

From: [ARCS Reception](#)
To: [Environment and Public Affairs Committee](#)
Subject: arcs - Submission - Inquiry into past forced adoptive policies and practices
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Attachments: [image001.png](#)
[Inquiry into past forced adoptive policies and practices_submission arcs.docx.doc](#)
[Senate Inquiry Recommendations.docx](#)

Dear Committee

Thank you for the opportunity to present a submission to the Inquiry into past forced adoptive policies and practices (see attachments).

Arcs has not been involved in any action or meetings requesting an Inquiry.

We have been providing services to those affected by adoption since 1983. We see all parties to adoption; mother, father, adopted children and adults, adopted parents and family.

In our professional experience we see that those affected by adoption all have their own unique experience and response.

However there are common themes. The pain, loss, grief and separation feature heavily in adoption.

The secrecy involved in past adoption, the belief that children are a “clean slate” and that some mothers are somehow more worthy than others has had deep consequences.

We see on a daily basis the life long impact of past adoption practices that disempowered and traumatised young women by removing their babies from their care. The women were shamed and left feeling they had nothing to offer their child.

Children suffer from the brutal severance of ties to their mother and family. Children are not a “clean slate”.

The impact of past adoption practices on peoples lives is incorrigible and has life long repercussions.

I have worked as a therapist and as a manger of arcs since 1996.

I am a trained social worker and psychotherapist.

I would welcome the opportunity to appear in person to your panel.

Regards,

Jennifer

Jennifer Newbould
Manager/Clinical Social Worker/Psychotherapist



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To the Committee

arcs has been delivering services to those affected by adoption from 1983. Our agency published after researching *"The Impact of Relinquishment on Mothers - Relinquishing Mothers in Adoption: Their Long-Term Adjustment"* by Robin Winkler and Margaret van Keppel.

We have been involved in lobbying for change to the Western Australia (WA) Adoption Act since the 1980s and have continued to consult with the WA Government on subsequent changes.

arcs have made submissions to and appeared before the Senate Inquiry into "Former Forced Adoption Policies and Practices". We also made representation to the Federal Government for the "National Apology for Forced Adoption".

We were actively involved in the process that led to the WA Apology.

We are unsure as to what the current WA Inquiry into Past Forced Adoption Policies and Practices wishes to achieve.

For many of our clients the calling of the Inquiry has been a difficult and distressing time. They speak of feeling overwhelmed by their memories and feelings from the past. It has in some instances been re-traumatising. Interestingly, they question how many times they must speak out and tell their stories in order to be heard.

The WA Inquiry comes after similar Inquiries and consultations e.g., Senate Inquiry, National Research, State and National Apology.

It is extremely difficult and distressing to speak repeatedly of what is deeply personal and traumatic.

At this stage many of our clients have chosen not to make a submission as they feel they have spoken out before and nothing of substance has occurred.

At the time of the WA Apology on 19 October 2010 those affected by past adoption practices in WA did share their- at times- heartbreaking stories. The Apology was well received and for some it provided some healing from their painful past experiences.

However, unfortunately, the Apology was not accompanied by any redress or services for those affected by past adoption practices. The Senate Inquiry made recommendations to this effect;

“Recommendation 6

9.81 The committee recommends that formal apologies should always be accompanied by undertakings to take concrete actions that offer appropriate redress for past mistakes.”

With respect, I urge the members of the Inquiry to read the “Senate Committee Report into Forced Adoption Policies and Practices 2012”. It was an extensive inquiry carried out across Australia.

We note that past enquiries regularly limit ‘forced adoption’ experiences into a date range ending in 1980. This Western Australian enquiry is to examine forced adoption practices in the ‘twentieth century notably between 1939 and 1980’.

There should not be a time limit for when we are prepared as a community to reflect on adoption practices and the potential for all adoptions to be in some way compelled.

