process. And I think that's what happens too, is that adoptees get either frustrated or just worn down, you know beaten down by the process, and the process at least until now has, has really put the burden on the adoptee to break into the barriers to find the information rather than the other way around.

For many children, now adults, their search for information was conducted without appropriate, if any, support and guidance. People facing issues such as delays, refusals and inconsistencies frequently felt let down by the system or treated in a dismissive manner, further compounding their trauma. Those who faced delays, or were denied or given limited access to records, were placed in a position where there was a lack of consistency, proper planning or specialist support and guidance around the critical

experience of finding family and reconnecting. CNA071 recalls receiving a copy of his original birth certificate in the post.

> “There was no phone call [to prepare for receiving it] and I think what is supposed to happen is it’s supposed to trigger [safeguarding measures], there’s an adopted person accessing their files and a social worker intervenes…I’ve spoken to other people and they say when they get access [to] their adopted file, there’s some [safeguarding] trigger and they get a phone call, or something happens, that didn’t [happen with me]…the system let me down in that regard.

CNA095 also experienced difficulties with the way her requests for information were handled.

> “I remember contacting [adoption agency] once I’d discovered that my mother had been in [MBI 6] and having quite a bit of correspondence with [social worker]. The majority of the time she [adoption agency staff member] was very condescending and very abrupt in both written responses to my requests, but also when I spoke to her on the phone.

CNA095 goes on to describe in some detail the frustrating and dispiriting experience of searching for crucial information about her adoption.

> “It’s been a long, long battle. And I have taken periods of time in between each attack for information just because it requires an awful lot of tenacity and it’s exhausting. Not physically, it’s mentally exhausting being given small snippets when you know there’s more to come…I have still not seen or had direct access to my Court file which I know contains the original copy of the Consent Form. And I would like to see that. I have had the file viewed by the [named] Trust because I was adopted in the High Court in Belfast and apparently at this stage the only person then that can see my adoption file is the social worker that I’d be working with. She had viewed it, and I asked her to make me a list of all the documents that are in it. Which I have. But there’s something like 53 documents in my Court file. And she actually in the end gave me two lists. One is a list of everything I have in my Statutory Welfare File, and the other is a list of Court file documents. And she’s also highlighted the ones that are in my Court file that are not in my Statutory Welfare File. So, I know there are documents that I haven’t seen. I don’t know what they’re about. I’ve just got the titles of them. That is meaningless unless I can see them. I really want to sit down and view, even if I’m just allowed to view it and not have a copy of it, my Court file. Because I think, well, like any adopted person, if you know there are bits of information about you out there and you haven’t seen them, you want to see them. Even if they’re small, meaningless bits of paper that record nothing of any great significance, they’re still crucially important. So, I will, when time allows, continue trying to find a way to do that. Because I want to see the Consent Form. I want to see the actual Consent Form and see how it’s laid out, because all I have is a copy, a very bad photocopy of it. So that’s an ongoing battle.

The withholding of original documents, even from viewing, was a damaging and dispiriting issue for many participants who had embarked on accessing records. Those who controlled the records did not appear to appreciate the value of what CNA095 called 'meaningless bits of paper', which, as CNA095 notes, are 'still crucially important' to the person seeking information.

6.2.2 Experiences relating to the content of records

In cases where access to records was obtained, participants identify a number of significant issues relating to gaps in information, inaccurate information or extensive redactions, all of which impact on the quality and the usefulness of the information released to them.

The importance of receiving records is described by a number of children, now adults, in their testimonies to the Panel. Seeing records and photographs often enabled them to fill in gaps or to answer questions that they had been trying to find answers to for many years. For example, BM038 explains the importance of records in piecing together information about her personal life: 'I don't have a lot of memories…I don't really have the answers, you know, so that's why I'm hoping to get this paperwork back'. She states that the records she has received have 'given me more information, clarity around dates and things like that'.

Records were not always accessible through formal channels or established processes, and participants often were forced to undertake extensive searches of their own in order to piece together information about their own lives, identities and family background. Once records were found, and access was secured, the core value of such information became clear for those involved. CNA034, for example, recalls the 'significan[ce]' of finding her birth certificate 'hidden in the attic' in the home of her adoptive parents, when she was about 13 years old. Although she had known she was adopted, 'the discovery of my birth certificate was a significant moment in my life, as it provided me with a name for both my birth mother and myself'. Others also describe the importance of records in allowing them to fill gaps in their knowledge and recount the resilience and determination required to undertake their own searches and investigations. On being told the name of her birth father, CNA080 explains what she did next.

> "I went to PRONI [Public Record Office of Northern Ireland], the records people, and I was able to find a death certificate, because not many young men die, with that name in [location], you know? It was quite easy to narrow it down. I was 99% sure I'd got the right boy, and I was able to find siblings, and there was one in [overseas country].

She then arranged DNA tests and was able to confirm her relationship to this person, and a person in another country.

CNA133 describes the laborious process he went through to piece together relevant documents, after he had been given a name for his birth mother.

> “I went into the records office in Belfast one time that I was home on holiday and did a search, found her birth certificate and from there I think I found her parents’ marriage certificate. And then…that was [the] Public Records Office that I used and then online I think after that I was able to find her marriage certificate, and from there, there was a couple of other things like census records and things like that, that I was able to give this package of material to [adoption agency] and say ‘I found her, it’s why I think it’s her’. And then when [adoption agency social worker] reviewed that, she was like, ‘I agree, I think you’re right’ and then she had sent the letter [to his birth mother].

While all of those who gave testimony to the Panel emphasised the importance of access to records, the content of some records, once accessed, can prove to be triggering and cause emotional turmoil. Often this was because the notes and records included subjective accounts, based on antiquated societal values and unfounded judgements, which were themselves often mediated through discriminatory and inappropriate language (see, for example, the issue of ethnicity presented as ‘disability’ in the section ‘Lifelong impacts of isolation and exclusion’ earlier in this chapter).

CNA118 references the upsetting nature of some records in her written testimony to the Panel.

> “I am including a letter from [name redacted] to [name redacted] at [institution in RoI], which is where I was later transferred to after my removal from Northern Ireland. This letter explains how I came to be born in Northern Ireland and then transported across the border to Dublin for adoption. It shows that my mother was sent away not because she did not want to keep her baby but in order to hide a pregnancy deemed shameful. It also reveals the commercial nature of these transactions. This was a world where the removal of a baby from its mother and its placement with strangers can be arranged for ‘a reasonable sum’.

Some birth mothers reflect on the unexpected and upsetting content of records upon gaining access to their personal information. For example, BM009 describes unexpected medical details that came to light.

> “On the document entitled ‘Obstetric Report for the Mother of a Child Proposed for Adoption’, there is a question 9 ‘Serological test for Syphilis’, the answer handwritten by Miss [surname redacted] as ‘Negative’. I was unaware that I had even been tested for syphilis until recently, and I certainly have no recollection of this test nor was I asked for my consent to have this test carried out. The thought that I was even tested for syphilis is extremely upsetting, and even more so because I did not give consent for this nor are there any consent forms for this in my file.

For some children, now adults, issues arose relating to inaccurate or misleading records, potential falsification of records and, in some cases, written records which contradicted what they had previously believed about themselves or their families. CNA016, for example, whose mother was admitted to MBI 4, discovered that she had previously been given misleading information regarding her birth father's nationality and occupation. CNA024 had a similar experience, stating that 'the sad thing about it was the information I was given about my birth father was false information'.

When CNA027 accessed his birth certificate, he discovered that it contained false information about his birth: 'I had been adopted on the day of my birth…my birth certificate bore no evidence of being an adoptive person. In fact, my adoptive parents were recorded as being my biological parents.' CNA033 described issues with baptism records.

> Now whether there was two baptisms or the date's just put down wrong, the 10th and the 11th…but the social worker I had said that that was common…the birth name and then their adoptive name, just so the parents could have the, I suppose your new name on your baptism certificate, that's really why it was done again.

CNA077 also told us about anomalies with records, specifically referring to 'fake' baptism certificates.

> …one thing my mum and dad were very honest about was that all our baptism certificates were fake and they had an arrangement with the [cleric] in the parish because they didn't have, they just said you were all baptised by the time we got you, and they created fake baptism certificates for us.

Discrepancies and inaccuracies in records were an issue for CNA082.

> However, there is discrepancy around the date of birth. [MBI 3] records state the 24th…whereas the birth certificate states the 25th. There is also potential discrepancy as to the hospital record states [location], whereas the birth certificate states [different maternity unit]…I have two different documents in here which state two different things in the same home.

CNA066 also has two baptism certificates, one in their adopted name, one in their birth name, both signed on the same day. Likewise, CNA045 spoke about having two baptism certificates, both with the same date but showing different names for him. Referring to one of the certificates as 'fraudulent', he said: 'they're both saying they're a true record of the entry of the ledger. It's lies.' CNA045 also claimed that the signature on the adoption consent form did not belong to his mother: 'That's not her writing, because she couldn't do joined-up writing. She couldn't do it. She did not know how to do it.' He also said he

had proof that his mother was in England on the date that the form was allegedly signed in NI and that, as a baby, he was already in the care of another family before the date shown on the consent form.

Inaccuracies also caused confusion and upset for CNA129.

> “
> …my birth certificate says the [date], and the MBI 5 register, it says the [different date]…and then they wrote me a letter to apologise for getting the date wrong, so sent me my proper one, which is [date redacted] so they got it wrong again…it just confuses the thing.

Describing inaccuracies in records she has accessed, BM009 gives the following detailed account.

> “
> There is also a document in the file entitled ‘Information to be obtained on interview with mother wishing her child to be placed for adoption’. This document has been duplicated — there is an unsigned, typewritten version and a handwritten, signed version. The handwritten version has been completed [by Social Worker A] and includes answers to questions that are inaccurate and not reflective of the situation.
>
> The reason for adoption on this form is handwritten by [Social Worker A] as: ‘Mother doesn’t want to get married & does not wish to keep the baby’. This is completely untrue and conflicts with other parts of the file, where the reason is recorded as: ‘Anxious to continue with her studies, is therefore unable to care for her child’. Neither of these reasons were provided by me. The document has been signed by [Social Worker A] as ‘witness’ on [date redacted], just two days after the birth. I have no recollection of any interaction with a social worker at any time following the birth, and no questions detailed on this document were ever asked or answered by me. This document appears to be a preliminary consent form, set out in a format that gives the impression of a formal agreement.

CNA071 also highlighted anomalies with consent forms, referring to ‘fraud’. He notes that the form consenting to his adoption was recorded as being received in March, but that the date on the form was 7 April.

> “
> …they’ve actually got their fraud wrong because that’s still short of six weeks [from his date of birth — six weeks was the legal requirement before which adoptions could not be consented to]. But there are letters, what I’m trying to say here is that a letter from the [location redacted] Welfare on the 19th of March asking for a consent form to be filled in. There’s a letter on the 22nd of March with the consent form going back and the only thing that’s missing on that consent form, which later turns up, and we have it, is the date the 7th of April. How can you sign the 7th of April in letters on the 19th of March?

CNA095 describes the form consenting to her adoption as ‘very questionable’ due to the way her birth mother’s signature is placed on the form and the fact that the form ‘is filled in in various different handwriting, so clearly at different times’. The form is dated six and a half weeks after CNA095’s birth, although she had been handed over to the couple who were to adopt her just a few days after she was born.

Forty-three child, now adult, participants make specific references to gaps in the records they received. Several note that they were presented by their social worker with a brief summary of their records, rather than the records themselves. CNA047 recalls receiving an A4 sheet with ‘just…chronological stuff’, CNA007 received ‘about four pages’ of medical records about his birth mother but recalled that ‘there’s nothing in them’, and CNA077 felt ‘there must be a lot more out there than this one-page document’ that she had received. CNA093 summed up the frustrations at receiving limited information.

> “
> I went through a social worker and just got the same feedback from the social worker that, ‘yes, we can access your files. We’ll take a look at it, and we’ll give you a summary.’ And I just thought, I’m not interested in the summary anymore. I don’t want to see the summary. I want to see the damn file. If I can’t see the damn file, I’m not interested in your summary. And I don’t know why that’s important to me, but I’m not interested in anyone else’s summaries. If you [testimony facilitator] want to do that access request on where you were born, all that information, you can get access to that. I can’t.

