

Submission to the Senate Inquiry: Commonwealth contribution to former forced adoption policies and practices

Personal submission by Thomas Graham

Introduction

This submission is directed to the Senate Inquiry's second term of reference i.e. *the potential role of the Commonwealth in developing a national framework to assist states and territories to address the consequences for the mothers, their families and children who were subject to forced adoption policies*. Some isolated comments are applicable to the first term of reference i.e. *the role, if any, of the Commonwealth Government, its policies and practices in contributing to forced adoptions*.

The content is influenced by three factors. My personal story: I was born into a closed adoption system in the 1950s – a fact that had a profound effect on who I was and where I fitted into the world. Given away at birth, I was stripped of my innate identity, my intrinsic heritage and formally given a new name and family. I grew up with a profound sense of duality – of being part of a family and yet very much separate from them. Adoption, the pivotal aspect of my life, was hard to articulate as the subject was taboo in our household.

My inner world became full of unknowns, the silence and secrets caused uncertainty and confusion. Life was lived – although in many ways I lived only half my life – with a compelling desire to find the other half. Unbeknown to me there were hundreds of thousands of people just like me all around the world.

It took decades to find the missing pieces. This part of the journey started in my late twenties when I was given a slip of paper with my mother's name and age – the first clues to my origins. After five years of searching I found her in a foreign country. I reconnected with my roots and since then have integrated three families into my life, replacing a churning restlessness, prevalent for so many years, with an inner peace. Getting there has taken much reflection, hard work and experimentation with different healing paths.

Secondly, a couple of years ago I started the *Australian Journal of Adoption*, hosted by the National Library of Australia, as an online community resource, which I continue to manage in my spare time and at my own expense. The journal provides diverse and quality content for people involved in or affected by adoption – original peer reviewed articles; case studies; policy and program reviews; theses; book and movie reviews. In a recent survey of the readers they highlighted the following two themes as desirable content for future editions: mental health and wellbeing, and ethical and moral issues, as these relate to adoption.

Thirdly, I offer adoptees and their family members a personal forum, through a support group (one of two in Canberra), providing participants with opportunities to listen and understand their own, and other people's, experience of adoption, and their search for meaning and healing.

Through my life story, journal activity and support group experience, I have widened

my world to encompass many perspectives on adoption across time, place, participants and practices. Adoption is a global phenomenon that deeply affects people on a personal and emotional level. After decades of discussion, research and inquiries, coordinated and determined action is needed to address the healing of people affected by past adoption practices. It is within this context that my submission is written.

Background

There is a body of research worldwide showing adoption has a profound longterm effect on the people involved – the children, their mothers and fathers. These effects include emotional trauma, feelings of shame, guilt, loss, unresolved grief, low self esteem, and attachment and identity issues that may lead to mental health issues e.g. depression, anxiety and, in the most extreme cases, suicide.

There is also evidence indicating the number of people affected by adoption in Australia is high, especially if you take into account each adoptee essentially has two sets of parents. A pool of 200 000 adoptees – not an unrealistic number in the Australian context over time – with two sets of parents equates to one million affected people (and this excludes any siblings involved).

Furthermore, although domestic adoptions have declined steadily since their peak in the early 1970s, adoption continues as a practice – and is likely to continue – with a change in trend towards intercountry adoptions, making the majority of adopted babies in Australia today foreign born.

Given the emotional and social effects adoption has on those involved, the large number of people involved and the continuing global practice of adoption (of which Australia is an active partner) I recommend that your inquiry consider the following when *developing a national framework to assist states and territories to address the consequences for the mothers, their families and children who were subject to forced adoption policies*:

A. The framework is guided by the following principles:

1. A national and collaborative approach is needed to support all Australians affected by adoption.
2. The federal government take the lead in coordinating a response to past adoption policies and practices including assistance to the people affected.
3. Recognise that each government jurisdiction and private organisations have different roles, processes and responsibilities with regard to adoption, and that these different roles are acknowledged, respected and utilised in a unified national approach to support people affected by adoption.
4. All governments acknowledge that past adoption practices were, in many instances, not in the best interests of the child, mother or father.

