



Past adoption experiences

National Research Study on the Service Response to Past Adoption Practices

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Please note

Some of the content in this report contains information that may cause distress to the reader.

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Executive summary

The practices in Australia around the permanent transfer of parental legal rights and responsibilities from a child's birth parent(s) to adoptive parent(s) have varied over time. The Australian Senate noted in their report on the Commonwealth Contribution to Former Forced Adoption Policies and Practices (Senate Community Affairs References Committee, 2012; "the Senate Inquiry") that "adoption as it is now understood is a peculiarly twentieth century phenomenon" (p. 3).

Not only have adoption practices in Australia undergone considerable change, so too have society's responses to pregnancies outside of marriage and single motherhood. Until a range of social, legal and economic changes in the 1970s, unwed (single) women who were pregnant were encouraged—or forced—to "give up" their babies for adoption. The shame and silence that surrounded pregnancy out of wedlock meant that these women were seen as "unfit" mothers. The practices at the time, called "closed adoption", were seen as the solution. "Closed adoption" was where an adopted child's original birth certificate was sealed forever and an amended birth certificate issued that established the child's new identity and relationship with their adoptive family.

Given the prevalence of adoption in Australia in the second half of the twentieth century—particularly in the 1960s and early 1970s—a significant proportion of the population has had some experience of or exposure to issues relating to adoption.

The rationale for conducting the current study—the National Research Study on the Service Response to Past Adoption Practices—is to improve the adequacy of the evidence base for understanding the issues and the needs of those affected.

Despite there being a wealth of primary material, there has been little systematic research on the experience of past adoption practices in Australia. The focus has also been on mothers' experiences of "forced adoption" and the experiences of adoptees, with less focus on fathers, adoptive parents and other family members.

The Department of Families, Housing Community Services and Indigenous Affairs (FaHCSIA) commissioned the Australian Institute of Family Studies (AIFS) to undertake the current study on behalf of the Community and Disability Services Ministers' Conference (CDSMC). It complements the Senate Community Affairs References Committee (2012) inquiry into the Commonwealth Contribution to Former Forced Adoption Policies and Practices. The Senate committee was charged with inquiring into the role, if any, of the Commonwealth Government in forced adoption practices, and its potential role in developing a national framework to address the consequences for mothers, their families and children who were subjected to forced adoption policies. Although our study includes participants with experiences of forced adoption, it includes perspectives from all people potentially affected by past adoption practices (adopted persons, mothers, fathers, adoptive parents, other family members) and service providers, and relates to the full range of adoption circumstances, not just experiences of force/coercion.

Although the Senate Inquiry's terms of reference were focused on the experience of forced adoption and the role of the Commonwealth in these practices, the report of the Senate Inquiry (2012) also provided a number of insights into the experience of trauma, and how those affected can best be served. The report highlighted the "ongoing nature of the trauma caused by forced adoption, and the consequent need for counselling" (p. 219). Due to the complexity of grief, a consistent theme was the need for specific counselling services by well-trained and experienced

professionals. In particular, the Senate Inquiry acknowledged that it was “not aware of any research comparing the effectiveness of trauma counselling by trained professionals and the support provided by members of peer support groups” (p. 232). One of the strengths of the current study is its systematic examination of the kinds of support and professional services received by affected individuals, and the identification of those that were seen as being the most helpful.

Aim

The key focus of the study is to improve knowledge about the extent and effects of past adoption practices, and to strengthen the evidence available to governments to address the current needs of individuals affected by past adoption practices, including information, counselling, search and contact services, and other supports.

The main objectives for this study are to:

- examine experiences of past adoption practices as they relate to the current support and service needs of affected individuals;
- consider the extent to which affected individuals have sought support and services, and the types of support and services that have been sought;
- produce best estimates of the number of mothers and children currently living in Australia who were affected by past adoption practices; and
- analyse the findings and present information from the study that could be used in the development of appropriate service responses, including best practice models or practice guidelines for the delivery of supports and services for individuals affected by past adoption practices (such as “what works” to assist with the reunion process).