Even where more extensive records were provided, children, now adults, are still left with gaps in their knowledge. Speaking about him and his brothers, CNA007 says: ‘we would love to find out are there any records of us as young lads or babies’. CNA028 was left wondering about how her mother came to be in MBI 3, a question left unanswered by the records she secured access to: ‘Somebody must have helped her get there… so why is there nothing there?’ For CNA033, whose birth mother was from a city in RoI but was moved to MBI 5 when she became pregnant, the records failed to provide crucial information and had ‘no mention of why she was sent to [MBI 5] at all’. CNA087, meanwhile, noted that ‘there is no record whatsoever of any formal adoption. There is no adoption. It was a, without any doubt, a handover of a baby without any paperwork.’

Extensive redactions were a major concern for BM014, who recounted what she was told about the records she had requested: ‘[they said] “we [Catholic Church] can give you what you want, we’ll give you paperwork but it’ll all be redacted. The only thing that will be on it is your name.”’ She said that the information she received ‘was no good to me’. A similar experience was recalled by BM038 with regard to records of her son: ‘there’s a lot of redactions in it, I mean it’s complete blank actually apart from the date and the place’. Having waited for, sometimes very lengthy, periods of time for valued and longed-for information, to then receive such heavily redacted documents, and sometimes only scraps of documents, continues to heap harm upon harm. The betrayal of children, now adults, and of birth mothers by organisations and institutions is further exacerbated by the control exercised and maintained by regulating and constraining their knowledge of their histories and their very identities.

CNA015 described the importance of accessing all records held about him.

> I don't know if I'm being greedy by saying that I want every little document that was ever, you know, ever created or written or anything else. I don't know if that's, I don't know what more completion I need…I know I don't have the court records…I don't know what [name of adoption society] have other than what was given to me which would be like a written summary of what's in records, plus I have you know the page of the ledger, the entry ledger [to MBI 5]…in terms of a complete paper trail, there is other documents out there, I just, I haven't got them yet.

In addition to the specific issues detailed above, some children, now adults, expressed a lack of knowledge or awareness of their rights to access records. CNA037 'never even thought that I could' request access to adoption records; CNA016 said: 'I have no idea how to' apply for adoption records; and CNA091, when asked if he had applied for records from the relevant adoption agency, said: 'I wasn't even aware of them until now'.

6.2.3 Overall impacts of issues relating to records

All of the critical issues described above — including lack of specialised trauma-informed support, refusal of access, delays, inconsistent responses, inaccurate records, gaps, excessive or unnecessary redactions, and the apparent falsification of records — caused widespread and enduring harms, many of which amount to human rights violations (see chapter on human rights) inflicted upon those seeking access to information about their own personal lives and family backgrounds. On being told that the institution where she had spent time had no records about her, CNA120 alludes to the lack of support.

> …it just was like a closed door, so it was…I felt alone. Yeah, I felt alone. That I was on my own trying to work out where to go next, what to do next. And then you go into a lull of not doing anything.

For BM034, accessing her records revealed the extent to which she had been excluded from decisions about her own life. Records she has received show contacts between her father, social workers and her GP without her knowledge, denying her agency.

> …one of the revelations in the notes as well is that probably there was some things…that I didn't know that maybe, you know, maybe conversations that the social worker had with him [her father] that I wouldn't have been aware of. Or even finding out that they wrote to them, you know, to get information from my doctor and things like that that you wouldn't do…in the modern age.

The impact of the harms experienced by participants when seeking access to records is described in detail by CNA028. When she secured access to her adoption file, she met her social worker.

> She sat me down and said '…I need to say that this is the smallest file I've ever seen in my history working in adoption and fostering'. And I got one-and-a-half typed sides of A4 and that includes the logo, you know, social services logo, includes the stuff that I already knew…I sobbed. I was devastated at the fact that I had waited in effect 50 years almost to find this information out and there was nothing to find out. It was…overwhelmingly sad, and I wasn't angry then, I was just sad. And I think it left me with, yeah it left, it's left a mark on me…There is a gap, you know. My husband, my family, my friends have photographs of [themselves as children]…but I haven't even got that. There's not a rattle, there's not a footprint, there's not a, there's nothing. There's absolutely nothing for nine weeks of my life… Now there is a rage. There is an absolute rage. And I feel it, I feel it in me every day, and that makes me angry in a different way. That made me feel how dare people have made me feel like that…there may have been three institutions involved in the first nine weeks of my life and there's not a record from any of the three of them. How can that be the case? We're only talking 50/60 years ago. How can that be the case? And…I think it's just too coincidental that there's three institutions that don't have that information. So while obviously coincidences happen and you know record keeping was different then than it is now, but it leaves me with…were things destroyed on purpose, does that mean that something awful happened?

In his search for information, CNA047 spoke of a protracted process and of being dissuaded from searching by the clergy. He also talked about the isolating effect this has had on him, which added to the exclusion he felt from his parents' respective families, where he describes feeling like an 'outsider'. He explained the resistance he met.

> I remember trying to get records from [location redacted] from the parish down there, and I phoned up and asked and I was told 'you're better just leaving that alone' by the [cleric] in that parish at the time, that was the '90s…you're just, like you're always on the outside, you're never really on the inside of anything.

CNA003 'discovered' he had been 'taken out [of the institution] after four weeks instead of six weeks'. Consequently, there is a gap of two weeks in his early life that remain unaccounted for.

When CNA019 tried to find information about his former foster parents in NI, he approached the institution (in RoI) that had arranged the cross-border fostering, and recounts the exchange between him and the woman who ran the institution. He reports what she told him.

> ‘Oh I think they’re all dead, I don’t think there’s any of them [foster family] there’. But I said I don’t believe this woman. And I hitchhiked and I got the train…and knocked on the door [of foster family]…and the people were still alive and nothing had changed…And they’d been writing down to [manager of the institution] and she says, ‘don’t know, don’t know’. She didn’t know anything about [participant’s name]…My foster parents were interested too, you know, they give their love, due care and attention to this child, and then he just disappears off the face of the earth, and they were asking questions and no answers for years, years and years.

When CNA005 accessed information about his birth and history, he discovered that ‘my date of birth is registered on four different occasions’. He talks of the impact of this: ‘the fact that I’ve so many dates of birth is, you know, I described it to my own ones, you feel like a John Doe’. Speaking of the dearth of information he managed to get about his own life, CNA010 told the Panel of the effect it had on him: ‘I’m powerless…Did I get all the records? I don’t know.’

6.3 Outcomes of searching for birth relatives

6.3.1 Harms due to attempts to reconnect

Success in locating a birth family did not always result in reconnection. This was because, in some cases, birth parents had already died before their children, now adults, succeeded in locating them, or because birth parents felt unable to meet with their birth children. The path to reconnection did not always go well for siblings of adopted children and many experienced mixed feelings about connecting.

Twenty-two children, now adults, shared that their birth mother or their birth father died before they were able to connect with them. CNA066 recalled being heartbroken to discover that her birth mother had died, especially as learning about her birth mother’s journey made CNA066 feel like she could cope being a single mother.

> …when I found out that she [birth mother] did get on with her life and got married and had kids and everything else I thought, well, if she can do it, I can do it. Now with not meeting her as an adult and not being able to say that to her, that’s what I found was heartbreaking when I found out she’d died.

CNA026 describes receiving a phone call on a Friday afternoon, saying that her social worker had located her birth mother and assured her she was still alive. However, she had actually died a week previously.

> So the next morning…I thought I'll do another wee Google and see if she lives here. And her death notice came up. The photograph, the week before, from the week before. She lived in [location] and her funeral had taken place the previous Saturday in the chapel that we go to. We'd gone to Mass on the Saturday night. You could still smell the incense from the funeral, I remember because the crib was still up, it was around the Epiphany. And her funeral had taken place. So and then of course trying to figure out if we'd seen her at mass, we're bound to have seen her in mass.

For CNA122, there was resignation when coming to terms with the fact that she would never meet her birth mother: 'Her death was difficult to come to terms with, but it gave me closure as there would be no more hoping or wishing. The choice had been taken away and maybe both she and I were finally at peace.'

For some children, now adults, a realisation that their birth parents were not willing to reconnect caused secondary rejection, which, added to the rejection already suffered, can retrigger grief and retraumatise the child, now adult. This is described by CNA034, for example.

> My mother was contacted twice, as she didn't respond to the first letter. When she did, she replied with one line, closing any future contact. I find it hard to describe the profound impact this had on my life. I felt every moment of this rejection as an adult, with old wounds opened and new ones created. I can only describe this as a feeling of loss and grief, a loss of hope and opportunity — an overwhelming sadness.

CNA053 succeeded in making contact with their half-brother, who agreed to a DNA test to prove the relationship, but her birth father continued to refuse contact.

> He did it and it came back that, yeah, [he was my] half-brother. And even then, my father then said, 'Well, I'm still not interested in speaking to her,'…I was really upset at the time and lots of my friends are saying, 'Just go over, just land, you know, turn up at his door'. And I said, 'Do you know what, no, I can't. I'm not going to put myself through that.'

6.3.2 Harms after reconnecting

Not all children, now adults, wished to reconnect with birth families, or birth mothers with their children but, for those who did, the experience was complicated by relationships with birth mothers, birth fathers and wider family members. The outcome of this was that hurt was caused in some circumstances by both birth mothers and children, now adults.

Some participants did form strong bonds, but reconnections between children, now adults, and their birth parents were not always successful. Some birth fathers who were contacted by children, now adults, caused emotional harm through rejection, including by denying they were 'biological' fathers, despite participants having evidence of paternity.

CNA053 reports that her birth father 'refused to meet me even though he knew that I was his biological child'. Her 'biological' sister 'was quite cold with me' and then, CNA053 also reports, 'blocked me completely. Wouldn't speak to me.' This left her 'really upset' and 'angry'. CNA002 reported that his birth father 'was a disgrace', saying 'he denied being my father'. In some cases, birth fathers were not searched for or contacted by children, now adults, because they carried emotional harm from knowing the role their birth fathers had in their birth mothers' trauma. For example, CNA101 said, 'I don't really want to hear about him, to be quite honest…I've written him off', while CNA054 reported that they 'didn't want him in my life' because 'I can see that…he had let her [birth mother] down'. CNA107 knows who her birth father is, yet 'I don't have anything to do with him'. She, CNA107, reported that her birth father 'didn't acknowledge that he knew who I was' before a family funeral, which CNA107 asked him not to attend because it would be 'too upsetting'. Similarly, CNA121 told us that they 'don't have a relationship with any of [birth father's family]' and had told them 'I didn't want them at [daughter's] wedding'.

Reconnecting with his birth father was not a positive experience for CNA105.

> “
> Him and I had some conversations as well as with one of his sons, whilst his wife loathed me. What became clear was that we were two very different people from different backgrounds and cultures. He had no interest in the son he bore with my mum, and this explained why I never ever received a Christmas card or birthday card from him; it now became clear that it was easier for my mum and granny to tell me he was dead than to tell the truth that he really didn't care.

Some birth and adoptive families also caused emotional harm to children, now adults. Participants report that when they reconnected with their birth families, not everyone accepted them as part of the family. For CNA008, birth grandparents sought evidence of his familial connections by looking for physical family traits to confirm who the child, now adult, really was. CNA008 reports being treated with suspicion by his birth mother's parents, saying he was never invited to family events. He told the Panel what he has since learnt.

> “
> A few years ago I was told by my cousin that the reason I was never invited to family gatherings was that my grandparents had never wanted me back. This is the reason I also always had felt as if I was looking through a window at their lives but not included.

Other birth relatives caused CNA008 emotional harm through denying his identity.

> My [birth] grandfather called me 'the Belfast man', a name which never changed to the day he died. This also set the scene for my mother's two brothers, who never referred to me by my Christian name. In the presence of her parents I noticed that my mother was always trying to please them and would always say that I was just imagining it if I mentioned anything that her parents had done to upset me.

The denial of CNA008 by his extended birth family has had a profound effect to the point where he refers to being made to feel like 'some sort of dirty secret'.

Children, now adults, also cite their birth mothers as the source of emotional harm. For example, although CNA014 met with her birth mother, the reunion was described as 'strange' and the relationship did not continue.

> There was no hugs and she didn't tell me much, maybe she wasn't able to tell me much, but it was just, it was just like sitting talking to, I don't know, strange. And then I went back one more time, and I regret to say I didn't go again because I was just, I wasn't getting anything.

CNA043 reports waiting 'for ten years on her [birth mother] accepting me and my daughters' but that while they had an initial relationship, 'ultimately she did not want to publicly acknowledge me'. This led to CNA043 feeling 'rejected again, not wanted again'. CNA043 refers to the impact of what happened to them as 'a life sentence'.

