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Discovering what works for families

Providing care and support to individuals with a forced adoption experience

KEY CONSIDERATIONS

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This resource is for health and community service professionals. In the course of your work you may see clients who have been affected by forced adoption. This resource provides a brief overview of forced adoption and describes how the experience may affect an individual and the way in which they use your service. It offers some reflections on how to work with clients with a forced adoption experience and provides links to further information and training. This document does not address contemporary adoption practices. This resource is not a substitute for undertaking recognised training in working with people with a forced adoption experience or training on providing trauma-informed care. Information on training and specialist services is available at the end of this document.

What is 'forced adoption'?

Adoption is now relatively uncommon in Australia but between the 1950s and the 1970s adoption rates were much higher. For example, in the year 1971/72 there were 9,798 adoptions in Australia (Australian Bureau of Statistics [ABS], 1998), compared to 310 adoptions in the year 2018/19 (Australian Institute of Health and Welfare [AIHW], 2019). Adoption was routine for young, unmarried mothers, and the babies were commonly adopted out to married couples who had been unable to conceive. This was seen as 'solving the problem' of infertility for the married couple and the illegitimacy of the child (Higgins, Kenny, & Morley, 2016). However, many of these adoptions were carried out without the consent of the baby's parents or under coercion. These coerced adoptions or adoptions without consent are now commonly termed 'forced adoption'.

A range of institutions and agencies, including maternity homes, hospitals and adoption agencies, were involved in forced adoption. In many cases, doctors, nurses, social workers and religious organisations led or were involved in the forced adoption process (Higgins et al., 2016; Senate Community Affairs Reference Committee, 2012). The parents of the pregnant mother and her partner were also often complicit in the forced adoption process (Higgins et al., 2016).

A national research study undertaken on past adoption practices (Kenny, Higgins, Solof, & Sweid, 2012) and a Senate inquiry into forced adoption (Senate Community Affairs Reference Committee, 2012) found that many young women were 'sent away', spending their pregnancy in a maternity home, or staying with friends or relatives because of the stigma and shame of being pregnant outside of marriage. These women have reported being poorly treated by medical professionals at the time of the birth.

There were also a range of practices designed to prevent unmarried mothers from keeping their babies: these included women being given high doses of sedatives, not being allowed to see their babies, being told the baby had died or not being informed of their right to keep their babies (Kenny et al., 2012; Senate Community Affairs Reference Committee, 2012). Fathers were also frequently excluded from decision-making processes and were rarely named on original birth certificates (Kenny, Higgins, & Morley, 2015).

The babies who were removed did not always go to an adoptive placement. Some children spent time in institutions. When the children were adopted, some placements were unsuitable and some adopted persons have reported being treated badly or being abused in their adoptive homes or in institutions (Senate Community Affairs Reference Committee, 2012).

An Australian Senate Committee Inquiry into forced adoption found that the mothers who had been coerced into relinquishing their babies experienced 'systematic disempowerment' throughout their pregnancies (p. 44). A national research study undertaken into past adoption practices found that the practices of forced adoption were 'unethical, immoral and often illegal' (Higgins et al., 2016, p. 3). In 2013, the prime minister Julia Gillard apologised, on behalf of the Australian Government, to people affected by forced adoption.

How people are affected by forced adoption

The forced separation of parents and children (Kenny et al., 2012) impacts both the parents and children involved. However, it can also 'ripple out' to affect the families and children of adoptees, adoptive parents and their families and the extended families of everyone involved (Kenny et al., 2012). It has been estimated that one in 15 Australians have been affected in some way by past adoption practices (Kenny et al., 2015).

Not everyone with a forced adoption experience has or will experience negative effects on their health and wellbeing. However, there are many people whose emotional and psychological wellbeing has been affected by forced family separation. Although people experience the after-effects of forced adoption differently, the effects can be traumatic and long lasting. Some of the more common negative emotional effects (Kenny et al., 2015) include grief and loss, mental health impacts and trauma responses, such as post-traumatic stress disorder. Most research has looked at the experiences of mothers and their adopted children; however, a national research study on past adoption practices (Kenny et al., 2012) found that while mothers and adopted persons reported mental health problems and negative impacts on their mental health and wellbeing, one third of fathers in the study also had poor mental health and many showed some symptoms of post-traumatic stress.