Method

The methodology of the study was to conduct a series of large-scale quantitative surveys and in-depth qualitative interviews with those affected by closed adoption in Australia, as well as to engage with representative bodies, service providers and relevant professionals, including psychologists, counsellors and social workers.

The study has targeted a wide group of those with past adoption experiences, including: mothers and fathers separated from a child by adoption, children who were adopted, adoptive parents, wider family members (to look at the “ripple effects”), and those servicing their current needs (counsellors, psychiatrists, psychotherapists, psychologists and other professionals).

It has incorporated a mixed-methods approach comprising online surveys and reply-paid hard copy surveys, followed by in-depth interviews and focus groups with a sub-component of the survey respondents. Results were integrated across the two data collection methods, and build on existing research and evidence about the extent and effects of past adoption experiences.

Participants

Survey respondents ($n = 1,528$) comprised:^a

- 823 adopted individuals;
- 505 mothers;
- 94 adoptive parents;
- 94 other family members; and
- 12 fathers.

In addition, we surveyed 58 service providers about their views on the current needs and service provision models for those affected by past adoption practices.

^a Terminology used to describe study participants is discussed in detail in Chapter 2. For the purposes of this report, the terms “mother” and “father” refer to the biological parents except where clarity is needed to distinguish between both sets of parents. In this instance, the terms “birth” and “adoptive” parents are used; however, we acknowledge the sensitivities relating to the use of this language.

Follow-up individual interviews and focus groups included over 300 participants, in 19 locations, across all states and territories.

Key findings

Most participants in this study were adamant about the need to provide as much information as possible about their past experiences in order for us to adequately understand their current service and support needs. This is reflected in our decision to present the findings using a narrative approach to describe the journeys undertaken by participants, thereby providing appropriate context and meaning to the study's conclusions.

Mothers

The experiences of the mothers who participated in this study would suggest that the long-term effects of past adoption practices cannot be understated. Mothers described a range of areas where practices relating to their experience of adoption continue to affect them now, including:

- the birth process;
- differential treatment from married mothers;
- experiences of abuse or negligence by hospital and/or maternity home staff;
- administration of drugs that impaired their capacity;
- lack of the ability to give or revoke consent;
- not being listened to about their preferences; and
- being made to feel unworthy or incapable of parenting, particularly from authority figures.

These experiences have left many feeling they were the victims of a systematic approach to recruiting “undeserving mothers” for the service of deserving married couples. There were very few birth mothers in the study who felt that the adoption was their choice.

The most commonly identified contributing factors to their child's ultimate adoption were family pressure and/or lack of family support, and mothers often talked about emotions such as grief, loss, shame and secrecy surrounding their experiences.

Mental health and wellbeing measures used in the survey indicate a higher than average likelihood of these mothers suffering from a mental health disorder compared to the general population, with close to one-third of the mothers showing a likelihood of having a severe mental disorder at the time of survey completion.^b Mothers rated lower quality of life satisfaction than the Australian norm, and over half had symptoms that indicate the likelihood of having post-traumatic stress disorder. These findings have significant implications for the workforce development requirements of those likely to be in contact with mothers affected by past adoptions, including primary health providers and those working in the mental health field, such as psychologists, psychiatrists and psychotherapists.

Around one-quarter of the mothers said that they had not had any supports to help them deal with the separation from their child, or with the process of search and contact. Mothers identified that the most common form of support they had received in relation to their experiences was from their friends; however, support from professionals/services was also commonly received by mothers, from psychologists or psychiatrists, support groups, social workers or counsellors, and registered search/support organisations. These supports were most commonly viewed as being helpful.

Mothers commonly identified the effective and enabling characteristics of such services as being:

- accessibility;
- affordability;
- flexibility in the modality of services provided;

^b As with all cross-sectional research, our methods do not allow us to determine whether these higher rates of mental health problems can be attributed to their adoption experience, or to other factors.