Some children, now adults, report a reluctance or refusal, on the part of their birth mother, to integrate them into their existing families, which, for some, caused emotional harm. Such reluctance may, in many cases, be due to the fact that the birth mothers had not told their other children that they had an older sibling. For example, CNA010 talked about how he asked his birth mother to tell 'the rest of the children' about him, but his birth mother felt unable to do so. CNA010 stated that 'I kept writing letters asking her… and the first letters was they were too young to tell them, and this went on for years and years, and then eventually I knew she was never going to tell them'. CNA010 took matters into his own hands and found his siblings and told them who he was, forcing his birth mother to acknowledge him to her children. However, he reports that it 'didn't change anything because they still blanked me. They still rejected me, so I had to deal with that as well.'

In a small number of cases, children, now adults, caused harm to their birth mothers. As adults, some birth children reconnected with their birth mothers but later cut off contact. In two cases, children, now adults, caused distress and retraumatised birth mothers by disclosing to their birth mothers' children who they were, before their birth mothers were ready to do so themselves, as noted above in the case of CNA010, who told his birth mother's other adult children who he was before she was ready to tell them about her adopted son.

CNA017 explains that he discovered his birth mother's name and address and, although she did not want to reconnect, he travelled to her house and went to her local church service in order to catch sight of her.

> They didn't know they were being followed, as I say, they were just going to [church]. And we sat several pews behind them. And we did that for the next four or five years. Every now and again…on a Sunday we would have went up and sat behind her. And I could come and see her every week…maybe four or five times in the next four or five years went up and we sat.

As CNA010 reports, siblings also experienced or caused emotional harm. When CNA005's birth mother died, their birth siblings 'were angry' at her funeral because 'they were only told about us the night before'. Their existence was 'buried' by their birth mother's family. CNA005 reports that 'some of the family obviously had not spoken about this [their existence], this was never spoken about. This was buried by the [surname redacted] family. And things were not discussed.'

Siblings of adopted children, now adults, sought to reconnect when they discovered they had a brother or sister who had been adopted before they were born, and talked of lost opportunities and sadness over missed time together. P025 and P033 are siblings who discovered, as adults, that they had a full sister, CNA083, who was adopted and living in a different country to her siblings. All three gave testimony. P025 reported having a really strong connection to her birth sister immediately upon meeting, and stated that 'we all really like each other, which helps'. However, despite reconnecting and achieving a very positive outcome, the harm caused by the family separation and the gap in their collective histories for so long has been difficult to bear. P025 put it as follows.

> …the bond was so immediate and, you know, people will say, 'This is a wonderful story, this is such a wonderful story, what a happy ending. Oh my god, this is great.' And I'm like, 'Yes, but it is the biggest tragedy of our lives'. It's time we'll never get back. I look at pictures of [adopted sister] as a kid, I go over them, and I'm filled with such grief. Like the grief that I have of not having my sister in my life, my entire life, is just…I look at those pictures of her and I think, 'You should have been with us'. Right? 'You should have been with us.' And I look at her little face and how much she looked like us and I think all of those years she was out in the world without us, and it breaks my heart…I have a lot of guilt, like almost a survivor's guilt. 'I grew up with them [our parents], you didn't.'

P025's brother, P033, describes finding out about his adopted sister as leaving him 'absolutely in shock'. While P033 talks of their reconnection as a positive one, he acknowledges also that it is 'a very tragic story' for the same reasons as P025. Missed opportunities resonate throughout his testimony, and he asks questions like,

> “We always kind of have that feeling of, “What would it have been like to grow up with [adopted sister] if she had went to our high school and lived in our house as a sister?” Yeah, you always think, “What if? How would our life have been?”’

P003’s sister spent time in a mother and baby institution and had two children who were adopted. She was then sent to a Magdalene laundry on the same site as the mother and baby institution. Several years later, her daughter (then a teenager) was sent to the same mother and baby institution. P003 talked about how it unsettled him to realise the parallel pathways the two had followed. He was initially unaware that his older sister had been sent to the laundry by their father, ‘But the mother and daughter to be in the one [place] at the one time, and did they know? It’s in my mind and I often think about it.’

P009 learnt she had a niece — her sister’s daughter — who was adopted, when the niece contacted her other family members to try to reconnect. P009 reports that ‘the social worker traced my brother…rang him, and he didn’t want to know’ because he ‘didn’t want to open a can of worms’. It took another of P009’s siblings to notify P009, who then took matters into her own hands and connected with her adopted niece through social media. P009’s niece joined her to give testimony to the Independent Panel together. Both shared the impact on P009’s sister. P009’s niece reported that her birth mother (P009’s sister) was also adopted but did not find out until she was in her fifties. Her efforts at trying to find more information led to her adoptive sister ‘cut[ting] her off’. P009’s niece stated that her birth mother’s adoptive sister told her, ‘Well, if you [birth mother to P009’s niece] had left well enough alone, everything would have been fine’. The niece reported that ‘the blame was all put on my mum’.

P010 is the full brother of a sister, CNA095, who was adopted from MBI 6. Both gave testimony to the Panel. P010 did not know of his sister’s existence until he was in his thirties. He has connected with his sister and, while they have a strong relationship, he outlines the impact of generational loss of shared history and what could be described as disenfranchised grief, that is, grieving for a sister who did not exist as a sister for him while he was growing up. He laments the many losses.

> “…all those birthdays, Christmases, life events, first words, first steps, first riding a bike — all that. And I look back on that and like every time I go and visit [her] I always, I should be really happy that I’m creating new memories, but I often dwell on the fact that I lost out on all those other memories.

From CNA095’s perspective, while she values the strong relationships she has built within her birth family, the ‘reality’ is that reconnecting is not without difficulty. She reported that ‘even with the best will in the world and intelligent, understanding people involved, it doesn’t always work out. Because there’s no past history to fall back on, there’s no childhood memories that were shared, there’s nothing there. You literally are strangers that have discovered you’ve actually shared parentage.’

P010 has another sister (also a full sister to CNA095), who learnt about CNA095 at the same time and P010 reported that her reaction was 'very different', that she 'was absolutely raging. She started effing and jeffing and basically saying that she was lied to her whole life and she thought she was the firstborn child and then all of a sudden she wasn't the firstborn child.' P010 reported that his non-adopted sister perhaps saw the news as a 'negative thing' and he told the Panel the effects of the discovery.

> "…that's caused further upset in the family and I don't have a relationship with [non-adopted sister] anymore. I'm not sure if it's 100% because of this or what's went on but we don't have a, so effectively, I gained a sister in [adopted sister] but simultaneously almost after my mum died I lost a sister in [non-adopted sister].

P045 had learnt that she had a half-sister before her mother died, but her brothers did not find out that they had a half-sister until after their mother's death. P045 describes the hurt that this caused within the family, stating: '[it was] very traumatic for them. And they definitely hold a significant amount of resentment to me for me having not told them, the fact that I've known for as long as I had.' P045 reported that her mother was 'terrified' that P045's brothers' families would find out and said: 'they [my brothers] have to understand that it wasn't up to me to tell them'. P045 conveyed the fractured relationships that are a consequence of the secrecy that persisted long after birth mothers left institutions, and the impact it has had intergenerationally across families.

Finally, a small number of testimonies from children, now adults, explained the impact of discovering that their birth parents had married after they had been adopted, in some cases very shortly afterwards. This particular revelation obviously raised many questions for those who had been adopted in these circumstances, above and beyond those whose birth parents had no further relationship beyond the pregnancy.

One example of this is CNA083. When she traced her birth family, she was shocked to learn that her birth father had been heavily involved in her birth mother's pregnancy. He had paid for her accommodation in the mother and baby institution. He was a Protestant and began preparing to convert to Catholicism while his Catholic girlfriend was pregnant. This was in preparation for marriage, and CNA083 wonders if the plan was to marry and start a family that included her. However, she is confused by the different snippets of information that she has from her siblings (she now has a good relationship with her birth parents' younger children) and the records of the mother and baby institution. Discussing the fact that she was in a private nursing home for the first three months of her life, CNA083 wonders if this is evidence that her birth father was making plans for marriage and, possibly, to raise her as his child with her birth mother. CNA083 explains her reasoning.

> "I do not understand why because my adoptive parents were already involved just before my birth. They knew that they were potentially going to get me, they didn't get me until three months so why? And my parents still had…an option to take me back apparently in the first three months through fostering so why was I in the

> nursing home for three months? It's that, it gets me, and they [the private nursing home] took payment off my father who had nothing. But apparently, he was the kind of guy who would have found money from somewhere to pay for it, you know. And I sort of believe sometimes that maybe that was to stop me going to possibly a foster home, you know, [named institution] or somewhere like that, that did have a reputation at the time. But why was I there for three months? That's the damaging time to me, I really feel. It just doesn't make any sense at all.

7.0 Conclusion: Acknowledgement, remembering, and memorialisation

It is clear throughout this chapter that harms inflicted were many and various and often had devastating effects. It is almost impossible to summarise them in a concluding statement. Such is the scope and impact of harms done to those who shared their experiences that their effects impacted not only participants' physical and emotional states, but also the wellbeing and security of their families, their personal relationships throughout their lives, their careers, education, and their very sense of identity. We have, therefore, concluded the chapter in this section with the words of those who spoke and wrote to us on their expectations relating to acknowledging, remembering, and memorialising their experiences.

Those who gave testimonies were asked about redress, specifically the concepts of remembering and memorialisation. Participants were also asked what issues they wanted to see addressed by a public inquiry. The responses across three groups of participants: birth mothers, children, now adults, and others (which included siblings of adopted children, birth family members, religious and state actors, and medical professionals) have been analysed and categorised in the following sections. As has been the case throughout this chapter, the abbreviations 'BM' and 'CNA' refer to 'birth mothers' and 'children, now adults' respectively.

7.1 Remembering and memorialisation

The dominant view regarding remembering and memorialisation was it should exist so that we 'never allow their pain to be forgotten' (CNA122). Some felt that a physical marker of remembrance would constitute a form of 'acknowledgement by the government, whoever was in control of it, that wrong was done' (CNA049) or a place, like a museum, where 'people can understand what happened' (CNA117). In terms of what could be used to signify remembrance, some participants (BM055, BM016, BM051, CNA049, and CNA092) suggested erecting either a monument, statue or plaque. Although there were polarised views on a statue or physical memorial, if one was to be erected participants stressed that it should be 'accessible' (CNA027) and 'not at Stormont because nobody would see it there' (BM020). In contrast, others (e.g. CNA091, CNA103, and BM019) were opposed to the erection of monuments. Rather than physical objects, many participants suggested creative forms of memorialisation (e.g. CNA103, BM019, BM010, CNA045, CNA036), voicing preferences for a memorial book or other literary memorial, dedications in a museum, a memorial garden, or a work of art.

There was, however, no consensus view on memorialisation. Some participants stated that they did not want to memorialise what happened to them and their family members. For example, BM014 saw no 'point' in having a physical memorial, such as a 'remembrance garden' on a site where an institution once stood, as 'it wouldn't belong to me, I wouldn't belong to it'. Others felt that a memorial 'would not help' (BM030) and 'wouldn't achieve much [although it might] prompt people not to make the same mistakes again' (CNA042).

7.2 Accountability

Accountability was important to participants who felt that someone or some organisation or social group should be held responsible for the harms inflicted on participants and their families. Among those cited as accountable were men, society, the Catholic church, the State, individual members of the clergy, adoption societies and associated personnel. BM029 noted that 'men should be accountable because they got away with everything'. BM006 observed that while some specific [institutional staff] were 'being slated in a very public way', birth fathers, churches, and women's families 'were not being blamed to the same extent'. BM007 also felt society shouldered some of the blame about what happened to girls and women and their children, now adults. Many made reference to the need for religious institutions to be held accountable, saying 'I'd like to see the Catholic church coming out and putting their hand up in the air…and put it in in writing' (CNA024) and also be 'punished for it…I'd like to see the Catholic church punished for it' (BM014). BM045 also stated that the most significant accountability should be that of the Catholic church, who are 'number one', followed by 'the government to a degree'. CNA029 wants to see 'churches and both states [NI and ROI] challenged before the courts'. CNA071 wants the state to 'own up and stand up and take accountability'.

The adoption system and its processes and practices also came under criticism and calls for accountability were numerous, particularly for 'those people who do children wrong in the adoption process' (CNA021). CNA083 referred to the collective 'abuse and incompetence' of key organisations and institutions.

> "Although I will never know the truth, I do want the [named adoption society], [MBI 7], along with the individual [members of the clergy] involved with them, and the [named welfare committee] and Court at the time to be held accountable for their abuse and incompetence.