Forced adoption is often perceived as the forceable removal of a baby from the mother to be adopted. However, in our opinion the term “forced” can also be applied to practices where information on alternatives to adoption were not offered, the financial assistance available was not discussed, there was pressure to consent, the right to revoke consent was not explained, the psychological pressure of the messaging “*if you love your baby you will give them up*”. The disempowerment of women by isolating them from family and shaming them for being pregnant and unmarried. Many of these factors continue to impact the decisions of women considering adoption to this day.

Some mothers do not identify as having experienced a forced adoption. These women were often subjected to the messaging from hospital staff and social workers that “*if you loved your child you would give them up*”. They were told they had nothing to offer their baby and the child needed a married couple to raise them.

The mothers who held on to this belief of equating loving their child to giving them up find it difficult to allow themselves to express grief as they have survived losing their child through believing it was their decision based on love.

Other women struggle with the term “*forced*” adoption because they don’t want to be labelled as victims. They speak of being shamed and disempowered at the time of relinquishment and don’t want to be seen in the same light in the present. They see themselves as survivors and don’t wish to revisit the past.

Adopted people can also struggle with speaking of being affected by forced adoption practices. They can feel they are being disloyal and ungrateful to their adoptive parents by doing so. The impact on the child and the adult can be overlooked as they were babies at the time of adoption.

The recurring areas of concern that arise in our therapeutic work with those affected by adoption practices are;

1. The treatment of women in homes for Unmarried Mothers and hospitals where women resided prior to the birth of their child.
2. The experience of women in hospital birthing their child and after the birth.
3. Consent taking.
4. Access to information/records.
5. Post adoption experience.
6. Reunion
7. Access to specialised counselling.

1. The treatment of unmarried women who resided in homes and hospitals.

The women who spent time in homes for Unmarried Mothers speak of being isolated from family, shamed, and humiliated. They also recall having to work scrubbing floors, working in laundries and other menial work. Their memory is one of feeling they were being punished for being pregnant and unmarried.

The impact on them has been a sense of shame and worthlessness.

The practices of these homes need to be examined.

2. The experience of unmarried women in hospitals.

The experience of women in hospitals is varied. Many speak of being treated poorly and differently to married women.

The use of medication and restraints as a way that institutions separated mothers from their babies, needs to be explored.

A constant report of experiences in hospital is one of not being able to see or hold their babies. It goes without saying the impact of this on mothers is devastating.

The reasoning was that if mothers didn't see or hold their babies they would not bond, and separation would be easier. Of course, this was not the case.

Mothers were also given the medication "*Stilboestrol*" to dry up their milk. This medication can have long term effects on the woman and her subsequent children.

The majority of mothers speak of feeling as though they were treated without care and were made to suffer as punishment.

3. Consents.

The area of consent is a complex one.

Babies were often identified as “*Baby for Adoption*” at birth prior to consent. Women were not able to see their babies or hold them. Most women speak of asking to see and hold their baby and were refused, often in a hostile manner.

It appeared to be a foregone conclusion that a baby born to a single mother would be adopted even when the mother had not expressed this wish.

Mothers were not given alternatives to adoption or information about any support financial or otherwise to keep their babies.

In fact, the strong messaging was their baby would have a better life without them. Mothers were told they had nothing to offer their baby. Probably the strongest and most effective message was “*if you love your baby, you will give them up*”. Women were made to feel selfish if they expressed a desire to keep their baby.

Women also tell us they have no recollection of signing consent forms and feel they were tricked into signing.

Others recalled signing soon after birth while still being affected by medication and the physical and psychological impacts of birth.

Most mothers state they were never told of their right to revoke their consent.

Too often we have heard stories of mothers returning to hospitals after discharge begging to have their baby and saying they had changed their minds. These women were told their babies had already been adopted and they could not change their minds.

This was clearly untrue and illegal.

4. Access to information and records.

In WA those affected by adoption do not have access to their file. They receive a summary of their file and Court documents i.e., consents and adoption orders.

