ADOPTION RETHINK

WOMEN'S FORUM AUSTRALIA RESEARCH

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WOMEN'S FORUM AUSTRALIA

THINK◆ACT◆MAKE A DIFFERENCE

About Women's Forum Australia

Women's Forum Australia was established in 2005 as an independent women's think tank. We conduct evidence-based research, develop and deliver high quality education programs to women and men, mentor women to be agents of positive social change and influence in the home, the community and the paid workforce, and inform government legislation and policies on issues of relevance to women's health, well-being and safety.

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Foreword

It is my great pleasure to introduce *Adoption Rethink* to you.

Women's Forum Australia commissioned Dr Greg Pike from the Adelaide Centre for Bioethics and Culture to perform an independent review of evidence-based research to understand better the impact of the complex social institution of adoption upon the health and well-being of women.

Based on the findings of our research, Women's Forum Australia is firmly of the view that the optimal situation for women and their children occurs when children are raised in a safe, loving and stable environment under the care of their birth parents. However, the sad reality is that this is not always possible. Therefore, as a community we need to provide viable alternatives.

Far from suggesting that adoption is an outdated and unworkable institution our findings and key recommendations highlight that access to adoption facilitated in an open, respectful and regulated way has had, and continues to have, tremendous potential to benefit women, children and families in need.

Our research also shows that there are key features of adoption in practice that provide for improved outcomes for each member of the "adoption triad"- birth parents, adoptees and adoptive parents.

It is almost impossible to overstate the importance of timely, effective action in resolving the situation of children in need. No more so than in the case of children in long term foster care. As the most vulnerable member of the triad the needs of the child must receive first priority with a sense of urgency encouraged in the establishment of permanent care arrangements.

Adoption provides something that other care arrangements cannot, the sense of permanence and belonging, firm attachments and the feeling of stability.

I commend the Federal Government's recent commitment to streamlining intercountry adoption in cooperation with the states. In addition to providing loving homes to international children in need, the intercountry adoption practice and experience also provides opportunities to review other models of best practice for local adoptions.

I urge governments at every level to follow this example and take action to facilitate greater access to local adoption as well.

The evidence demonstrates that adoption is still a workable option for Australia.

I trust that this research by Women's Forum Australia can provide a substantial and sustaining positive influence on all those called to make a difference in this arena.

Louise Brosnan

Chairman

Women's Forum Australia

Preface

In 2012-13 there were 339 adoptions in Australia, with more than a third, or 129, of these adoptions from overseas. In 1971-72 there were 9,798 adoptions, the peak for adoptions in Australia. That is a decline of 96.6% in the number of adoptions in the last 40 years.

As well as this dramatic decline in adoptions, Australia has lower rates of adoption in all areas including intercountry adoptions and adoptions of children from institutions and care, than comparable nations, including the UK, the US and Canada.

This research has found a range of reasons for such a drastic fall in the number of adoptions including broader acceptance of single mothers and increased access to welfare support, increased use of the foster care system, institutional hostility from some in academia and welfare departments who influence adoption policy, access to legal abortion, negative attitudes in Australia arising from past practices and the emotional and financial costs involved.

The research also shows that at the end of June 2012 there were 39,621 children in institutions or foster care who had been removed from their natural parents because of physical, sexual or emotional abuse, or neglect. Not only is the number of Australian children in out of home care in 2012-13 more than double what it was in 2000-01, but the level of 're-reporting' has also increased. That is, children in out of home care are living with more frequent changes and hence instability, leading to more complex and challenging needs and behaviours. Moreover, the financial costs to governments have escalated dramatically.

Despite this critical situation, the rate of adoption from care in Australia is far below that of adoptions from care in both the UK and US where significant changes have been made. The rate of adoption of children from care in the UK is 14 times what it is in Australia and in the US is 48 times the Australian rate. If Australian children in care were adopted at the same rate as in the United States, there would be nearly 5,000 adoptions each year. Instead there are only around 200.

Women's Forum Australia, based on the evidence from this research, firmly believes that the optimal outcome for women and their children is when children are raised in a safe, loving and stable household with their birth parents. Sadly, this is not always possible and the evidence suggests a large percentage of children passing into care away from their birth parents spend extended periods in that care.

There are long-term damaging consequences for children and for society when children are left to flounder through the foster care system, in some cases for years, while waiting for the courts to resolve their future. The outcomes for children in institutions, foster care and other out of home care are far inferior to adoption. The cost to society and governments in caring for these children and mending the traumatic consequences of their situation is enormous. By contrast adoption, appropriately managed, can provide better outcomes for all involved - birth parents, adoptees, adoptive parents and the broader community. Adoption enhances stability, a sense of security, belonging and firm attachments.

Adoption can also provide an alternative to abortion for women facing a difficult or unplanned pregnancy. Adoption, appropriately managed, can work out well in by far the majority of circumstances and should be a realistic choice for birth parents who are unwilling or unable to parent their own child.

It is clear from the evidence that adoption is a viable alternative for women, children and families in need. A new legislative approach from State and Federal Governments, the involvement of Non-Government Organisations in providing adoption services and a change to the hostile attitudes towards adoption that have developed within the various bureaucracies in recent years is necessary. This must be underpinned by a comprehensive evidence-based education campaign to inform the community about the benefits of adoption for women, children and families, particularly in comparison to other arrangements.

Australia needs an adoption rethink.