Other family members, such as siblings of adopted persons, the partners of mothers and the mothers' subsequent children reported that they had been adversely affected by the adoption experience, although this was not universal (Kenny et al., 2012). Adoptive parents in the national study reported fewer negative effects, with many of them viewing the adoption experience as having a positive impact on their lives.

What this means for you and your service

Given the high numbers of people affected by forced adoption practices, it is likely that you will come into contact with people with a forced adoption experience in the course of your work. People affected by forced adoption may experience distress and are at risk of retraumatisation accessing services due to their past experiences. They may struggle to feel safe and to trust individuals, services and systems.

Understanding the history and experiences of forced adoption and applying trauma-informed principles that promote empathy and understanding are likely to result in a better experience for, and better-informed response to, people with a forced adoption experience accessing your service.

Forced adoption and trauma

Research and practice suggest that all clients with a forced adoption experience should be approached as trauma survivors (Kenny et al., 2015). Trauma commonly produces feelings of fear, vulnerability and helplessness (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014a). These feelings can be readily triggered through seemingly minor and unrelated experiences, including the physical environment and processes and procedures that are common practice in health and community services.

Although some situations or procedures may be more likely to cause distress than others, it is difficult to predict the impact of a practice or procedure on a person who has previously had traumatic experiences (including forced adoption experiences) (SAMHSA, 2014b). Different people may be triggered by different practices depending on their experience of forced adoption and its impacts, as well as their life experiences and culture. Similarly, different people are likely to have different reactions to a situation or process they find distressing. People with experiences of prior trauma are often primed for additional stress. As with other trauma responses, these reactions could include fight, flight or freeze reactions. Signs of trauma may manifest differently in people due to age, gender, trauma experience, setting and environment (SAMHSA, 2014a). What is important is to be alert to the possibility of trauma and trauma reactions.

Retraumatisation is also a risk for previously traumatised people. Retraumatisation is a feeling that the present situation is as unsafe as the past trauma or a feeling that the past trauma is recurring and this can worsen the symptoms of trauma (SAMHSA, 2014a). It is possible for services to reduce the likelihood of retraumatisation and trauma responses by implementing trauma-informed principles.

Forced adoption experiences may affect the ways people access and use services

A forced adoption experience may affect whether or not people seek support from health and community services (including services specifically for people who have experienced forced adoption). It can also affect how they feel or engage when they do present at health and community services.

For some people with a forced adoption experience, attending a health or community organisation could bring up memories or feelings associated with the forced adoption experience. They may feel unsafe and find it difficult to trust any service. For example, parents separated from their children by forced adoption have expressed fear about the prospect of moving to aged care (Ipsos, 2019). People may be reluctant to use health or social support services because workers from those professions might have been involved in their past forced adoption experiences. When people do use these services, they might be uncomfortable, distressed or anxious with staff, or be readily triggered.

The reasons people might seek help from particular services might also be a direct or indirect result of their forced adoption experience. Many people who have experienced trauma experience substantial impacts on their mental and physical health (including chronic health conditions). Some may have had their education and work prospects disrupted, may be welfare dependent and may struggle to find stable housing. Some people have adopted coping strategies that, although protective at first, can have negative effects on their health and wellbeing over time. For example, substance use, overeating, engaging in high risk behaviours or aggression (SAMHSA, 2014a).

It may not be evident that some of these presentations are a strategy the survivor has adopted to cope with the distress of their trauma. Trauma survivors themselves may not have connected the impacts of their trauma or their coping behaviours to their trauma experience. People may also not feel comfortable disclosing their experiences of forced adoption to others. People may present at services for reasons that might not be understood by either themselves or by health or community service workers as related to their forced adoption experience. People may also present at services for reasons unrelated to their experience of forced adoption but their experience of using the service might still be affected by it.

What you can do

The information below contains some basic principles that professionals and services can reflect on when working with clients who have experienced forced adoption. These are organised into three areas: physical environment, individual practice, and organisational governance and processes. Most recommendations for working with people with a forced adoption experience are consistent with the recommendations for working with people who have been affected by other types of trauma. Many service providers and practitioners are likely already employing some of these principles as part of standard ethical practice, in which case these principles can act as prompts to reflect on and strengthen existing practice.