CNA087 reported that 'Everything changed in the instant that I was passed over to two strangers [in an adoption]. And that should never have been allowed to happen.' She is aggrieved by the lack of scrutiny and by the lack of protection of children: 'the very fact that it could happen and that nobody was brought to account for that. And somebody, there has to be like a third party involved who were responsible for making all these arrangements.' CNA087 said 'everything about it was wrong'.

Individual members of the clergy and state were also referenced in testimonies by participants seeking accountability. For example, BM074 spoke of the need for 'somebody to answer for' the 'emotional scar that those women [staff in MBI 5]' caused her. It was also acknowledged that while some individuals who had caused harm had died, that this should be no barrier to seeking accountability from the institutions they represent, even if those institutions are no longer operational or have been physically torn down.

In terms of the institutional buildings, BM059, BM051 and CNA111 all voiced a preference for the buildings to be demolished, 'knocked down to the ground' (BM051), whereas, contrastingly, CNA071 spoke about a need to retain the physicality of the buildings as they feel that they are connecting with their birth mother when they visit these sites, 'for me the buildings need to remain…we're [participant and birth mother] kind of connecting, in a weird way'.

A small number of participants felt that the institutions get too much criticism and that any assessment needs to balance the narrative. BM006 said 'I want to counteract the press's criticism of the homes', while BM041 said she didn't want the institution she was in to be 'a scapegoat for society' and felt that the staff 'actively listened…they were good people'.

7.3 Acknowledgement

A key focus within the theme of acknowledgement was the experiences of birth mothers, children, now adults, laundry and Workhouse survivors. Acknowledgement was sought for what they went through (and are still going through). For instance, BM020, BM045 and CNA096 wished for the experiences, treatment, and feelings of birth mothers to be acknowledged.

> "A recognition that girls suffered in there…the women suffered. And people…were ignorant to what was going on inside the walls you know, even your own family probably didn't know. (BM020)

BM045 said 'just for someone to acknowledge the pain would be good'. CNA096 also wanted to see some 'recognition for the girls and women who were unsupported, denied of their rights…knowledge…to make informed choices, and denied freedom in their movement and liberty'.

CNA005 and CNA103 were among many participants who expressed that they want it to be acknowledged that their birth mothers' and their own experiences were neither's fault. For CNA005 it was 'the only thing I really want'. CNA103 wanted people to 'recognis[e] what happened…[so that birth mothers and their adopted children] don't feel stigmatised…It wasn't their fault if their mother was in these places…It wasn't my fault that my mother got rid of me.' P014 said 'I would like them to confirm…that these girls… women, weren't bad people…what happened to them was awful. They should…never have been made to do that…that would be my number one priority.'

Others wanted institutions to acknowledge that what they did was harmful. For instance, BM058 spoke of what it would mean to receive genuine acknowledgement of wrongs from the [named organisation], and noted a stigmatising attitude perpetuated by the institution which had enduring impact on her.

> “They [birth mothers] didn’t want to hide away, they didn’t want to be ashamed. And I thought good for you, good for you because that’s how far we’ve come, that’s how far we’ve come. And [named organisation] did nothing to bring that about, nothing. They [named organisation] held back progress and they made a lot of people miserable. They brought a lot of people misery who already were wallowing in misery. They exacerbated it and they themselves, I think wallowed in it a little bit because they felt superior. We are better than you, we have not broken God’s laws and you have. You’re a sinner, we are not. We were there to atone for our sins…I think genuine acknowledgement is probably the most important thing that needs to come out of it because in certain areas that attitude persists deep down.

Society was also called upon to acknowledge harms done to participants. CNA105 spoke of the need for the public to acknowledge the ‘uncomfortable truth’ that many were ‘bystanders and enablers’, while CNA118 reported that people should recognise the ‘patriarchal system of control’ operated by the Catholic Church across Ireland ‘under the thumb of the same Catholic Church’ and their ‘systematic denial of rights to women and children’. CNA118 said ‘My small example should be understood as part of the systematic denial of rights to women and children in the so-called “care” of Church-run institutions in Ireland and Northern Ireland’. P037 said ‘I would like for anybody who [was] in these homes…to have all the help that they need to undo all of the trauma…for people to realise that…it was never an okay thing and there is absolutely no shame and it can never happen again’.

7.4 Learning

Two primary themes emerged regarding institutional conduct: firstly, that the harms noted throughout this report would ‘not happen again’ (e.g. BM051, CNA091, CNA092), and secondly, that the Catholic Church would never again possess the same authority and influence (e.g. CNA041, CNA042). Calls for greater and more frequent ‘inspections’ and a ‘governing body’ to ensure women were not placed in such vulnerable positions again were made by BM022, and CNA118 observed that, without confronting the institutions and organisations that caused and enabled harms, ‘we risk allowing it to happen under a different guise’. This was a concern for many participants who feared it happening again to others; ‘I don’t want it to happen to other people and children (CNA049); ‘I would like to see them learning from their mistakes’ (CNA049); ‘I would like to see that the same mistakes are not made’ (CNA091); and ‘I wouldn’t want anybody to go through like what I went through, definitely not, (BM049). CNA041 refers to the Church ‘brainwashing’ ‘young mums into thinking this was the right thing to do [have the baby taken off you… because you’re a sinner…This cannot happen again.’

For CNA036, ‘there has to be an aspect of learning from this experience and sharing it’, while CNA121 said ‘I just hope that people learn…I just believe that everybody needs so much more support.’

7.5 Information (Retrieval of records)

Access to information through the retrieval of records was discussed by many participants in testimonies, on matters to do with their search for their birth family, about their own time in institutions or in public care settings such as foster homes, medical records, records of births and deaths, adoption records, and court records. Many participants called for appropriately trained staff, which they viewed as a matter of high importance, along with vastly improved accessibility (CNA079, CNA095, CNA122). CNA012 said 'there should be a one-stop shop, with someone helping the applicant, who has legal expertise and counselling training, etc., who can do the wearying and emotional digging for people like us'. CNA079 wants the process made 'as easy as possible… because people have to go and individually interact with the social workers and stuff'. Others, such as CNA095, called for information to be 'held in a central location…a fully trained and dedicated only-to-that purpose staff' with proper 'training' that foregrounds 'empathy, sensitivity, and compassion' (CNA122).

7.6 Apology

The theme 'apology' arose in testimonies and participants are seeking apologies from church and state, while others are questioning the validity of any potential apology. For example, BM023 observed that an apology would be 'a bit late', and BM038 stated that '"sorry" isn't a big enough word when you lose that connection [to your family]'. Some participants were cynical about the sincerity or value of an apology, such as CNA031 and CNA071. 'Actions' spoke louder than words for CNA071 who said 'I don't want to hear I'm fucking sorry. I don't wanna drag somebody to apologise to me…I don't believe your words, but I believe your actions', and CNA031 said 'What's an apology? Some eejits up on the pulpit on a Sunday morning, read out from the Archbishop, nah'. CNA095 was also cynical and said, 'for me, [an] apology [is a] token gesture. [It] mean[s] nothing'.

Of those who did want an apology, they called for it from those who ran Mother and Baby institutions, specifically those who staffed them, the Churches, leading politicians from both main political parties, and the state. Some participants wanted that apology to be 'follow[ed] through' to 'make it good' (CNA091). BM013 wanted 'all the mummies out there who never got to know their child[ren] and love [them]' to be told 'it wasn't your fault' and BM045 wants an apology for all that she 'suffered in there [the institution]'. Many birth mothers wanted to feel vindicated by having their lack of agency acknowledged and apologised for, such as CNA130, who said 'an apology to everyone for whatever way they were treated, an apology for making them feel like they were forced to give their babies up, whenever there could have been help for them'.

7.7 Emotional support

Multiple testimonies mentioned the need for emotional support services to be made available for both birth mothers and children, now adults, for those who spent time in laundries or Workhouses, for those placed in care, those impacted by forced family separation outside the institutions by the pathways and practices employed

by organisations and agencies connected to the institutions, churches and the state. CNA081 additionally highlighted the need for emotional support services to be accessible, especially for people who are working (although CNA081 acknowledged how 'fantastic' it was that WAVE trauma centre was available at weekends), while CNA130 stressed the importance of these services being made available without cost to the beneficiary. BM054 stated, 'We need more people like [WAVE representative present at testimony] there, you know, to help us. To help us deal with it.' CNA107 suggested having a form of peer support, 'somewhere that you could talk to like-minded people who were in the same situation'. CNA121 referenced the need for a greater focus on vetting adoptive parents and checking up on adopted children in placements, saying 'more support from outside' was needed. The need to recognise and address the widespread and long-term impacts of forced separation and adoption were emphasised by P038, who referred to 'the impact of…essentially forced adoption…infinitely harmful…undealt with, unspoken about. It's unacknowledged, and it's unresearched.'

7.8 Financial redress

Financial support through redress payments was also called for. For CNA110, it would be 'honourable' to them and their sibling for a redress payment to be made to them on behalf of their mother's '25 years of hard labour' in the Good Shepherd home. CNA126 supported financial payments saying 'it's not the money, it's vindication. It's just saying you do matter.' CNA001 and CNA005 spoke about negative experiences with previous redress payment schemes and CNA001 reported feeling 'angry, not wanted and neglected' when they did not fall into the timescale for the RoI redress scheme, so it is vitally important that lessons are learned from that scheme. CNA005 also reported negatively on previous redress schemes, stating 'I was left to rot' and being offended about being asked to provide more evidence for the HIA Inquiry redress scheme 'again'; 'how the fuck dare they?' CNA116 stressed the importance that a payment redress scheme should not be a telephone service dependent on people ringing a specific number, and instead the needs of 'vulnerable people' should be considered. CNA122 mentioned that financial redress should be 'tax free and not affect [any applicants who are in receipt of social welfare] benefits'. There are also concerns about children of birth mothers who are unable to find out which institutions their mothers were placed in and that this should not be a precursor to being refused redress (CNA126).

7.9 Being heard

It was important for many participants to preserve their experience by sharing it and having it recorded in some way to reach a wider audience so that people learn the truth. BM043 felt that to 'bring out the truth' was paramount and CNA083 felt that giving testimony and having that shared was a way to 'pave' the steps towards 'recovery'. Those affected wanted to preserve the truth and their experiences for their own families for 'generations' to come so that they would 'know what happened' (CNA115). Many also wanted the 'impact on [all] our lives' (CNA105) to be part of the history of the institutions' pathways and practices, and were open to the forms that would take, with some wanting a 'book' (CNA024) and others wanting more creative outlets such as 'the arts' (CNA107).

7.10 Justice

Participants spoke about wanting justice for what happened to them or their family members. BM050, BM069, BM041 want 'justice' for what happened to them and the other women, which for some, means 'the truth' to be acknowledged (BM041). Birth mothers referred to achieving justice as 'the reason I'm doing this' [giving testimony] (BM008). CNA002 said 'I just want justice for my family and my birth mother', a view shared by several children, now adults (CNA029, CNA116, CNA114, CNA064).

Some participants, like CNA090 and CNA055, want justice alongside an apology. CNA090 told us that 'unmarried mothers deserve a bit of justice…and they deserve an apology from Church leaders, from a political class and the politicians in Northern Ireland'. CNA055 said that 'justice must be found and I deeply hope that a sincere apology is made for the inhumane treatment and degrading experience that these young mothers and children had'.

CNA034 called for justice for 'everyone impacted by family separation' under the remit of the truth recovery process, regardless of where and how they started life. She said 'because I was born within the walls of an institution, I am not eligible for accountability more than someone born elsewhere. No one should be left behind in this truth recovery process.' CNA101 also seeks a form of justice that transcends the passage of time, saying 'I feel that justice needs to be done. Even at this late stage in the day. I feel that the Catholic Church and the state need to put their hands up and say, "Yeah, we were guilty. We did that. We subjected these women to these terrible ordeals in their lives. We deprived them of the love of a child, we deprived them of the love of their family, we locked them up in institutions, institutionalised them."'

Some participants called for prosecutions. For example, CNA081 said 'there has to be some accountability for what happened, all the people who did this to these mothers, there has to be accountability, has to be people, you know, prosecuted for this', and CNA003 refers to institutional abuse saying 'If that happened in any household [perpetrators] would be prosecuted…and yet they still work today without impunity. They do what they do, they get on, they haven't even accepted any acknowledgement of this, of any hands up of wrongdoing or anything.'