5. All governments recognise that the absence of welfare support for single mothers was a significant factor that disadvantaged and exposed these mothers to adoption practices that were often coercive, manipulative and denied many women human dignity and basic rights at a time when they, and their child, were at their most vulnerable.
6. Acknowledge several players, not only federal, state and territory governments, were involved in past adoption practices which led to single mothers relinquishing their babies. These include hospitals, churches, religious organizations, medical practitioners and social workers, all of whom may have caused suffering to the child, mother and father involved.
7. All Australians affected by adoption have equitable access to appropriate health services.
8. Acknowledge many people affected by adoption may suffer from feelings of shame, guilt, loss, unresolved grief, low self esteem, with likely attachment and identity issues linked to past emotional trauma; as a consequence many may keep their internal suffering or grief a secret and not seek help.
9. Recognize adoption is not a one off-event; it is an ongoing process – some would say a ‘life sentence’ – requiring ongoing support.
10. Acknowledge this is not the first inquiry into past adoption policies and practices and that the committee is aware and take note of the findings of previous investigations by other jurisdictions when shaping their understanding and recommendations.

B. Priority Areas for Collaboration

Priority Area 1 – A National and Coordinated Approach

- 1.1 A Standing Council (e.g. Health) or Select Council (Women’s Issues) of the Council of Australian Governments (COAG) be used to coordinate a national response to address the issues and determine strategies for assisting people affected by past adoption policies and practices.
- 1.2 The federal government consider the delivery of a national apology and encourage other jurisdictions, hospitals and or religious organisations involved in past adoption practices to offer apologies in line with the example set by the Western Australia Parliament and the Royal Brisbane Women’s Hospital.
- 1.3 The federal government facilitate the involvement of experienced and respected persons in the field of adoption to develop a strong and viable program of health services for those who have been affected by past practice.

Priority Area 2 – Training, Assistance and Support

- 2.1 Medical practitioners, counsellors and social workers be given access to specialised training to ensure they are adoption competent (i.e. have the awareness to recognise people suffering from past adoption trauma have special needs; and to equip all practitioners with a skill set to ask the right questions, diagnose symptoms and offer appropriate treatment or therapy.
- 2.2 A funding stream (direct or through a grants mechanism) be made available to train medical practitioners, counsellors and social workers in adoption competency and these funds be available to state or territory agencies and non-profit organisations who deliver adoption services.
- 2.3 Adequate funding be provided to state and territory governments or non-profit organisations for adoption units in each jurisdiction for adoption related services including release of parental birth information for searching adoptees; mediation and reunion assistance for those separated at birth and in line with 2.1 and 2.2 equitable access to counselling by adoption competent practitioners.
- 2.4 Within jurisdictions encourage and support the development of a broad range of help services that includes the role of volunteers and support groups who continue to provide safe havens, offering help through mentoring, coaching and peer support, to people affected by adoption.
- 2.5 All Australians affected by adoption have equitable access to appropriate health services i.e. adoption competent counselling and health services (with Medicare rebates) that support ongoing individual healing.
- 2.6 Aim for national continuity and standards in releasing information and records for those affected by adoption, particularly adoptees who have a basic human right to know who their birth parents are.

Priority Area 3 – Research and Raising Awareness

- 3.1 Research, and funding to support quality research, continues to determine what effects adoption has on the people involved within the adoption triangle and how best to facilitate support and healing for adoptees, siblings, birth parents and adoptive parents.
- 3.2 Implement public education strategies to ensure research findings, quality information and competent practitioners within adoption are made widely known and easily accessible so that Australians affected by adoption are fully aware of the health services available to them and able to choose a health service that meets their individual needs.
- 3.3 Jurisdictions and private organisations are encouraged to raise awareness about adoption and its longterm effects. Any government funding towards National Adoption Week (held in November) be conditional on the delivery of balanced programs depicting the many shades of adoption, including the

responsibilities, sensitivities, challenges and rewards.

- 3.4 The findings and recommendations of this Senate Inquiry are provided to the Attorney General's Department, the responsible agency for intercountry adoption, so that the lessons of the past inform current and future Australian policy and practice on adoption.

Commentary and Conclusion

A national and collaborative approach is needed to support all Australians affected by adoption. With the states and territories responsible for domestic adoption matters only the Commonwealth can facilitate a coordinated and comprehensive approach in partnership with other jurisdictions and organisations. An administrative mechanism, for example, a COAG Council or Select Council, with associated working group, is essential for developing and monitoring a national framework to assist people affected by forced adoption practices.

Adoption has long divided many as to its virtues and vices. Whatever position one takes there is considerable global research and evidence to conclude that the emotional trauma of forced separation at birth has profound effects on mothers, fathers and the children involved. In later life this tends to manifest through ongoing, or episodic periods, of shame, guilt, loss, unresolved grief, low self esteem, attachment and identity issues, all of which may lead to depression, anxiety and even suicide (to name some of the conditions and effects involved).