- sensitivity to the particular needs of mothers separated from children by adoption; and
- staffing by trained professionals with an in-depth understanding and level of experience in trauma and other related issues commonly experienced by the mothers.

The majority of mothers (85%) had had some form of contact with their son/daughter from whom they were separated, and almost two-thirds of these respondents indicated that they had been able to establish an ongoing relationship. For some, their needs had been met simply through the connection with their son/daughter. Qualitative accounts, however, emphasised the difficulties associated with the establishment of new relationships and the need for ongoing assistance for both themselves and their son/daughter to more effectively manage this evolving and complex connection.

Mothers consistently identified six key areas that reflect their current service and support needs:

- validation of their experiences—that what happened to them happened;
- acknowledgement of their experiences through broader community and professional education and awareness;
- restitution through acknowledgement of the truth;
- access to information;
- access to services both for mental and physical health, and for search and contact; and
- a “never again” approach so that society will learn from its mistakes from past practices around closed adoption in Australia.

These themes are consistent with the findings of the Senate Inquiry.

Persons who were adopted

As the largest proportion of participants in this study, the views and experiences of persons who were adopted have provided some key understandings as to their current service and support needs. The findings indicate that the complexities of the issues identified by this respondent group require careful consideration within the context of the service and support options that are currently available. The longer term effects of adoption (both positive and negative) are significant for many adoptees in this study, reflected no more clearly than through their levels of participation in the research.

One of the most significant findings within this respondent group appears to be that, regardless of whether they had a positive or more challenging experience growing up within their adoptive family (roughly equal proportions of each participated in this study), most participants identified issues relating to problems with attachment, identity, abandonment and the parenting of their own children.

Compared to Australian population estimates, adoptees responding to our survey had lower levels of wellbeing and higher levels of psychological distress, and almost 70% of adoptee survey respondents agreed that being adopted had resulted in some level of negative effect on their health, behaviours or wellbeing while growing up. These negative effects included:

- hurt from secrecy and lies surrounding their adoption and subsequent sense of betrayal;
- identity problems;
- feelings of abandonment;
- feeling obligated to show gratitude throughout their lives;
- low levels of self-worth; and
- difficulties in forming attachments to others.

Some of these issues became more poignant when the adoptee had his/her own children, which in itself is an area for consideration in relation to the focus of current support needs.

For those study participants who were subjected to abuse and neglect by their adoptive families, the mental and physical health issues that result from such traumas may require urgent access to intensive, specialised and ongoing supportive interventions.

Seeking information about themselves and family members from whom they were separated was a strong feature in this study for adopted individuals, particularly as this process relates

to the formation of identity. Over 60% of participants had had some form of contact with their mother, and 45% of those participants described a relationship that was ongoing; however, only around one-quarter of participants had had contact with their father (around half of whom said they had an ongoing relationship).

Barriers to finding information about families of origin included:

- navigation of complex systems that hold identifying information, particularly for those living in a different state to where they were born;
- costs associated with accessing information;
- inconsistent and sometimes unreliable information provided by departments/institutions;
- feelings of divided loyalties and subsequent guilt for initiating the search process; and
- contact and information vetoes having been placed by birth parents.

Further complexities arise for those who do not discover that they are adopted until late in their lives, as well as for those whose adoptions were not formalised (such as a private arrangement where the child was placed with another family without any legal processes). These individuals are often faced with having absolutely no information about themselves and where they have come from. Late-discovery adoptees may experience significant emotional damage as they find themselves contemplating a life that has been based on lies and deception, no matter how well-intentioned their adoptive families may have been in keeping the adoption secret.

Service utilisation was common among adoptees in the study; in most instances they used psychologists or psychiatrists, adoption support services, or social workers or counsellors. Emotional support was the most frequently sought type of support by adoptees, and more than half of those who had utilised such services had found them to be helpful.