CNA071 also wants justice in 'whatever form that takes'. He said

> "they took me away from my mother. That's all I wanted [to be with my mother]. And they took that away from me. And they cannot give that life back to me, they cannot give it back to me, so they need to pay in, I don't mean pay in a cheque, I mean they need to be accountable for what they did through whatever form of justice that takes. And you know, if there are criminal prosecutions that can be enacted, I'm all for it, bring them on. People did things wrong and it's not enough to say 'but that's the way it was then', because I'm not living back then, I'm living now.

Endnotes

Chapter 1 – Serious Human Rights Issues

1 See for example Zorica Jovanovic v. Serbia, application no. 21794/08.
2 See for example Valenzuela Contreras v. Spain, application no. 27671/95, § 60 and Nicola Silvestri v. Italy, application nos. 16861/02 and 29385/03, § 54. The Strasbourg jurisprudence is not entirely consistent on this issue: see for example Lucky Dev v. Sweden, application no. 7356/10.
3 Forced Labour Convention 1930, ILO no. C029, art. 28(3).
4 Forced Labour Convention 1930, ILO no. C029, art. 2(1) and (2)(c).
5 UN Charter, art. 1(3).
6 See endnote 2 above.
7 See for example In re Dalton, [2023] UKSC 36.
8 Convention to Suppress the Slave Trade and Slavery 1926; and the Supplementary Convention on the Abolition of Slavery, the Slave Trade, and Institutions and Practices Similar to Slavery 1956.
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11 Martin, 'Social policy and social change,' 311.
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15 Privilege and Jones, 'Crisis and scandal', 35.
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28 *Freemans Journal*, 7 May 1895.
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31 Factory and Workshop Act 1907, sec. 5.
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34 Police, Factories and (Miscellaneous Provisions) Act 1916, sec. 7.
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38 Laundry and cleaning services: Survey of facilities available and use by armed services, 1943–45, PRONI, COM/35/16.
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40 Frank Kerr Solicitors to Rev Mother GSS Derry/Londonderry, 18 April 1944, records provided by GSS, January 2026.
41 Mental Health Act (Northern Ireland) 1948, pt. III.

[42] Mental Health Act (Northern Ireland) 1948, sec. 19.
[43] Mental Health Act (Northern Ireland) 1948, sec. 33(3).
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[45] Ian Montgomery with Joe Armstrong, *From Special Care to Specialist Treatment: A History of Muckamore Abbey Hospital* (Ulster Historical Foundation, 2009), 27.
[46] Mental Health (Northern Ireland) Order 1986, art. 22.
[47] Montgomery with Armstrong, *From Special Care to Specialist Treatment*, 28.
[48] Probation of Offenders Act 1907, sec. 1.
[49] Probation of Offenders Act 1907, sec. 2.
[50] Probation of Offenders Act 1907, sec. 3.
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[52] Criminal Justice Administration Act 1914, sec. 7.
[53] Criminal Justice Administration Act 1914, sec. 8 amending Probation of Offenders Act 1907, sec. 2(2).
[54] Probation Act (Northern Ireland) 1950, sec. 1.
[55] Probation Act (Northern Ireland) 1950, sec. 1.
[56] Probation Act (Northern Ireland) 1950, sec. 4.
[57] Probation Act (Northern Ireland) 1950, sec. 11.
[58] Children and Young Persons Act (Northern Ireland) 1950, sec. 98.
[59] Children and Young Persons Act (Northern Ireland) 1950, secs. 99–101.
[60] Children and Young Persons Act (Northern Ireland) 1950, sec. 102.
[61] Children and Young Persons (Voluntary Homes) Regulations (Northern Ireland) 1952, Regul. 4(1).
[62] Children and Young Persons (Voluntary Homes) Regulations (Northern Ireland) 1952, Regul. 4(2).
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[64] Children and Young Persons Act (Northern Ireland) 1968, sec. 130.
[65] *Report of the Historical Institutional Abuse Inquiry* (Executive Office, 2017), Chapter 21, Module 12, Column 151, https://wayback.archive-it.org/11112/20240227143002/https:/www.hiainquiry.org/historical-institutional-abuse-inquiry-report-chapters.
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[68] Midwives and Nursing Homes Act (Northern Ireland) 1929, sec. 13(1).
[69] Midwives and Nursing Homes Act (Northern Ireland) 1929, sec. 13(1).
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[72] Nursing Homes and Nursing Agencies Act (Northern Ireland) 1971, pt. I.
[73] Nursing Homes and Nursing Agencies Act (Northern Ireland) 1971, secs. 6 and 7.
[74] Nursing Homes (Registration, Conduct and Records) Regulations (Northern Ireland) 1974, Regul. 6.
[75] The 1971 Act was repealed and replaced by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.
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[77] Health and Personal Social Services (Northern Ireland) Order 1972.
[78] *Report of the Historical Institutional Abuse Inquiry*, Volume 1, 68.
[79] Children and Young Persons (Welfare Authorities' Homes) Regulations (Northern Ireland) 1952, Regul. 4.
[80] Health and Personal Social Services (Northern Ireland) Order 1972.
[81] Kathleen B. Forrest, Medical Inspector Ministry of Home Affairs, 28 April 1953, Report on Voluntary Homes, Children and Young Persons Act (Northern Ireland) 1950: Welfare Authorities' homes and voluntary homes: medical inspection by ministry inspectors, PRONI, HA/13/108.
[82] Marckx v. Belgium, application no. 6833/74, § 41.
[83] Marckx v. Belgium, application no. 6833/74, § 48.
[84] Identoba and Others v. Georgia, application no. 73235/12, § 94
[85] See for example Board of Education v. Rice, [1911] AC 179 and Edwards v. SOGAT, [1971] Ch. 354.
[86] See for example the Roman Catholic Relief Act 1829 and the Jews Relief Act 1858.
[87] See for example the Married Women's Property Acts 1870–93; the Medical Act 1876; and the Representation of the People Acts 1918 and 1928.
[88] Fran Porter, Myrtle Hill, Caroline McAuley and Eithne McLaughlin, *Eighty Years of Talking About Equality in Northern Ireland* (Belfast: Queen's University Belfast, 2006), 13.
[89] Myrtle Hill, *Women in Ireland: A Century of Change* (Belfast: Blackstaff, 2003), 5.
[90] Rosemary Sales, *Women Divided: Gender, Religion and Politics in Northern Ireland* (London: Routledge, 1997), 4.
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[93] McCormick, *Regulating Sexuality*, 98–101.
[94] Lindsey Earner-Byrne, 'The Irish family: Blame, agency and the "unmarried mother problem",1980s–2021,' *Contemporary European History* 32, no. 2 (2023): 274.
[95] Rosemary Sales, *Women Divided*, 62.
[96] Linda Edgerton, 'Public Protest, Domestic Acquiescence: Women in Northern Ireland,' in *Caught up in Conflict: Women in Society*, ed. Rosemary Ridd and Helen Callaway (London, 1986), 61.
[97] McCormick, *Regulating Sexuality*, 209.

[98] Earner-Byrne, 'The Irish family,' 276.
[99] Eithne McLaughlin, 'Women and the family in Northern Ireland: A review,' *Women's Studies International Forum* 16, no. 6 (1993), 563.
[100] McLaughlin, 'Women and the family in Northern Ireland,' 563.
[101] Earner-Byrne, 'The Irish family,' 276.
[102] McLaughlin, 'Women and the family in Northern Ireland', 563.
[103] Northern Ireland HC Deb. (8 May 1923) (3), cols. 732–33.
[104] Northern Ireland HC Deb. (20 Mar. 1924) (4), col. 268.
[105] *Northern Whig*, 20 April 1943.
[106] *Northern Whig*, 1 April 1960.
[107] Grants to voluntary Organisations by Ministry of Home Affairs, 9 December 1953, PRONI, HA/13/156A.
[108] *Northern Whig*, 30 May 1957; *Belfast Newsletter*, 1 April 1968, *Belfast Telegraph*, 7 August 1969; *Belfast Telegraph*, 29 August 1969.
[109] For example, Catholics experienced higher levels of unemployment and were under-represented in the bureaucracy, the professions and skilled occupations. They also experienced poorer housing conditions than Protestants, though of course Protestants also experienced unemployment, poverty and poor housing. For discussion of these issues see A.C. Hepburn, *A Past Apart: Studies in the History of Catholic Belfast, 1850–1950* (Ulster Historical Foundation, 1996); Sean O'Connell, 'An age of Conservative Modernity, 1914–1968,' in *Belfast 400: People, Place and History*, ed. S.J. Connolly (Liverpool University Press, 2012); Simon Prince, *Belfast and Derry in Revolt: A New History of the Start of the Troubles* (Irish Academic Press, 2019).
[110] Northern Ireland Constitution Act 1973, pt. III.
[111] Northern Ireland Constitution Act 1973, sec. 17.
[112] See for example the Adoption Act (Northern Ireland) 1967, sec. 4(2)(b).
[113] *Hate Crime Legislation in Northern Ireland: Independent Review*, Final Report 1 December 2020, accessed 10 February 2026, https://www.justice-ni.gov.uk/publications/hate-crime-legislation-independent-review, at 258.
[114] Maria Luddy and Mary O'Dowd, *Marriage in Ireland, 1660–1925* (Cambridge: Cambridge University Press, 2020), 47.
[115] Luddy and O'Dowd, *Marriage in Ireland*, 46; Valerie Morgan et al., *Mixed marriages in Northern Ireland: Institutional Responses* (Coleraine: Centre for the Study of Conflict, University of Ulster, 1996), Section 3.
[116] Martin Melaugh, *Housing and Religion in Northern Ireland* (Centre for the Study of Conflict, University of Ulster, 1994) Chapter 2.
[117] Bastardy (Ireland) Act 1863, sec. 2.
[118] Even today, differences in treatment remain in relation to succession to titles of honour and accession to the Crown.
[119] Children (Northern Ireland) Order 1995, sec. 155.
[120] *Banbridge Chronicle*, 4 November 1939.
[121] The Protection and Welfare of the Young and the Treatment of Young Offenders: Report of the Committee appointed by the Minister of Home Affairs (1938), 139–140.
[122] Ministry of Home Affairs to Clerks of Board of Guardians, 22 March 1943, Children in Workhouses, Children and Young Persons Act, PRONI, HA/13/6A.
[123] Northern Ireland Child Welfare Council, *Children in Care* (Her Majesty's Stationery Office [HMSO], 1956), 11.
[124] *Belfast Telegraph*, 25 February 1961.
[125] Northern Ireland Child Welfare Council, *Adoption of Children* (HMSO, 1963), 27.
[126] Caitlín Smith, 'Maternal and Infant Welfare in Belfast, 1900–1974' (PhD Thesis, Ulster University, 2025), 297.
[127] Race Relations Acts 1965–76; Race Relations (Northern Ireland) Order 1997.
[128] Race Relations (Northern Ireland) Order 1997, art. 3(a).
[129] Constantine v. Imperial Hotels Ltd., [1944] KB 693.
[130] Prevention of Incitement to Hatred Act (Northern Ireland) 1970, sec. 1; Public Order (Northern Ireland) Order 1981, art. 13.
[131] Public Order (Northern Ireland) Order 1987, pt. III. See also *Hate Crime Legislation in Northern Ireland: Independent Review*, Final Report, 1 December 2020, 281.
[132] Jack Crangle, *Migrants, Immigration and Diversity in Twentieth-Century Northern Ireland: British, Irish, or 'Other'?* (Basingstoke: Palgrave Macmillan, 2023), 37.
[133] Crangle, *Migrants, Immigration and Diversity in Twentieth-Century Northern Ireland*, 42.
[134] Crangle, *Migrants, Immigration and Diversity in Twentieth-Century Northern Ireland*, 44, 47.
[135] Crangle, *Migrants, Immigration and Diversity in Twentieth-Century Northern Ireland*, 71.
[136] Crangle, *Migrants, Immigration and Diversity in Twentieth-Century Northern Ireland*, 79.
[137] Porter et al., *Eighty Years of Talking About Equality*, 17.
[138] Robbie McVeigh, '"The final solution": Reformism, ethnicity denial and the politics of anti-Travellerism in Ireland,' *Social Policy and Society* 7, no. 1 (2008): 97.
[139] McVeigh, '"The final solution"', 97.
[140] Crangle, *Migrants, Immigration and Diversity in Twentieth-Century Northern Ireland*, 72.
[141] Paul Noonan, 'Pathologisation and Resistance: Travellers, Nomadism and the State', in *Divided Society: Ethnic Minorities and Racism in Northern Ireland*, ed. Paul Hainsworth (Pluto, 1998), 155–57.
[142] Northern Ireland Child Welfare Council, *Children in Care*, 7.
[143] Belfast Health and Social Care Trust, 'Nursed and Maintained' File Series, 1955–56 (surveyed by PRONI 15 December 2025).