The principles are synthesised from research on forced adoption undertaken by the Australian Institute of Family Studies as well as from trauma-specific resources by the Blue Knot Foundation. Although these provide preliminary information and guidance on good practice, they are not a substitute for undertaking specific training in trauma-informed care or in how to better work with people with a forced adoption experience.

Physical environment

Consider the physical environment

Sensory reminders of a traumatic event such as noise, smell, physical sensations or the visual environment can cause clients with a trauma experience to be triggered or be retraumatised (SAMHSA, 2014a). Medical and dental examinations can be especially triggering. Even being in a small room with the door closed can potentially cause distress or retraumatisation in some individuals. Applying the practice principles below, in particular maximising choice and control for the client, can help clients feel safe. Feedback from clients about the physical environment of your service can be used if you have scope to make changes.

Individual practice

Learn about forced adoption and trauma

All professionals would benefit from learning about trauma and its effects, including training in working with people with a forced adoption experience. This will give contextual background for the client's presenting issues (Kenny et al., 2012), enhance the client's experience and spare them from having to 'train' professionals on the effects of forced adoption (Kenny et al., 2015).

Recognise that you might not know that your client has a forced adoption experience

Many people affected by forced adoption do not feel comfortable disclosing their adoption experience for a multitude of reasons. This can include feeling they will not be believed, that they will be judged, that their experience will be minimised or feeling unsure about whether what they are going through is related. Even if your service has an intake and assessment process that explicitly asks about trauma experiences, it can be difficult to identify clients who have experienced trauma (SAMHSA, 2014b).

Recognise the diversity of forced adoption experiences and trauma coping strategies

Forced adoption survivors are a diverse group and are likely to have different individual needs. Coping strategies such as substance use or aggression should be seen as the trauma survivor's best attempt to cope with their trauma experience. Some of these strategies may have been effective as a mechanism to cope with trauma in the past even if they are less effective in the present (SAMHSA, 2014a).

Reflect on your use of language to describe adoption practices

There are sensitivities in the terms that are used to describe forced adoption practices and people affected by forced adoption. It is difficult to find language that is acceptable to everyone. Some terms are listed below, but people may have different preferences. As many practitioners will know, it is best to mirror the language used by the client wherever possible. If you are unsure it can be a good idea to ask the client what they prefer. Some of the preferred terms when discussing forced adoption, and some terms to avoid, are listed below.

- 'Mothers and fathers': people whose children were removed are best referred to simply as 'mothers' rather than using any qualifiers. For example, the term 'birth mother' can be seen as a more limited role than 'mother'.
- 'Adopted person': as people who were removed as babies are now adults, the term 'adopted person' or 'adoptee' is a better choice than 'adopted child'.
- 'Adoptive parents': this term should be used with sensitivity and care as mothers whose babies were removed may find it upsetting to hear any reference to adoptive parents, their needs, or their role in the life of a person subjected to forced family separation.
- 'Forced adoption' and 'removal policies and practices' are preferred to terms such as 'relinquishment' because many parents did not agree to the adoption of their child or were coerced.

Strengthen collaborative approaches that respect the client's experience

Sharing power between service users and professionals is an important component of trauma-informed care (Kezelman & Stavropoulos, 2012). Many clients will have been living with and managing their issues independently, sometimes for many years (Kenny et al., 2015). Reflect on how you honour and listen to the expertise of clients. Are there opportunities to increase or strengthen the decisions made in partnership with your clients? It can be helpful to work from a frame of shared decision making.

Maximise choice and control for the client

Trauma involves powerlessness, and many people with an experience of forced adoption often had no say in what happened to them. Ensuring that clients have opportunities to exercise choice and control is important wherever possible. Clients should be able to choose the services they receive and when, where and how they receive them, as well as make smaller decisions, such as how they would prefer to be contacted (Kezelman & Stavropoulos, 2012). Clients should also be informed about the processes in place for them to provide feedback and make complaints (Kenny et al., 2015). These principles need to inform practice right across the service. Professionals who are already practising in this way can support changes to areas of the service where this could be strengthened (e.g. reception, intake, pathology services).