Key service needs identified by adoptees who participated in our study related to the provision of:

- free access to information—original birth certificates and medical/genetic histories (irrespective of contact and information veto status in this instance);
- search and information policies, processes and systems that are uniform across states/territories, preferably managed through a national, centralised system;
- acknowledgement and recognition of the effects of adoption as the living examples of past policies and practices;
- public awareness and education about the effects of adoption, including among broader health and welfare professionals;
- support (and financial assistance) for search and contact, such as Find and Connect services; and
- ongoing counselling and wellbeing support, which recognises that the effects of adoption can be lifelong and may be triggered at any time.

Adopted persons in the study identified the characteristics of services (including those offering search and contact as well as psychological/emotional support) that would enhance their utilisation as being:

- accessibility;
- affordability;
- ease of navigation;
- provision of ongoing (including follow-up) services;
- offering a variety of options to suit differing needs (such as a range of peer support groups and more intensive one-to-one support interventions);
- staffing by professionals with specific training and experience in working with those affected by adoption; and
- availability of mediators/case managers to facilitate the process of search, potential contact and the subsequent outcomes.

Fathers

The limited level of participation by fathers separated from a child by adoption ($n = 12$) in the current study is in itself, an indication of the need for further and more targeted research with this respondent group. As a particularly hard-to-reach population, specific and assisted recruitment strategies are necessary to further our knowledge and understanding of the broader effects of past adoption practices on fathers, particularly given that the research conducted to date indicates that this group already feels as though they are rarely considered in the broader discourse associated with past adoption practices in Australia (see Coles, 2009; Passmore & Coles, 2008).

Fathers who did participate in the research, however, provided substantial insight into their experiences, which are perhaps reflective of what many other fathers would have also experienced. Unfortunately, such a small number of respondents in this study does not allow us to generalise any of the findings.

These study participants told us that they were never asked or had no rights or say in the decision for their son/daughter to be adopted. However, they said that they had wanted to have a say in what happened with regard to adoption, and many wanted to keep the baby. Very few of them had support at the time of the pregnancy and birth, and very few have had support since.

Most of these fathers had actively sought contact with their child ($n = 9$), and 10 had had contact (one father was contacted by their child). Of these, most had an ongoing relationship with their son/daughter, which in general appears to have had a positive effect on both themselves and their families.

An interesting and important finding within this sample is that one-third were likely to have a mental health issue, and almost all of them showed some symptoms of post-traumatic stress. This is an area that requires further investigation to establish the ongoing mental health needs of fathers separated from a child by adoption.

Fathers in this study identified their current needs as being centred on:

- having increased information and understanding within the broader community of what happened and why; that is, past adoption practices and fathers' ultimate lack of inclusion/control over any decision-making processes relating to the adoption of their child; and
- the availability of specialised support for all people who have been damaged by what has happened and, specifically, services that are targeted at identifying and encouraging utilisation by fathers who are as yet to speak of their experiences and associated impacts.

Adoptive parents

Many of the comments from the adoptive parents in the study reflect the broader society's attitudes towards adoption in the 1960s and 1970s, which "encouraged" adoption as a way of addressing infertility (Higgins, 2010). Many stated that they were giving a loving home to a child who would have otherwise been left to institutional care, that the adoption of their son or daughter addressed their need and the need of the mother to have someone take her child. In contrast to the mother's experience of the adoption, most adoptive parents were completely satisfied with the adoption process at the time.

Service utilisation was low within this sample, with many more likely to rely upon the support of their spouses and friends for any issues relating to their adoption experience. Mental health and wellbeing measures used in the study show that the adoptive parents who participated are faring well compared to other respondent groups (particularly adoptees and mothers), and these results are within general population norms. However, many of the adopted individuals (and some mothers) who participated in the study indicated that support for the adoptive parents was in fact a current area of need. The areas of support adoptees suggested ranged from acknowledging the grief suffered by adoptive parents as a consequence of their infertility, to developing better strategies for managing the complexities of their child's contact with the families of origin.