[144] A power to detain criminals found insane in asylums was provided for in the Criminal Lunatics (Ireland) Act 1838. Private asylums could also be established, and these were regulated by the Private Lunatic Asylums (Ireland) Act 1842. Powers to make decisions in relation to the care and custody of persons 'of unsound mind' and incapable of managing their welfare or property could be exercised by the Lord Chancellor, and subsequently by the Lord Chief Justice, the High Court and the County Courts under the Lunacy Regulation (Ireland) Act 1871. A further power to detain people in district and private asylums was provided for in the Lunatic Asylums (Ireland) Act 1875 and the County Court Jurisdiction in Lunacy (Ireland) Act 1880.
[145] Mental Health Act (Northern Ireland) 1948, pt. II.
[146] Porter et al., *Eighty Years of Talking About Equality*, 19.
[147] Northern Ireland Child Welfare Council, *Children in Care*, 7.
[148] Northern Ireland Child Welfare Council, *The Operation of Social Services in Relation to Child Welfare* (HMSO, 1960), 12.
[149] Declaration of Principles of Equality (The Equal Rights Trust, 2008), Principle 1.
[150] Article 2 of the ECHR does not prohibit the death penalty. Capital punishment was finally prohibited by the ECHR with the coming into force of Protocol 13 to the ECHR in 2004. The death penalty was abolished in the UK for all offences, including in time of war, in 1998, though it had not been imposed since 1964.
[151] ECHR 1950, art. 15(2).
[152] See, for example, McCann v. UK, application no. 18984/91, concerning the killing of Irish Republican Army members in Gibraltar in 1988 without attempting arrest; and Jordan v. UK, application no. 24746/94; Kelly v. UK, application no. 30054/96; McKerr v. UK, application no. 28883/95 and Shanaghan v. UK, application no. 37715/97, all concerning failure to investigate killings by security forces and the Ulster Defence Association.
[153] See, for example, Lopes de Souza Fernades v. Portugal, application no. 56080/13.
[154] Lopes de Souza Fernades v. Portugal, application no. 56080/13, §§ 192–96.
[155] UN Human Rights Committee General Comment 36, UN Doc. CCPR/C/GC/36, para. 21.
[156] *Questions relating to the Obligation to Prosecute or Extradite (Belgium v. Senegal)*, Judgment, ICJ Reports 2012, 422, at 457, para. 99.
[157] *The Greek Case* (1969) 12, *Yearbook of the European Convention on Human Rights* 186, § 2.
[158] See, for example, Ireland v. UK, Series A no. 25, § 162; and Jalloh v. Germany, application no. 54810/00, § 67.
[159] Varnava and Others v. Turkey, application no. 16064/90, § 200.
[160] O'Keeffe v. Ireland, application no. 35810/09, § 146.
[161] VK v. Russia, application no. 68059/13, §§ 171–72.
[162] Yazgül Yılmaz v. Turkey, application no. 36369/06, §§ 43-54.
[163] O'Keeffe v. Ireland, application no. 35810/09, §§ 144–169.
[164] UN Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment 1984, art. 1.
[165] Law Reform (Miscellaneous Provisions) Act 1934.
[166] Infanticide Act 1922 and Infanticide Act (Northern Ireland) 1939.
[167] Daniel Grey, 'Women's policy networks and the Infanticide Act 1922,' *Twentieth Century British History* 21, no. 4 (2010): 441.
[168] Grey, 'Women's Policy Networks and the Infanticide Act 1922', 463.
[169] In England, the Bill of Rights 1689 prohibited cruel and unusual punishment, but it did not extend to Ireland.
[170] Offences Against the Person Act 1861, secs. 18, 20 and 47. Torture as an international crime (committed by anyone anywhere in the world) defined in the UN Convention against Torture was made a specific offence by the Criminal Justice Act 1988, sec. 134.
[171] Offences Against the Person Act 1861, sec. 48; Criminal Law Amendment Act 1885, pt. I; Children and Young Persons Act (Northern Ireland) 1968, pt. II.
[172] Punishment of Incest Act 1908, secs. 1 and 2.
[173] Criminal Justice (Northern Ireland) Order 1980, sec. 9.
[174] Infant Life Protection Act 1897, secs. 3 and 6.
[175] Children Act 1908, pt. II; Children and Young Persons Act (Northern Ireland) 1950, pt. II.
[176] Children Act 1908, secs. 20–25.
[177] Children Act 1908, pt. I.
[178] Children Act 1908, sec. 11.
[179] Children Act 1908, pt. IV, especially sec. 46.
[180] Children and Young Persons Act (Northern Ireland) 1950, secs. 81–82.
[181] Children and Young Persons Act (Northern Ireland) 1950, sec. 89.
[182] Children and Young Persons Act (Northern Ireland) 1950, sec. 90.
[183] Children and Young Persons Act (Northern Ireland) 1968, pts. VI and VII.
[184] Medical Inspector's Report, Enniskillen Workhouse, minutes of the Enniskillen Workhouse, April 1947, PRONI, BG/A/14/168.
[185] Brian Caul and Stanley Herron, *A Service for People: Origins and development of the Personal Social Services of Northern Ireland* (December Publications, 1992), 81.
[186] *Report of the Historical Institutional Abuse Inquiry*, Chapter 21, Module 12, Column 155.
[187] GSS to Independent Panel, 16 January 2026.
[188] GSS to Independent Panel, 16 January 2026.

[189] Sidaway v. Bethlem Royal Hospital, [1984] 2 WLR 778. The position expressed in Sidway has since evolved: see Montgomery v. Lanarkshire Health Board, [2015] UKSC 11.
[190] See also the chapter on Marianvale.
[191] *Belfast Newsletter*, 22 September 1926.
[192] *Belfast Newsletter*, 10 November 1926.
[193] *North Down Herald and County Down Independent*, 16 November 1929.
[194] Inspection report by K.B. Forrest, 21 July 1955, Children and Young Persons Act (Northern Ireland) 1950, Voluntary Homes: St Joseph's Baby Home, Ravenhill Road, PRONI, HA/13/272A.
[195] There is a file on this case at PRONI. Royal Ulster Constabulary (RUC) 15/73, 'The sudden death of [named baby] born 17 January 1944, died 15 February 1944 at Strand Nursing Home, Portstewart, Co Londonderry, petition – Florence Noteman,' PRONI.
[196] Memorandum, 20 March 1925, PRONI, CAB/9/B/53/3.
[197] Report of the History Sheet and Child Welfare Committee, minutes of the Belfast Workhouse Committee, 14 February 1929, January–June 1929, PRONI, BG7/1/121.
[198] *Stormont Senate Debates*, Vol. 13, 1931–32, Children (Amendment) Bill, 10 March 1931.
[199] The Protection and Welfare of the Young and the Treatment of Young Offenders, 136.
[200] Florence Harrison, memorandum, 21 March 1945, Children's and Young Persons Act, PRONI, HA13/8.
[201] Belfast Welfare Committee, Inspection of Child Welfare Services, 1951, PRONI, HA/32/1/941.
[202] *A Better Future: 50 Years of Childcare in Northern Ireland 1950–2000* (Department of Health, Social Services and Public Safety, 2000), 19.
[203] Northern Ireland Child Welfare Council, *Children in Care*.
[204] Northern Ireland Child Welfare Council, *The Operation of the Social Services in Relation to Child Welfare* (HMSO, 1960).
[205] *A Better Future*, 21–22.
[206] Belfast Health and Social Care Trust, 'Nursed and Maintained' File Series.
[207] David Dane, George Dick et al., 'New quadruple vaccine,' *The Lancet* 279, no. 7236 (1962): 939–41.
[208] Alistair Finlay (QUB) email to the IP Secretariat, 2 December 2025.
[209] See, for example, Marianne Elliott, *The Catholics of Ulster: A History* (Penguin Books, 2000), 380.
[210] Forced Labour Convention 1930, ILO no. C029, art. 28(3).
[211] Forced Labour Convention 1930, ILO no. C029, art. 2(1) and (2)(c).
[212] Forced Labour Convention 1930, ILO no. C029, art. 4.
[213] Forced Labour Convention 1930, ILO no. C029, art. 5.
[214] Forced Labour Convention 1930, ILO no. C029, art. 25.
[215] Convention Concerning the Abolition of Forced Labour 1959, ILO no. C105, art. 1.
[216] Siliadin v. France, application no. 73316/01, § 117.
[217] Siliadin v. France, application no. 73316/01, §§ 118–29.
[218] VCL and AN v. UK, application no. 77587/12, §§ 151–52.
[219] Somerset v. Stewart, (1772) 98 ER 499; Reid v. Scot of Harden and his Lady, [1687] Mor 9505; Colliers and Salters (Scotland) Act 1775.
[220] Slave Trade Act 1807 and Slave Trade Act 1824.
[221] Slavery Abolition Act 1833.
[222] Nursing Homes (Registration, Conduct and Records) Regulations (Northern Ireland) 1974, Regul. 6.
[223] Truck Act 1831 and Truck Amendment Act 1887. The word 'truck' was used in the sense of exchange of commodities.
[224] Truck Act 1831, sec. XXIII.
[225] Crossman, *Poverty and the Poor Law*, 128.
[226] Crossman, *Poverty and the Poor Law*, 129.
[227] Crossman, *Poverty and the Poor Law*, 130.
[228] Olwen Purdue and Georgina Laragy, *Poverty, Children and the Poor Law in Industrial Belfast, 1800–1918* (Liverpool: Liverpool University Press, 2025), 89.
[229] *Northern Whig*, 28 May 1947.
[230] Peter E. Hughes, 'Cleanliness and Godliness: A Sociological Study of the Good Shepherd Convent Refuges for the Social Reformation and Christian Conversion of Prostitutes and Convicted Women in Nineteenth Century Britain' (PhD thesis, Brunel University, 1985), 259.
[231] Rev. Dr O'Loughlin, sermon in aid of the Magdalene Asylum, Belfast, 27 March 1900, Linen Hall Library, Belfast.
[232] Between 1957 and 1975, six derogations were made by the UK in relation to the application of art. 5 in Northern Ireland under art. 15, which permits states to depart from their obligations in situations of 'public emergency threatening the life of the nation.' A further derogation was made in 1988 following the judgment of the European Court of Human Rights in Brogan and Others v. UK, application no. 11209/84, which held that administrative detention for more than four days and six hours on the order of a government minister acting under the Prevention of Terrorism (Temporary Provisions) Act 1984 was a breach of the requirement of judicial oversight in art. 5(3). This led the UK government to make a further derogation from its obligations under art. 5, which remained in place until 2001.
[233] See, for example, Storck v. Germany, application no. 61603/00, § 74; *Stanev v. Bulgaria*, application no. 36760/06, § 117.
[234] R v. D, [1984] AC 778.

