

15 June 2023

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The Standing Committee on Environment and Public Affairs
Parliament House
4 Harvest Terrace
West Perth WA 6005

Submitted via email to: env@parliament.wa.gov.au

Dear Members of the Standing Committee on Environment and Public Affairs,

Re: Western Australian Government Inquiry into Past Forced Adoption Policies and Practices

The Australian Psychological Society (APS) appreciates the opportunity to contribute to the Inquiry into past forced adoption policies and practices in Western Australia.

The APS takes this opportunity to acknowledge the Parliament of Western Australia as the first in Australia to apologise in 2010 for forced adoption policies and practices and the detrimental impacts this has had on mothers, fathers, adopted children and other family members across the generations. We welcome this Inquiry as an important next step for people impacted by forced adoption to be able to safely share their lived experiences and be heard and validated. The Inquiry is also an opportunity for putting forward recommendations to the government for legislation and policy changes to reconcile ongoing concerns for people impacted by forced adoption and to ensure such practices do not occur again.

At the APS, our work focuses on improving the lives of all Australians and is underpinned by a commitment to the United Nations' Sustainable Development Goals which promote health and wellbeing for all¹. We advocate on behalf of our members and the community for improving health and wellbeing through the reform of Australian health and social policies and systems and promoting access to high-quality, evidence-based services for health promotion, prevention, early intervention, and treatment.

Forced adoption policies and practices throughout Australia, from the 1940s to the 1980s, involved the forced or coerced removal of newborn babies from mostly single or unmarried mothers. These babies were then placed into families under closed adoption conditions in which the identities of those involved were permanently hidden from each other. These forced adoption policies and practices have had lasting and damaging impacts on many mothers, fathers and adopted persons as well as adoptive parents, siblings, extended family, and subsequent generations.

The APS has been a strong advocate for ensuring Australians impacted by forced adoption policies and practices have access to high-quality psychosocial and psychological support from health professionals who are informed about the history and impacts of forced adoption²⁻⁶.

Accordingly, our comments that follow are best aligned with the following Terms of Reference (TORs) for the Inquiry:

1. Understand the lived experiences of those affected by historical forced adoption practices; and
3. Identify what measures are currently available to assist persons experiencing distress, their effectiveness, and how those persons may be supported further.

The lifelong psychological and health impacts of forced adoption

Those affected by forced adoption have described the lifelong and ongoing psychological and health consequences of these policies and practices. Many have experienced the anguish associated with disenfranchised grief and loss as well as identity issues, impacts on self-worth and confidence, and relationship and parenting issues^{4,7-9}. Those who have been impacted by forced adoption have higher rates of substance abuse and mental health disorders, such as depression, anxiety, Post-Traumatic Stress Disorder (PTSD) and thoughts of suicide^{7,8}. There are also higher rates of physical health conditions such as chronic pain, inflammatory diseases, and insomnia^{4,7,8}. Impacts on the health and wellbeing of people impacted by forced adoption can also be triggered or further exacerbated by search and contact experiences, family changes and at times of life transitions⁷⁻⁹. Anniversaries pertaining to forced adoption experiences, or media and publicity that draws attention to historical forced adoption policies and practices can also trigger and exacerbate poor mental and physical health for people impacted by forced adoption⁷⁻⁹.

Given the prevalence of complex trauma associated with forced adoption, the need for psychosocial and psychological support and intervention for those impacted is likely to be ongoing and across their lifespan^{3,5,7}. Support and intervention will also need to be made available to subsequent generations who experience the intergenerational impacts and trauma associated with forced adoption policies and practices.

Upskilling health professionals who engage with people impacted by forced adoption

Research and inquiries into forced adoption have identified the need for clinicians who understand its history and lifelong impact, and can engage with persons impacted without further contributing to their sense of loss and abandonment^{2,6}. It is vital, therefore, to ensure that there are enough psychologists and psychiatrists available who are trained to provide psychological and mental health support and treatment to people impacted by forced adoption. There is also a need to ensure that primary health clinicians, such as general practitioners, and other non-clinical service and support providers who may encounter people impacted by forced adoption are educated about the impact of these policies and practices. This will ensure that they can respond sensitively and identify and make appropriate referrals for psychosocial and psychological support and intervention as needed.

Training can assist clinical and non-clinical service providers to be aware of the many ways in which forced adoption policies and practices continue to reverberate through the lives of clients they may encounter and how these issues may impact them differently. Even seemingly routine and innocuous situations associated with the provision of health, and other non-clinical services, may be experienced as triggering and re-traumatising by people who have been impacted by forced adoption, for example:

- Interacting with health or social support systems can trigger feelings of mistrust and powerlessness associated with past forced adoption experiences.
- Using language in a way that implies consent for forced adoption practices (e.g., using the term 'relinquishing') or value-laden terms (e.g., referring to 'birth mother' rather than 'mother') may trigger shame, guilt or stigma for people affected by forced adoption.

The APS forced adoption training package for psychologists and general practitioners

As part of their efforts to redress harmful actions, the Australian Government funded the APS to develop and deliver a national training package for health professionals. The training package was released in 2016 and reviewed and updated by the APS in 2022.

Targeted at psychologists and general practitioners, the training is grounded in a lifespan trauma-informed approach to providing psychosocial and psychological care and support for people impacted by forced adoption. Specifically, the training aims to:

- Increase health professionals' awareness and understanding about forced adoptions policies and practices in Australia, and the impact of these practices on individuals and their families;
- Demonstrate sensitivity towards people with a lived experience of forced adoption; and
- Enhance and up-skill clinicians in the provision of health services to this client group through access to resources and guidance about best practice evidenced-based assessment and intervention plans based on trauma-informed treatment and care approaches.

The initial training was completed by over 700 psychologists with over 90% of all survey respondents agreeing that the course added to their knowledge and understanding of practices and techniques when working with people affected by forced adoption. The evaluation of the recently revised program is currently ongoing.

The APS recommends our updated and high-quality training package as a mechanism that could enable more Western Australian psychologists and general practitioners to up-skill in the provision of services and support for people impacted by forced adoption. We would be happy to work with the Western Australian Government to better promote the training package to Western Australian health professionals and, as appropriate, enable access to a professional support network for health professionals providing services and support to people impacted by forced adoption policies and practices.

If any further information is required from the APS, I would be happy to be contacted through the national office on (03) 8662 3300 or by email at z.burgess@psychology.org.au

Yours sincerely,



Dr Zena Burgess, FAPS FAICD
Chief Executive Officer

The APS would like to acknowledge and sincerely thank the members who so kindly contributed their time and evidence-informed knowledge, experience and research to this submission.

References

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