Adoptive parents had mixed views about their sons/daughters attempting to make contact with birth parents. The issue of divided loyalties, as it relates to the adoptees' search and contact process, in many ways contrasted with the views held by the adoptive parents. Some adoptive parents felt that their son/daughter's contact with birth family members had contributed to the demise of their relationship with their child, whereas others felt that it had enriched their lives through the expansion of their family unit.

There were few current service needs identified by the adoptive parents in this study. They did not consistently identify needs for themselves, but rather were focused on search and contact services for their sons/daughters, as well as assistance for them in finding out information, such as medical histories.

Other family members

The ripple effects through families are indeed evident from the information provided by the study respondents. A diverse range of relatives completed the survey for those affected by the adoption experiences of a relative (including siblings of the persons adopted, spouses of mothers, and subsequent children of mothers). There was also a range of experiences with the search, contact and reunion with their relative and the family of origin, some of which resulted in a positive effect on relationships, while others were negative.

Although the majority of the relatives had support, most believed that there needs to be facilitated access to support (counselling and therapy) for themselves and their relatives regarding the issues arising from adoption. Other needs include assistance with contact/reconciliation with the "lost" relative, a provision of the facts regarding the adoption, and improved access to information about the family of origin (such as medical histories).

In general, other family members had been adversely affected by the adoption experience (although a few did express positive experiences). Most talked about the ways in which they would benefit from access to support to deal with issues arising from past adoption experiences, including obtaining information, making contact, having peer support, and expanding community awareness, understanding and contrition.

Service providers

The feedback from the service providers corroborated what mothers and adoptees told us about their experiences of accessing services. The predominant issue was that there were not enough services, and when they were available, the professionals were often not knowledgeable about adoption-specific issues. Furthermore, many clients were not aware of the services available, and those who were aware often found that the cost of the services made long-term involvement prohibitive.

The strongest message from the service providers was the need for support for counselling—financial support to assist people affected by past adoption experiences to afford counselling, as well as training support to assist in the development and cost of training counsellors in adoption-specific issues. One respondent suggested implementing a model similar to Find and Connect, which is a service developed to address the needs of people who have been in out-of-home care as children, whether as Forgotten Australians^c or child migrants,^d and which has a special search unit for difficult cases.

Respondents supported the development of a system-wide network that can connect clients with services, and support services with other related services. Furthermore, search and reunion

c Forgotten Australians are adults who spent a period of their childhood or youth in children's homes, orphanages and other forms of out-of-home care, up to 1989. At least 500,000 children grew up or spent long periods in this institutional care system in the 20th century, which was the standard form of out-of-home care in Australia at the time.

d Former child migrants are adults who were sent to Australia as children as part of inter-governmental child migration schemes in the period following World War II (up to the 1970s), and who were subsequently placed in homes, orphanages and other forms of out-of-home care. It is estimated that around 7,000 children were sent to Australia from the United Kingdom and Malta under these schemes, of which about 6,700 were from the United Kingdom.

organisations advocated for a better relationship with government agencies to assist in the sharing of information.

Strengths and limitations of this study

A significant limitation of the study is that the data were collected from a self-selected sample as there is no identified database or other sampling frame from which to randomly invite people to participate. Therefore, we cannot say with confidence that our findings are representative of all people who have experienced closed adoption in Australia, particularly for the findings about fathers, given the very small numbers ($n = 12$) who participated in the study.

One of the original aims of the study was to attempt to produce the best possible estimates of the number of parents, adoptees and adoptive parents/family currently living in Australia who are affected by past adoption practices. However, the self-selected sample of study participants and lack of available sources from which to extract such information has prevented us from producing a reliable estimate. From the information that we do have from the Housing, Income and Labour Dynamics in Australia (HILDA) survey, we can conclude that the number of affected people is a significant proportion of the Australian population (around 200,000).

Nevertheless, there are numerous strengths to the present study that mean the data will be a reliable source of information on the experiences and current needs of Australians affected by past adoption practices—most particularly the large number of respondents ($n = 1,528$), representing a small, but still significant, proportion of Australians currently alive who are likely to have been affected by closed adoption that took place from the mid- to late 20th century.