[235] The Law Commission, *Simplification of Criminal Law: Kidnapping*, consultation paper no. 200, 2.91–2.94.
[236] Offences Against the Person Act 1861, sec. 56.
[237] Child Abduction (Northern Ireland) Order 1985, secs. 3 and 4.
[238] Collins v. Wilcock, [1984] 1 WLR 1172.
[239] R (on the application of Jalloh [formerly Jollah]) v. Secretary of State for the Home Department, [2020] UKSC 4.
[240] Murray v. Ministry of Defence, [1988] 1 WLR 692.
[241] In re Agar-Ellis, (1883) 24 Ch. D 317.
[242] Gillick v. West Norfork and Wisbech AHA, [1986] AC 112.
[243] Children Act 1908, sec. 21.
[244] Children Act 1908, secs. 58 and 59.
[245] Children Act 1908, sec. 107.
[246] Children Act 1908, sec. 38.
[247] Children and Young Persons Act (Northern Ireland) 1950, sec. 59.
[248] Children and Young Persons Act (Northern Ireland) 1950, sec. 63.
[249] Children and Young Persons Act (Northern Ireland) 1950, sec. 62.
[250] Children and Young Persons Act (Northern Ireland) 1968, secs. 74 and 91–95.
[251] Northern Ireland Child Welfare Council, *The Operation of Social Services*, 4.
[252] Northern Ireland Child Welfare Council, *The Operation of Social Services*, 5.
[253] Magistrates' Courts (Northern Ireland) Order 1981, art. 133.
[254] Cliona Rattigan, '*What Else Could I Do?': Single Mothers and Infanticide in Ireland, 1900–1950* (Dublin: Irish Academic Press, 2012), 217.
[255] *Portadown Times*, 27 March 1925.
[256] Probation of Offenders Act 1907, sec. 1.
[257] Probation of Offenders Act 1907, sec. 2.
[258] Probation of Offenders Act 1907, sec. 3.
[259] Probation of Offenders Act 1907, sec. 6.
[260] Criminal Justice Administration Act 1914, sec. 7.
[261] Criminal Justice Administration Act 1914, sec. 8 amending Probation of Offenders Act 1907, sec. 2(2).
[262] Probation Act (Northern Ireland) 1950, sec. 1.
[263] Probation Act (Northern Ireland) 1950, sec. 11.
[264] Brendan Fulton and Bob Webb, 'The Emergence of probation services in north-east Ireland,' *Irish Probation Journal* 6 (2009): 42.
[265] *Northern Whig*, 30 July 1931.
[266] Cardinal MacRory to Ministry of Home Affairs, 25 June 1944, Religious, Box 9, 'B' relating to Convents, Cardinal MacRory Archive, Cardinal O'Faich Library and Archives, Armagh.
[267] Circular no. TC11/1951, 39 May 1951, CYPA Circulars on Training Schools and Borstals, PRONI, HA/13/184.
[268] *Larne Times*, 1 August 1925.
[269] *Londonderry Sentinel*, 18 March 1926.
[270] See the chapter on St Mary's institutions and laundries for an explanation of 'consecration'.
[271] *Belfast Telegraph,* 21 July 1938.
[272] Penal Servitude Act 1853, sec. IX.
[273] Prison Act (Northern Ireland) 1953, sec. 13; Prison Rules (Northern Ireland) 1954, r. 117; and Prison Rules (Northern Ireland) 1982, r. 18.
[274] Mental Health Act (Northern Ireland) 1948, sec. 33(3).
[275] Mental Health Act (Northern Ireland) 1948, sec. 38.
[276] Mental Health Act (Northern Ireland) 1948, sec. 63.
[277] Mental Health (Northern Ireland) Order 1986, art. 22.
[278] Montgomery with Armstrong, *From Special Care to Specialist Treatment*, 35.
[279] Mairéad Enright, 'Haunting Reform: Older Women, English Good Shepherd Institutions and the Children Act 1948,' *Contemporary British History* 39, no. 2 (2025), 181, 186.
[280] *Armagh Guardian*, 9 January 1931.
[281] *Northern Whig*, 29 May 1959.
[282] Johnston v. Ireland, application no. 9697/82, § 25.
[283] B v. UK, application no. 9840/82, § 60.
[284] Airey v. Ireland, application no. 6289/73, § 32.
[285] Hadri-Vionnet v. Switzerland, application no. 55525/00, §§ 53–62; and Marić v. Croatia, application no. 50132/12, §§ 58–72.
[286] Zorica Jovanović v. Serbia, application no. 21794/08, §§ 68–75. Although there is reference in the Truth Recovery Design Report at pp 29-30 to 'enforced disappearance' as defined in the UN General Assembly's Declaration on the Protection of All Persons from Enforced Disappearance 1992, UN Doc A/RES/47/133, the IP consider the right to respect for private and family life the more appropriate framework within which to consider denial of information in the NI context.
[287] Evans v. UK, application no. 6339/05, § 71.
[288] A, B and C v. Ireland, application no. 25579/05.
[289] *Northern Whig*, 30 May 1957.
[290] *Belfast Telegraph*, 7 August 1969.
[291] *Belfast Telegraph*, 29 August 1969.

[292] *Belfast News Letter*, 1 April 1968.
[293] Eileen Evason, 'Poverty in Northern Ireland,' *Studies: An Irish Quarterly Review* 75, no. 300 (1986): 508.
[294] Pat Thane and Tanya Evans, *Sinners? Scroungers? Saints? Unmarried motherhood in Twentieth-century England* (Oxford University Press, 2012), 167–68.
[295] *Report of the Committee on One Parent Families* (Finer Report) (HMSO, 1974), 492.
[296] *Family Problems: A Commentary on the Implementation in Northern Ireland of the Recommendations of the Finer Report on One Parent Families* (Inter-Departmental Committee on Family Problems, 1977).
[297] Children (Northern Ireland) Order 1995 and Family Proceedings Rules (Northern Ireland) 1996.
[298] UN Committee on the Elimination of All Forms of Discrimination Against Women, General Recommendation 21, paras. 21–22.
[299] McCormick, *Regulating Sexuality,* 101–102.
[300] Bill Rolston, Dirk Schubotz and Audrey Simpson, 'Sex education in Northern Irish schools: A critical evaluation,' *Sex Education* 5, no. 3 (2005): 229.
[301] Caitlín Smith, 'Maternal and Infant Welfare in Belfast, 1900–1974' (PhD thesis, Ulster University, 2025), 209–10.
[302] Rolston et al., 'Sex Education in Northern Irish Schools,' 218.
[303] Department of Education, Northern Ireland (1987) circular no. 45; for more on the issue of sex education in contemporary Northern Ireland, see Audrey Simpson, 'A Sociological Analysis of the Theory and Practice of Sex Education in Post-Primary Schools in Northern Ireland' (PhD thesis, University of Ulster, 2001).
[304] Because the sale, importation and advertisement of contraceptive devices was illegal in RoI into the 1970s, Northern Irish clinics also provided access to contraception to women travelling across the border. In 1971, a 'Contraceptive Train' from Dublin to Belfast was organised by the Irish Women's Liberation Movement to protest the severity of the law. This pattern of cross-border travel decreased after the Irish Supreme Court ruled against the blanket ban in 1973 but continued until all restrictions were lifted in RoI in the 1990s.
[305] Leanne McCormick, '"The scarlet woman in person:" The establishment of a family planning service in Northern Ireland, 1950–1974,' *Social History of Medicine* 21, no. 2 (2008): 345, 351.
[306] McCormick, '"The scarlet woman in person,"' 345, 354.
[307] Leanne McCormick and Sean O'Connell with Olivia Dee and John Privilege, Mother and Baby Homes and Magdalene Laundries in Northern Ireland, 1922–1990 (Department of Health, 2021), 480.
[308] Gillick v. West Norfork and Wisbech AHA, [1986] AC 112.
[309] Offences Against the Persons Act 1861, secs. 58–59; and Criminal Justice Act (Northern Ireland) 1945, sec. 25.
[310] R v. Bourne, [1939] 1 KB 687; and Criminal Justice Act (Northern Ireland) 1945, sec. 25(2).
[311] Sally Sheldon, Jane O'Neill, Clare Parker and Gayle Davis, '"Too much, too indigestible, too fast"? The decades of struggle for abortion law reform in Northern Ireland,' *Modern Law Review* 83, no. 4 (2020): 763.
[312] *Inquiry concerning the United Kingdom of Great Britain and Northern Ireland under article 8 of the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination Against Women: Report of the Committee on the Elimination of Discrimination Against Women* (2018), UN Doc. CEDAW/C/OP.8/GBR/1, para. 51.
[313] Leanne McCormick, '"No sense of wrongdoing": Abortion in Belfast 1917–1967,' *Journal of Social History* 49, no. 1 (2015): 141.
[314] P.A. Compton, L. Goldstrom and J.M.C. Goldstrom, 'Religion and legal abortion in Northern Ireland,' *Journal of Biosocial Science* 6 (1974): 495.
[315] Sheldon et al., '"Too much, too indigestible, too fast,"' 76.
[316] Sheldon et al., '"Too much, too indigestible, too fast,"' 76.
[317] Sheldon et al., '"Too much, too indigestible, too fast,"' 76.
[318] McCormick, '"No sense of wrongdoing,"' 129.
[319] J.M. Goldstrom, 'Abortion and the law in N. Ireland,' *Scope* July/August (1981): 8.
[320] Poor Law Amendment Act (Ireland) 1862.
[321] Maria Luddy, 'Unmarried mothers in Ireland, 1880–1973,' *Women's History Review* 20, no. 1 (2011): 111; Crossman*, Poverty and the Poor Law*, 174.
[322] For example, the Workmen's Compensation Act 1897 obliged employers to pay fixed rates of compensation to employees for injuries sustained in the workplace. In the event of the death of an employee due to injuries received at work, their family received a lump sum payment based on previous earnings. In 1900, the Act was amended to include agricultural workers. The scheme was expanded by the Workmen's Compensation Act 1906 to include manual workers and low-wage non-manual workers. The 1906 Act also introduced a system of insurance policies for employers so as to meet their obligations under the Act. The Old Age Pensions Act 1908 introduced a weekly non-contributory means-tested old-age pension for people over the age of 70. The application of the Act in Ireland was complicated by the fact that statutory registration of births had only be introduced in 1864, but baptismal certificates were generally accepted as evidence of age. Pensions for the blind were introduced on a similar basis by the Blind Persons Act 1920.
[323] Lorraine Grimes, 'Migration and Assistance: Irish Unmarried Mothers in Britain, 1926–1973' (PhD thesis, National University of Ireland Galway, 2020), 232.
[324] National Insurance Act 1911, pts. 1 and 2.
[325] L. Schwartz, 'Feminism, reproductive labour, and the gendered welfare state in Britain's National Insurance Act of 1911,' *Past and Present* 266, no. 1 (2025): 150, 156.
[326] Unemployment Insurance Act 1920, Second Schedule.
[327] National Insurance Act (Northern Ireland) 1946.
[328] National Insurance Act (Northern Ireland) 1966.
[329] Social Security (Northern Ireland) Act 1975 and the Social Security (Northern Ireland) Order 1986.

[330] Family Allowances Act (Northern Ireland) 1945.
[331] *Stormont Senate Debates*, Vol. xx, 19xx–xx, Family Allowances Bill, Mr Lennon, 27 November 1945.
[332] Child Benefit (Northern Ireland) Order 1975.
[333] Eileen Evason, *Social Security Benefits in Northern Ireland* (SLS Legal Publications, 1992), 44.
[334] National Assistance (Northern Ireland) Order 1948.
[335] J.P. Casey, 'Social Assistance in Northern Ireland,' *Northern Ireland Legal Quarterly* 19, no. 3 (1968): 278.
[336] *Mid Ulster Mail*, 17 July 1962.
[337] Supplementary Benefits Act (Northern Ireland) 1966.
[338] Family Income Supplements Act (Northern Ireland) 1971.
[339] Social Security (Northern Ireland) Order 1986.
[340] Eileen Evason, *On the Edge: A Study of Poverty and Long-Term Unemployment in Northern Ireland* (Child Poverty Action Group, 1985), 25.
[341] Evason, *On the Edge*, 26.
[342] Bastardy (Ireland) Act 1863, sec. 2.
[343] J.G. Leslie, 'The Illegitimate Children (Affiliation Order) Act (Northern Ireland) 1924,' *Journal of Comparative Legislation and International Law* 7, no. 4 (1925): 185, 186.
[344] Hamilton v. Long, [1905] 2 IR 552. The tort of seduction was abolished in NI by the Administration of Justice Act 1982, sec. 2.
[345] Edgar v. Wallace, [1957] NI 64.
[346] The Magistrates Court Act (Northern Ireland) 1964 and the Magistrates Court (Northern Ireland) Order 1981.
[347] Family Law Reform (Northern Ireland) Order 1977, art. 9–11.
[348] Legal Aid and Advice Act (Northern Ireland) 1965; Legal Aid, Advice and Assistance (Northern Ireland) Order 1977; Legal Aid, Advice and Assistance (Northern Ireland) Order 1979; Legal Aid, Advice and Assistance (Northern Ireland) Order 1981.
[349] The Illegitimate Children (Affiliation Orders) Rules (Northern Ireland) 1925, sec. 4.
[350] Supplementary Benefits Act (Northern Ireland) 1966, sec. 25.
[351] Social Security (Northern Ireland) Order 1986, art. 26.
[352] Children (Northern Ireland) Order 1995, art. 158.
[353] *Portadown News*, 23 May 1925.
[354] *Mid Ulster Mail*, 5 October 1929.
[355] Adoption of Children Act (Northern Ireland) 1929, sec. 1.
[356] Adoption of Children Act (Northern Ireland) 1929, sec. 5. The one exception related to inheritance.
[357] Adoption of Children Act (Northern Ireland) 1929, sec. 10.
[358] The power to make an interim order had been contained in the 1929 Act but it had been at the judge's discretion.
[359] Adoption of Children Act (Northern Ireland) 1950, sec. 16.
[360] A report by the Northern Ireland Child Welfare Council in 1963 records concerns that one person in NI arranged placements in London for 13 children over a five-year period.
[361] The Adoption Act (Northern Ireland) 1967, sec. 29.
[362] County Courts (Amendment No. 3) Rules (Northern Ireland) 1989, r. 4.
[363] Adoption of Children Act (Northern Ireland) 1929, sec. 2.
[364] County Court Rules (Adoption of Children) (Northern Ireland) 1930, r. 12.
[365] Adoption of Children Act (Northern Ireland) 1950, sec. 2(4).
[366] Northern Ireland Child Welfare Council, *Report into the Operation of Social Services in Relation to Child Welfare* (HMSO 1958).
[367] Adoption of Children Act (Northern Ireland) 1950, sec. 4(2).
[368] Adoption of Children Act (Northern Ireland) 1929, sec. 9.
[369] Adoption of Children Act (Northern Ireland) 1929, sec. 3(c).
[370] Adoption of Children Act (Northern Ireland) 1950, secs. 3 and 21.
[371] Adoption of Children Act (Northern Ireland) 1950, sec. 22.
[372] Adoption Act (Northern Ireland) 1967, secs. 7 and 35–36; Adoption (Northern Ireland) Order 1987, art. 59–60.
[373] John A. Young to William Duff, 26 February 1959, Children and Young Persons Act (Northern Ireland) 1950 Adoption, Miscellaneous Correspondence, Ministry of Home Affairs, PRONI, HA/13/181.
[374] John A. Young to William Duff, 26 February 1959.
[375] William Duff to John A. Young, 6 March 1959, Children and Young Persons Act (Northern Ireland) 1950 Adoption, Miscellaneous Correspondence, Ministry of Home Affairs, PRONI, HA/13/181.
[376] Adoption of Children Act (Northern Ireland) 1950, sec. 2(7).
[377] Adoption Act (Northern Ireland) 1967, sec. 1.
[378] W.J. Kirkpatrick to A. Steward, 24 June 1981, [named adoption society], PRONI, HSS/32/1/27/4A. Section 40 prohibits the removal out of RoI of an Irish child under seven years of age. It does not apply to 'illegitimate' children under the age of one year of age removed by or with the approval of its mother for the purpose of living abroad with the mother or a relative, or to the removal of any child by or with the approval or a parent, guardian or relative.
[379] J.J. Forde to R.F. Cole, 15 August 1986, [named adoption society], PRONI, HSS/32/1/27/4A.
[380] X v. Iceland, application no. 6825/74, DR 5, 86–87.
[381] See for example Stubbings v. UK, application no. 22083/95, § 59.
[382] Gaskin v. UK, application no 10454/83, § 39; Krušković v. Croatia, application no. 46185/08, § 34.
[383] Burghartz v. Switzerland, application no. 16213/90, § 24.