There may well be people within the adoption triangle (adoptee, birth family and adopted family) who have adapted better than others in being relinquished as a child or having to relinquish (willingly or unwillingly) a child. Future research would be useful to understand how and why these people cope better than others (if indeed they do) so that their strategies and techniques can contribute to the healing programs of others who cope less well. Personally, I have yet to meet or read about someone involved in adoption who has, over the long term, and outside of total denial, said 'giving up my child, or being given up as a child, is the best thing that ever happened to me'. I've yet to meet that person or read their story.

Debate will also continue as to who is potentially to blame for past adoption policies and practices. With so many players involved across time, place, participants, policies and practices no single entity is likely to be branded the sole agent responsible for all the negative aspects of past forced adoption practices. This should not absolve, however, the individual players from making an apology to those adversely affected. This is the least they can do.

I also believe we need to move beyond attempts to find scapegoats or earmark governments and organisations to blame. The focus ought to move to recognising and helping the people adversely affected. The after effects of adoption lie in mental health and other health issues. This should be the focus of the recommendations of this inquiry – providing all Australians affected by adoption with equitable access to appropriate health services. A first step would be to anchor any funding or programs in the health sector and thereafter build adoption competency amongst medical and health practitioners by providing a funding stream that is accessible to governments

and organisations responsible for supplying adoption services. A critical element to equitable access is to ensure these specialised health services are linked to the Medicare system. In developing competency one approach would be to develop a scheme similar to the continuing professional development (CPD) required of health professionals in the nursing sector which is endorsed and accredited by their primary governing authority, The Royal College of Nursing.

Adoption is likely to continue into the future. It's hard to believe it won't be based on ongoing demand and supply i.e. the presence of male and female infertility and the desire among such couples (or same sex couples) for a family of their own and the creative avenues available for arranging a child(ren) of their own, for example, through adoption (principally intercountry adoption), fostering, IVF and/or surrogacy. And this does not imply adoptive parents or new styles of parenthood, past and present, are incapable of being excellent parents – I can attest adoptive parents take on the toughest of challenges and do their best to offer unconditional love and support for their families. These arrangements may, however, come at the expense and cost of someone else i.e. a grieving mother or father who may, usually through economic circumstances, have to relinquish a child and/or a bewildered and confused child who through the act of adoption lose their original identity, language, culture and heritage. The questions then remain: is this outcome a fair exchange for all concerned and are there other avenues offering better long term solutions for these mothers, fathers and children?

Although the terms of reference for this inquiry focus specifically on the consequences of forced adoptions I believe the emotional trauma, and ongoing adverse affects, for mother, father or child is essentially the same whether the adoption is forced or consensual. The trauma people experience today when separated at birth is no different to that experienced in the past. In being human, we cannot divorce ourselves from our innate emotional attachment needs. Separating children from their mothers and fathers at birth is unnatural, traumatic and carries lifetime consequences. For many, particularly those targeted in this inquiry, this event came with the added insult and injury of being coerced or manipulated into doing so. Consequently, it is recommended the findings and recommendations of this inquiry are provided to the Attorney General's Department to ensure the lessons of past adoption practices inform current and future Australian adoption policy and practice.

Research into adoption will continue. There are two current significant research projects about adoption. *The National Research Study on the Service Response to Past Adoption Practices* by the Australian Institute of Family Studies and the *History of Adoption Project* at Monash University, are underway with the expected reports, at least for the former, due in mid 2012. The findings of the above two research projects will undoubtedly contribute valuable insights to this inquiry and I am of the opinion these research projects are more likely to be complementary, adding to the principles and priority areas of this submission, than offering substantive opposing positions. This Senate Inquiry should therefore continue its investigation and not delay its work pending the findings of these research projects. There is sufficient evidence, both past and current, for the inquiry to build an inclusive and workable *national framework to assist states and territories to address the consequences for the mothers, their families and children who were subject to forced adoption policies* to which these research projects can add further value in future.

Thomas Graham

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Essential Reading

Nancy Verrier, *The Primal Wound – Understanding the Adopted Child* (1993)

Coles Gary, *The Invisible Men of Adoption* (2010)

Evelyn Robinson, *Adoption and Loss – The Hidden Grief* (2003)

Julia Rollings, *Love Our Way* (2008)

The online *Australian Journal of Adoption* can be accessed at the following link:

<http://www.nla.gov.au/openpublish/index.php/aja/index>