Our hope is that the rich detail provided of individuals' journeys through the period of closed adoption in Australia, the issues they now face, and how services and supports could be better targeted, is reflective of the variety of perspectives that were shared with us.

Summary of key conclusions

Key needs and priority actions

Across the various respondent groups, despite the range of views and issues raised, there are some important areas where the majority of participants aligned in identifying the needs and priority actions for responding to the ways in which closed adoption has affected their lives. These included:

- acknowledgement and recognition of past adoption practices (including the role of apologies and financial resources to address current service and support needs);
- raising community awareness of and education about past adoption practices and their subsequent effects;
- specialised workforce training and development for primary health carers, mental and broader health and welfare professionals to appropriately respond to the needs of those affected;
- review of the current search and contact service systems, with a commitment to develop improved service models;
- improved access to information through the joining of state and territory databases, governed by a single statutory body;
- improved access to and assistance with costs for mental, behavioural and physical health services; and
- ensuring that lessons from past adoption practices are learned from and translated where appropriate into current child welfare policies, and that adoption-specific services are created or enhanced to respond to the consequences of past practices.

Specific service and support options

Direct services and supports

Direct services and supports relate to a continuum of care that recognises the importance of appropriate and targeted responses at all levels of engagement; from the first point of information-seeking, to the lifelong need by some people to “move in and out of” varying levels of support. The service options identified, based on the experiences and expressed needs of participants in this study, include:

- 24-hour access to advice, support, information and referral services;
- availability of peer support groups, featuring a diversity of options for delivery;
- adoption-specific support services (post-adoption support), offering a “one-stop shop” for accessing information, search, contact and ongoing support/referral to appropriate professionals;
- availability of professional one-to-one support/counselling/therapeutic interventions, delivered by psychiatrists, psychologists, psychotherapists and other professionals who have had specialised training or experience in adoption-related issues, such as trauma, relational interactions, attachment and abandonment;
- priority access to medical, psychiatric and psychological services to address the physical and psychological health consequences of their adoption experience;
- availability of professionals to support other family members; and
- availability of primary and allied health services professionals who are trained to understand the potential effects of adoption on their service users as it relates to accurate and appropriate diagnosis and referral to appropriate support interventions.

Information and resources

Information and resources identified by study respondents that would help facilitate broader public and professional awareness include:

- publications that explain the history of adoption, the common reasons for adoption and the common emotional outcomes;
- a series of short, easy-to-read and well-presented fact sheets on key aspects of the issue (such as the mothers’ experiences, the adopted persons’ experiences, the adoptive parents experiences, other family members’ experiences, how to find information about your birth family, and so on);
- information resources for wider family members, with advice on how to best support their loved one who is affected by adoption;
- a booklet that contains stories of people affected by past adoptions—in their own words—that gives insight into a variety of experiences, and that could be distributed widely in doctors’ waiting rooms and the like; and
- a comprehensive website about adoption.

Key features of good practice

Our study suggests that “good practice” should involve implementing improvements to service provision through information delivery, search and contact services, and other professional and informal counselling and supports.

- Good information services (including identifying information and access to personal records):
 - are delivered by trained staff;
 - are provided through websites, moderated interactive sites (“chat rooms”) and/or 24-hour phone lines;
 - are provided with sensitivity to the needs of those seeking it (confidentiality, discretion, language used, etc.);
 - are relevant to the “stage of the journey” of individuals; and
 - have a range of support levels (e.g., access to support person onsite and in follow-up).
- Good search and contact services:
 - enable access to counselling and ongoing support during the search and contact journey;
 - use an independent mediator to facilitate searching for information and exchanging information; and
 - address expectations before contact is made and provide ongoing support afterwards.
- Good professional and informal supports:
 - incorporate adoption-related supports into existing services (such as services funded by the Australian Government’s Family Support Program, Medicare-funded psychological services or other state/territory-funded programs);
 - provide options for both professional and peer supports; and
 - address trauma, loss, grief and identity issues.