[384] Jäggi v. Switzerland, application no. 58757/00, § 38.
[385] Gaskin v. UK, application no. 10454/83, § 37.
[386] Gaskin v. UK, application no 10454/83, § 49.
[387] See for example the Council of Europe Convention for the Protection of Individuals with regard to Automatic Processing of Personal Data 1981, the Data Protection Act 1984 and the Access to Personal Files Act 1987.
[388] See Data Protection Directive 95/46/EC, Charter of Fundamental Rights of the EU, art. 7; and General Data Protection Regulation 2016/679. See also Gaskin v. UK, application no. 10454/83, § 37.
[389] UK GDPR, art. 15.
[390] Marriage (Ireland) Act 1844, sec. LII. The 1844 Act did not apply to Catholic marriages, but these were included from 1864 by the Registration of Marriages (Ireland) Act 1863.
[391] Registration of Births and Deaths (Ireland) Act 1863; Births and Deaths Registration Act (Ireland) 1880; and Births, Deaths and Marriages Registration Act (Northern Ireland) 1956.
[392] Notification of Births Act 1907, sec. 1.
[393] Perjury (Northern Ireland) Order 1979, art. 9(1)(a).
[394] Perjury (Northern Ireland) Order 1979, art. 9(1)(d).
[395] Perjury (Northern Ireland) Order 1979, art. 9(3).
[396] Registration of Births and Deaths Act (Ireland) 1863, sec. 34.
[397] Births and Deaths Registration Act (Ireland) 1880, secs. 10–15 and 38.
[398] Registration of Still-Births Regulations (Northern Ireland) 1960. The 1960 Regulations applied to any child 'completely expelled or extracted from its mother after the twenty-eighth week of pregnancy and which did not at any time after such expulsion or extraction breathe or show any other evidence of life.'
[399] See for example Coco v. AN Clark Engineers Ltd, [1969] RPC 41.
[400] Data Protection Act 1984, sec. 21.
[401] Access to Health Records (Northern Ireland) Order 1993, art. 5.
[402] Adoption of Children Act (Northern Ireland) 1950 County Court Rules (Northern Ireland) 1954, r. 23.
[403] Adoption (Northern Ireland) Order 1987, art. 54.
[404] Adoption and Children Act (Northern Ireland) 2022, sec. 60.
[405] Sharp v. Lush, (1879) 10 Ch D 468.
[406] R v. Vann, (1851) 169 ER 523
[407] R v. Stewart, (1840) 113 ER 1007.
[408] Offences Against the Person Act 1861, sec. 60.
[409] Births and Deaths Registration Act (Ireland) 1880, sec. 18.
[410] Cremation (Belfast) Regulations (Northern Ireland) 1961, Regul. 17.
[411] Public Health (Ireland) Act 1878, Part III; Rules and Regulations for the Regulation of Burial Grounds 1870; Rules and Regulations for the Regulation of Burial Grounds 1888; Order of the Local Government Board for Ireland 1919; Public Health (Regulation of Burial Grounds) Regulations 1953; Burial Grounds Regulations (Northern Ireland) 1992.
[412] Rules and Regulations for the Regulation of Burial Grounds 1888, r. V; Public Health (Ireland) Act 1878, sec. 191.
[413] Registration of Burials Act 1864, sec. 1.
[414] Cremation (Belfast) Regulations (Northern Ireland) 1961, Regul. 18.
[415] The database can be accessed at Find a Grave, accessed 12 February 2026, www.findagrave.com.
[416] Irish Church Act 1869, sec. 26.
[417] Public Health (Ireland) Act 1878, sec. 61.
[418] The database can be accessed at Find a Grave, accessed 12 February 2026, www.findagrave.com.
[419] Lindsay Prior, *The Social Organisation of Death: Medical Discourse and Social Practices in Belfast* (St Martin's Press, 1989), 173.
[420] Bernadette McCreight, 'Perinatal loss: A qualitative study in Northern Ireland,' *Omega* 57, no. 1 (2008): 12.
[421] 'Belfast City Cemetery memorial for babies in unmarked graves unveiled', *BBC News*, 12 September 2019, accessed 14 November 2025, https://www.bbc.co.uk/news/uk-northern-ireland-49668159.
[422] McCreight, 'Perinatal loss', 13.
[423] Anatomy Act 1832, secs. VIII–IX.
[424] Anatomy Act 1832, sec. XIII.
[425] Anatomy Act 1832, sec. XI.
[426] Anatomy (Northern Ireland) Order 1992, sec. 6.
[427] Anatomy Regulations (Northern Ireland) 1992, Reguls. 3 and 4.
[428] Peter Froggatt, 'The First Medical School in Belfast, 1835–1849,' *Medical History* 22 (1978): 253.
[429] QUB, Anatomy Records Logbook 1, 1927–82.
[430] Representation from the Salvation Army UK and Ireland Territory to the Truth Recovery IP, February 2026.
[431] Correspondence shared with the IP by QUB, 22 March 2022.

1 Those chapters have been through the process known as 'Maxwellisation'. That is a process that allows any institution or individual facing serious allegations in a report, such as this one, to review the relevant arguments and offer a response, which is considered before the publication of the report.
2 Birth mothers who stated that they were raped resulting in pregnancy are BM054, MBI 7; BM020, MBI 5; BM077, MBI 6; BM057, MBI 5; BM025, MBI 6; BM021, MBI 5; BM013, MBI 6 and another institution [name redacted]; BM039 (institution in Republic of Ireland); BM012, MBI 6.
3 Among them were BM025, BM048, BM055 and BM066.
4 For example, BM019, BM046 and BM065.
5 BM013.
6 BM028.
7 BM037.
8 See various institutional chapters for examples.
9 For these, see section 'Harms relating to labour and birth' in this chapter.
10 This has been identified as 'adaptive preferences', a phenomenon whereby 'people suffering from various forms of oppression come to accept their social circumstances and abandon any wishes for improving their lot.' See Rutger Claassen, *Capabilities in a Just Society: A Theory of Navigational Agency* (Cambridge University Press, 2018), 142.
11 Diethylstilbesterol (DES) Exposure and Cancer', National Cancer Institute, https://www.cancer.gov/about-cancer/causes-prevention/risk/hormones/des-fact-sheet.
12 BM003, BM004, BM017, BM009, BM010, BM018, BM025, BM021, BM028, BM022, BM034, BM038, BM050, BM048, BM051, BM061 and BM070.
13 A midwife who gave testimony had the view that mothers were able to see their babies.
14 Sixty-five testimonies from adopted children, now adults, reflected a positive experience with their adoptive families. Multiple participants reported being adopted into loving families: 'they loved me from day one, unconditionally' (CNA046), and 'I adored them [adoptive parents]' (CNA061). Twenty-five testimonies reflected both positive and negative experiences of adoptive families. CNA059 and CNA102 both spoke about conflicting experiences with both parents. CNA059's adoptive mother was 'very cold. She was very, very strict…he [adoptive father] was a lovely, lovely man.' CNA102 reported that their adoptive mother 'was very cold…would never have told me she loved me…my adoptive father was lovely, he was like a big gentle giant and he was very caring'. While this chapter focuses on harms, it is important to acknowledge the experiences of those who gave testimony who had a positive adoption experience.
15 Adoption consent forms had to be witnessed by a Justice of the Peace.
16 One social worker, P064, who worked with birth mothers in MBI 6, declared in testimony that 'there was no cross-border adoption'. However, this is inaccurate.
17 Confirmation is a Catholic sacrament usually undertaken around the age of 11.
18 This text is quoted from an addendum by the facilitator, which summarised a follow-up telephone conversation and is separate from the main testimony.
19 McCormick et al., *Mother and Baby Homes and Magdalene Laundries.*
20 While this testimony accurately reflects the fears of the participant, the legal position regarding adoption records is that they be transferred to PRONI after 75 years, rather than be destroyed.

I have friends who look at me and say yeah do you see in behind all of that, some days see a wee boy still looking for his mummy. And [voice breaks] I know she's dead now, but [pause] I'll never, they can give me out all the files and everything that they have, but all I want to ask her was 'did you want to give me away?' And I won't be able to get the answer to that question.

Well you know the done thing then was you get pregnant you weren't married you didn't stay at home, you went somewhere, so that's where I ended up. Was my parent's choice.

When I gave birth to my first child, that was a huge moment because that was my first, you know, it's your first blood relative that you have, and that really brought it home to me how could anyone ever give away a baby.

Today, I mean all around me are young women on their own with their children and nobody thinks anything of it, and they would struggle to understand the stigma that existed back then, but that stigma was perpetuated by people who pretended to care. They didn't care on a deeper level, they wanted to be seen to be caring but they did not care on a deeper level, they perpetuated the sense of guilt and the sense of having done something unforgivable in the eyes of society.

And because when you're adopted you have a different birth certificate, you don't have your plain certificate, you have your pink one right. And I always thought oh my God I'm really different, I'm really, I don't want anyone seeing that, right.

> *It was so cold. I was told: 'She will go to a GOOD family, and they'll look after her.'*

> *Leaving you with a chip on your shoulder for the rest of your life that you were dirty, that you were a second-class citizen, that you were something on the end of their shoe.*

> *It felt awful, and I felt angry too because I was in pain and I tried to hide my pain, because I thought I'm not having an audience looking at me in pain who aren't willing to give me any words, any words of, do you know, to help me through this or to tell me this was natural, there was none of that.*

> *Oh yeah well I had two lovely mothers yes, two really nice mothers.*

> *And I was really lucky, really, really lucky that I had a lovely social worker who guided me through that whole process of getting my actual birth certificate and embarking on finding out who my actual family were.*

> *My adoptive mother remembers the lipstick kiss on my forehead.*

Truth Recovery Independent Panel
Seeking the Truth