Understandably, they wish to read their own file and not a summary through a second person from the Government Department involved in the adoption.

Others speak of the difficulty of accessing their medical records from hospitals particularly King Edward Memorial Hospital (KEMH).

The records they receive are redacted. Recently a mother and adopted person received their medical records from KEMH for an adoption in the early 2000s which both were redacted. The names of doctors, social workers, midwives, and psychologists were redacted.

What are the grounds for these redactions when others not affected by adoption records are not redacted?

Others have told us the difficulty in receiving their medical records. They have been told the records are missing.

Mothers who have lost their babies to adoption often have little memory of the birth or time in hospital because of the trauma they experienced. It would be helpful for them to have complete medical records including medications and any medical procedures. These women have a right to know the names of the doctors, midwives and social workers who were involved.

These professionals were acting in their professional roles and had a duty of care to these women and baby. They should not be able to hide behind anonymity. It is considered the rights of Western Australians to know who was involved in their medical care -except in instances of adoption.

The cost of obtaining birth, death, and marriage certificates for those seeking to find a parent or child is often prohibitive and excludes some from searching.

The Senate enquiry made a number of recommendations to ensure the availability of records for people impacted by adoption which do not seem to have been embraced by Western Australia.

5. Past Adoption Experience.

In our therapeutic work we see the lifelong nature of adoption.

Many women suffer grief, depression, anxiety, and low self-esteem from their experience of being separated from their baby.

The loss of their child can impact their ability to parent subsequent children. They can feel disconnected because of their loss and fear of losing another child. Some mothers are over-protective and again fear the loss of subsequent children.

Sadly, some women never go on to have another child. The experience they had of shame and loss and grief informs their decision that they cannot have another child and don't deserve to be a mother.

Adopted people are also affected by being separated from their mothers and families.

It can be difficult for them to feel entitled to express any "negative" feelings about their adoption. They feel the need to be loyal to their adopted parents.

Adopted people also struggle with feeling flawed or different.

The common issues adopted people present with for therapy are identity issues, fear of rejection, abandonment, trust in relationship and depression and anxiety. Underlying their mental health is not understanding how a mother could give away a baby. They wonder what was wrong with them. Of course, they did nothing to deserve this and were wanted and loved.

6. Reunion

The past comes into the present when those affected try to establish a relationship. Many mothers cannot bear to reconnect with a child because they cannot face the pain of the loss and experience of relinquishment. The adopted person then experiences a "second" rejection.

Reunion poses many challenges and can be fraught with heightened emotions and unrealistic expectations.

7. Specialised Counselling

The clients we see for therapy tell us of the difficulty they have experienced accessing a specialist service that understands the impact adoption has had on their lives.

Most have accessed other counsellors/psychologists in the past. Our clients share that their struggles with adoption are passed over, minimised, or just misunderstood.

The cost of accessing specialist counselling can be prohibitive for some clients.

We offer discounted fees and often no fee, but we believe specialist counselling should be available free to all those affected by adoption.

What we would like to see come from the Inquiry.

1. “Specialist adoption counselling that is free and accessible”.

The need for specialist counselling has been demonstrated in all the Inquiries – i.e., Senate and other State Inquiries. Those personally affected have been asking for this way before the Senate Inquiry of 2010.

It was a recommendation of the Senate Inquiry;

“10.58 The committee recommends that the Commonwealth, states, and territories urgently determine a process to establish affordable and regionally available specialised professional support and counselling services to address the specific needs of those affected by former forced adoption policies and practices”.

At the time when the Federal Government allocated funding for services for those affected by forced adoption practices of the past arcs could not apply for this funding as we did not meet the criteria of currently receiving Federal funding for a programme. Despite the fact we had provided specialist adoption counselling for 40 years we could not access any funding.

2. Those affected by adoption be able to access their records/information from hospital and non-government services and government departments.

