History and background

A large proportion of the Australian population has been exposed to Australia’s historical adoption practices. Many of them - mothers, fathers, adopted persons and other family members who were directly involved, as well as subsequent partners, children, extended family and later generations – still experience the wide ranging impacts.

In the past, adoption of children of unwed mothers was common. While separation by adoption continues, approximately 150,000 adoptions occurred during the peak period of 1951 – 1971. Unwed pregnant women had little or no choice about what would happen to their babies.

Many of these adoptions were arranged without willing or informed consent, were unethical, dishonest and in many cases illegal and are therefore considered “forced”.

**What did people experience?**

A Senate Committee[[1]](#footnote-1) investigated forced adoption policies and practices in Australia. Their report, tabled on 29 February 2012, described the following practices that predominately took place during the second half of the 20th century:

* Young single pregnant women were often sent away from home to overcome prejudice or judgement from the community.
* Most women were sent to institutions owned and operated by religious and other organisations where the conditions were frequently harsh and abusive.
* The institutions frequently arranged adoptions, but often social workers, and occasionally doctors and nurses, also took ‘consents’ and arranged adoptions.
* Adoption was almost always recommended (‘the right thing to do’). Other options were limited or non-existent.
* Some mothers had their ante-natal medical records marked ‘BFA’ (Baby for Adoption) without any discussion.
* When giving birth, many mothers experienced poor medical treatment, abuse and administration of drugs against their will.
* Parents, boyfriends and fiancés were discouraged, and sometimes barred, from access to the institutions and hospitals to see the mother or the baby and their perspectives and views on adoption were often ignored.
* Babies were generally removed at birth and mothers restricted from seeing their babies despite adoption papers not being signed.
* Babies were often in ‘limbo’ for weeks or even months as adoption processes were finalised.
* Many mothers were manipulated into giving consent to the adoption and incorrectly told that consent could not be revoked. In some instances their signatures were forged or post-dated.
* New birth certificates were issued and adoption records sealed. Legal mechanisms were put in place to prevent contact in later years.
* The separation experience at birth for a mother and her baby was profoundly traumatic for both of them.
* As people attempted to re-build their lives, mothers in particular were strongly discouraged from speaking about their experiences. They were frequently either not believed or blamed for the adoption.
* Adopted people were often not given information about their origins. Some felt either abandoned or that they should be grateful for being adopted. They had to adjust to their separation and loss while integrating new identities and families into their lives. Many were not told that they were adopted and found out as adults, sometimes decades later and in traumatic circumstances.

These practices reflected the ‘clean break’ theory in which a mother and her child were separated as early and as completely as possible. It was understood that the separation caused both of them grief but the level of trauma inflicted was poorly recognised because attachment theory was in its infancy and pre-birth bonding was not well understood. Mothers and their children did not forget their separation experiences. Many adopted people, as children and as adults, struggled with attachment and identity issues and the ongoing adoption impacts were, and continue to be, felt by many others, including their children.

**Impacts**

Adoption has significant personal and psychological impacts. Research conducted by the Australian Institute of Family Studies[[2]](#footnote-2) found that for people affected by past adoption practices:

* Mothers have a higher likelihood of severe mental disorder and Post Traumatic Stress Disorder (PTSD).
* People who are adopted are more likely to experience mental health disorders, poorer wellbeing, higher psychological distress and encounter problems with attachment, identity, abandonment and parenting their own children. In later years, they have sometimes had difficulty acknowledging their role in both their family of origin and their adoptive family.
* Fathers may experience mental health issues and symptoms of PTSD.

Supporting affected people

The Australian Institute of Family Studies research highlights the importance of:

* Validating experiences associated with adoptions as most affected people have lived in silence and have not been able to talk openly and freely about their experiences.
* Understanding that the effects of the separation and adoption experience are real for the people involved and are often ‘triggered’ by subsequent life events (e.g. birthdays, births or deaths within a family).
* Understanding that there may have been complicity by doctors and nurses, and this mistrust and suspicion carries forward into how affected people trust those professions today.
* Doctors, mental health professionals and nurses providing sensitive and appropriate professional services across a range of situations.
* Affected people receiving appropriate therapeutic services, which may include treatment for the trauma they experienced.
* Referrals to adjunct services providing peer support and search and connect services when people are seeking their personal information or wishing to reconnect with their original families.

Large numbers of adoptions were coerced and many were illegal. Even when mothers had little choice or real decision making power, they may not identify their adoption experience as being ‘forced’.

Regardless of when and how the adoption occurred, issues of trauma, loss, identity, attachment, grief and self-esteem are common themes in affected people’s lives today.

**What language is preferred?**

How people affected by forced adoptions are referred to is important. While practitioners should **seek to understand** the client/patient’s preferred description of what occurred, practitioners must remain aware of the power of language and that the terms they use can exacerbate feelings of fear, blame, shame, disassociation and disentitlement.

Written materials should be designed with great care. When working with clients/patients who have a personal experience of separation by adoption, it is respectful to the client to use language with which the client feels safe and comfortable.

Recommended terminology includes:

* **Mother/Father -** Many women who gave birth to children who were subsequently adopted prefer to be known as ‘mothers’ without any qualifying terms like ‘birth’, ‘natural’ or ‘relinquishing’, which may insult or annoy mothers and fathers who had their child removed at birth. The use of the term ‘birth mother/father’ has the effect of denying their status of being a mother or a father and may also be interpreted as limiting their role to that of an incubator.
* **Adopted Person -** Many adults who were adopted as children prefer to be known as ‘adopted persons’.
* **Adoptive parents -** Use this term with great sensitivity. Mothers often feel adoptive parents were complicit in the forced adoption practices and adoptive parents can feel blamed for what happened. Referring to ‘adoptive parents’ in the presence of a mother who had her child removed at birth can be highly traumatising.

**Assistance for people affected by forced adoptions**

On 21 March 2013 the then Prime Minister of Australia offered a national apology ‘for the policies and practices that forced the separation of mothers from their babies, which created a lifelong legacy of pain and suffering’.

On the first anniversary of the National Apology, the [Forced Adoptions History Project](http://forcedadoptions.naa.gov.au/) (http://forcedadoptions.naa.gov.au) was launched. This website is helping raise awareness of forced adoptions issues. It includes the history and effects of forced adoptions, and information about accessing records.

**The website also includes information about the support and advocacy organisations in each state and territory.**

People affected by forced adoption may benefit from the Access to Allied Psychological Services (ATAPS) or Medicare subsidised services. They can also access a range of other mainstream mental health services, including crisis support lines, telephone and online counselling and the virtual clinic, Mindspot.

You can find more information about specialist support services for people affected by forced adoptions at the [Department of Social Services website](http://dss.gov.au/forcedadoptionsupportservices) (http://dss.gov.au/forcedadoptionsupportservices).

1. [*Senate Community Affairs References Committee Report, Commonwealth Contribution to Former Forced Adoption Policies and Practices, February 2012*](http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Completed_inquiries/2010-13/commcontribformerforcedadoption/report/index) *http://www.aph.gov.au/Parliamentary\_Business/Committees/Senate/Community\_Affairs/Completed\_inquiries/2010-13/commcontribformerforcedadoption/report/index* [↑](#footnote-ref-1)
2. [*Past Adoption Experiences: National Research Study on the Service Response to Past Adoption Practices*](http://www.aifs.gov.au/institute/pubs/resreport21/index.html) *http://www.aifs.gov.au/institute/pubs/resreport21/index.html*  [↑](#footnote-ref-2)