Reflect on consent processes and procedures

All tasks, including intake, assessment and referral tasks as well as any procedures or requirements should be fully and clearly explained. This includes 'what will be done, by whom, when, why, under what circumstances' and for what purpose (Kezelman & Stavropoulos, 2012, p. 24). While many practitioners will be doing this already, an orientation of continual improvement and learning can help you reflect on how you are informing clients about processes and procedures. Are there opportunities to provide clients with more information? Are you being open and transparent? Are there other areas of the service (e.g. reception, intake) where client experience could be improved? Are client consent processes undertaken consistently?

Organisational governance and processes

Review your service's involvement in forced adoption practices

If your service was involved in forced adoption practices in the past, this should be acknowledged and a genuine apology made and publicised sensitively if possible. It would be optimal to consult people impacted by forced adoption around this process. Some clients may be uncomfortable using services that were involved in forced adoption in the past. If your service has a history of involvement in forced adoption, it could be valuable to consider how you could provide referrals to services without a history of involvement in forced adoption where these are available.

Review referral networks

Some clients may require forced adoption-specific services or treatment by professionals who have experience working with people affected by forced adoption, so consider the referral processes currently in place at your service. Do they include adoption-specific services? Does the referral network include professionals with experience working with people affected by forced adoption and/or trauma? (Kenny et al., 2015). Information on post adoptions services can be obtained by contacting the Forced Adoption Support Service in your state (see details at the end of this document).

Reflect on processes to protect staff from vicarious trauma

Vicarious trauma is a recognised risk of working with people with trauma experiences. While some professionals are required to have peer consultation as part of their professional practice, this may not be available to all staff in your organisation. There may be other ways that staff working with clients affected by trauma could be supported. Do all staff who are dealing with traumatic material or trauma stories have access to clinical supervision, reflective practice, debriefing and peer support? Are they supported to practise self-care strategies? (Kenny et al., 2015). Have they received training that supports the early detection of vicarious trauma and its mitigation? Is there a formal wellbeing program?

A note on trauma-informed care

Embedding trauma-informed care requires a whole-of-service approach that incorporates governance, the physical spaces in which care is provided and the work of individual practitioners, teams and programs. The whole service needs to operate in a way that is safe, strengths-based and informed about trauma (Wall, Higgins, & Hunter, 2016). Individual practitioners may already be providing care in line with a trauma-informed approach but intake and assessment processes, waiting areas or other elements of a client's experience in a service may not support healing and recovery and may have the potential to retraumatise. Addressing this requires a whole-of-service approach. Trauma-informed care must also be culturally attuned and may look different for different population groups (Wall, Higgins, & Hunter, 2016).

Where to get further information

These resources can be accessed to provide further education and training on forced adoption and working with clients who have experienced trauma.

- The Australian Institute of Family Studies have undertaken several research studies on past adoption practices and forced adoption. The research findings and other documents, including service and support needs, can be found on the website: aifs.gov.au/past-projects/adoption-and-forced-family-separation
- The Australian Psychological Society run online training on forced adoption for mental health professionals and GPs and a more general course for a broader audience: www.psychology.org.au/Event/16082
- The Department of Social Services have a webpage with links and resources, including some fact sheets: www.dss.gov.au/our-responsibilities/families-and-children/programs-services/forced-adoption-practices
- The Forced Adoption Support Service in your state/territory may be able to provide resources and training in your area: www.dss.gov.au/families-and-children/programmes-services/family-relationships/forced-adoption-practices/support-services-for-people-affected-by-past-forced-adoption-policies-and-practices
- The Blue Knot Foundation have a range of services to support people who have experienced complex trauma including from childhood. These include resources, training and supervision for professionals: www.blueknot.org.au
- The Healing Foundation have a range of resources to support health and social services professionals who are working with survivors of the Stolen Generations. While these are not specific to forced adoption, these may be useful for professionals working with Aboriginal and Torres Strait Islander people who have been affected by trauma: healingfoundation.org.au/resources/?resource_theme=18

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Acknowledgements

We would like to thank our reviewers who provided feedback on an earlier draft of this resource: Dr Cathy Kezelman of the Blue Knot Foundation, Ms Kelleigh Ryan of the Seedling Group and Professor Daryl Higgins of the Institute of Child Protection Studies.