The costs of obtaining records and certificates from Birth Deaths and Marriages should be free and easily available for people impacted by adoption as per the Senate Inquiry recommendations.

3. Discharge of Adoption Orders.

Adopted people should be able to discharge their adoption with no need to provide or obtain permission from adoptive parents.

As babies and children, they did not consent to the adoption and had no part in the decision. As adults they should have the right to reverse this decision. Married couples as adults make a

decision to commit for life but are afforded the right to divorce and cancel that agreement on a “no fault” basis.

4. Consents in the future.

Consents are taken mindful of the lifelong impact separation of child from mother/family has on both the child and the mother.

People working with mothers considering relinquishing their baby often attempt to be ‘impartial’ to avoid appearing to ‘influence’ a mother’s decision. However, this should not preclude them from sharing evidence-based information about the traumatic impacts of adoption on the mother and child.

When a mother/parent expresses a wish to have her child adopted all alternatives need to be explored fully.

The Department of Communities needs to demonstrate they have put services in place or have attempted to put services in place to support the child staying with the mother.

5. The rights of children to be placed within their family should be applied to children in pre-adoption care, as in the case with fostered children.

Currently if a mother does not agree to a family placement it does not occur. Family placements are recognised by foster care placement principles as the priority over nonrelated carer options (i.e., adoptive parents) due to the maintenance of family, cultural and community connections.

Mothers can feel shame about pregnancy/birth and do not want their family to know which results in a pregnancy and adoption that is concealed from people who could potentially love and support the mother and baby.

In our opinion this echoes past practice where adoption acts as a mechanism for secrecy and the child’s best interests are not paramount. If a child’s safety is not an issue family placement should be explored and the deeper reasons parents are resistant to informing family are discussed and explored

Increasingly we are seeing women considering relinquishment for reasons of poverty, homelessness, and domestic violence. These reasons for relinquishment resonate with those of the past.

In our opinion no woman should be relinquishing for these reasons.

Yours faithfully



Manager/Clinical Social Worker/Psychotherapist

Senate Inquiry Recommendations;

Recommendation 5

9.76 The committee recommends that official apologies should include statements that take responsibility for the past policy choices made by institutions' leaders and staff, and not be qualified by reference to values or professional practice during the period in question.

Recommendation 6

9.81 The committee recommends that formal apologies should always be accompanied by undertakings to take concrete actions that offer appropriate redress for past mistakes.

Recommendation 8

10.58 The committee recommends that the Commonwealth, States, and Territories urgently determine a process to establish affordable and regionally available specialised professional support and counselling services to address the specific needs of those affected by former forced adoption policies and practices.

Recommendation 10

10.60 The committee recommends that financial contributions be sought from state and territory governments, institutions, and organisations that were involved in the practice of placing children of single mothers for adoption to support the funding of services described in the previous two recommendations.

Recommendation 11

11.36 The committee recommends that the Commonwealth should lead discussions with states and territories to consider the issues surrounding the establishment and funding of financial reparation schemes.

Recommendation 13

12.33 The committee recommends that • all jurisdictions adopt integrated birth certificates, that these be issued to eligible people upon request, and that they be legal proof of identity of equal status to other birth certificates, and • jurisdictions investigate harmonisation of births, deaths and marriages register access and the facilitation of a single national access point to those registers.

Recommendation 14

12.36 The committee recommends that: • All jurisdictions adopt a process for allowing the names of fathers to be added to original birth certificates of children who were subsequently adopted and for whom fathers' identities were not originally recorded; and • Provided that any prescribed conditions are met, the process be administrative and not require an order of a court.

Recommendation 18

12.116 The committee recommends that non-government organisations with responsibility for former adoption service providers (such as private hospitals or maternity homes) establish projects to identify all records still in their possession, make information about those institutions and records available to state and territory Find and Connect services, and provide free access to individuals seeking their own records