Executive Summary

Adoption is a complex social institution that has a broad impact on the whole community. Its primary players are the adoptee, the relinquishing parents and the adoptive parents; however, it also impacts other relatives and friends of each party in significant ways. The circumstances in which adoptions occur affect the experiences of all involved. Adoptions may take place at birth or many years after. There are adoptions where the adoptive parent(s) do not know the child, and those where they do. Adoptees may have been orphaned, come from institutions, foster or other care, be relinquished by singles or couples with varying degrees of consent, or come from different countries. Each of these variables is linked to differences in outcome measures.

(Section 2) *(Section 3)*

Adoptions are now not very common in Australia, having declined steadily to a small fraction of their numbers in the 70s. On a population basis, this is a decline of nearly 97% from 1971/72. The reasons cited for the decline include broader acceptance of unwed parenthood, access to legal abortion, welfare support for single mothers, regulatory barriers, negative attitudes to adoption, financial cost, and ideology. Reasons particular to Australia may include the history of the Stolen Generations, the Lost Innocents, and the Forgotten Australians.

(Section 3) *(Section 4)*

Compared with other western democracies like the UK and US, far fewer adoptions currently occur in Australia. This is particularly so for adoption from care, where the UK and US, taking population into account, have approximately 14 and

48 times as many adoptions, respectively. Also, the UK has twice the rate of local adoptions, and the US has 5 times the rate. While the UK has half the rate of intercountry adoptions as Australia, the US and Canada have around 4 times the rate, and Northern European nations have about 9 times.

(Section 3)

Adoption has changed significantly over the years. Adoptions that were once closed and marked by stigma and secrecy, are now largely open and involve varying levels of contact between all members of the adoption triad. Early fears that open adoption would not work do not appear to have been realised.

(Section 4)

Portrayals of adoption in the media tend to be stories that have a sensational edge. The media may inadvertently play a role in shaping the public's impression of adoption as a problematic process and experience. The public's attitude to adoption has implications for the well-being of adoptees.

(Section 4)

The key ethical principles relevant to adoption, regardless of its type, can be derived from well-established primary ethical values, as well as the international human rights instruments such as the Declaration of the Rights of the Child, the Convention on the Rights of the Child, and in particular the Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption. Particular to Australia are the National Principles in Adoption.

(Section 5)

The circumstances most beneficial for a child's developmental health and well-being are to be raised by his or her biological parents in a safe, stable and loving environment. However, this desired context is not always possible, and for those parents unwilling or unable, adopting out their child is a viable option. The decision to adopt should only happen after all reasonable efforts have been made to keep a child with his or her biological parent(s).

(Section 5)

The experiences of relinquishing parents, in particular the mother, which have been studied to a limited extent, vary significantly depending upon the circumstances of the adoption. In those adoptions from the closed era, grief and loss reactions and long-term negative physical and mental health consequences have been identified. However, considerable uncertainty exists as to how common these outcomes are, and how they relate to characteristics of the

adoption and its process. Some evidence exists that reveals a mitigating effect of search and reunion upon negative outcomes. The very limited research that does exist about relinquishing fathers reveals similar outcomes and issues.

(Section 6)

Adoptees have been the subject of most adoption research. While adoptees have been overrepresented in counseling for mental health, the actual proportion of adoptees in the community with such problems is very small. Adoptees face significant challenges in addition to those normally experienced during childhood and adolescence; however, the evidence shows that adoptees have enormous resilience and their ability to catch up on a range of outcome measures has been well documented. For some adoptees, their pre-adoption experiences have been difficult and in some cases traumatic, and these prior experiences have been linked to later outcomes. When compared with peers remaining in institutions, foster or other care, adoptees have better physical and mental health, and improved educational and social circumstances. Key issues for adoptees also include attachment, identity, search and reunion.

(Section 7)

Of the members of the adoption triad, adoptive parents have been studied the least. Changes in the social environment and legislative framework have raised particular challenges for them. They have also needed to negotiate health and behavioural issues unique to their child, as well as search and

reunion and its impact upon their whole family.

(Section 8)

If adoption does not occur, there are other options that exist. These include keeping the child, having an abortion or transferring the child to alternate forms of care.

(Section 9)

Abortion is currently common and legally available in Australia; however, the public has complex and nuanced views about it, and wants the numbers reduced. The impact of abortion on a women's physical and mental health has been the subject of considerable research as well as controversy, the majority of which reveals an adverse effect. Issues of grief and loss affect some women who have an abortion, seemingly in a fashion not dissimilar to the impact of adoption on some relinquishing mothers.

(Section 9)

Alternate forms of care include institutional care, foster care, and other out of home care. The outcomes for the child in most of these settings are inferior compared to adoption, particularly as adoption enhances stability, a sense of security, belonging and firm attachments. Permanency, stability and a loving environment are critical for a child's normal development.

(Section 9)

In Australia, at the end of June 2012, there were 39,621 children in out of home care, 68% (nearly 27,000) of whom had been in continuous placement for 2 years or more. These children had been removed from their natural parents because of physical, sexual or emotional abuse, or neglect. The number of Australian children in care in 2012-13 is more than double what it was in 2000-01, and the level of 're-reporting' has also increased. That is, children in out of home care are living with more frequent changes and hence instability, leading to more complex and challenging needs and behaviours. Moreover, the financial costs to governments have escalated dramatically.

(Section 9)

The US and the UK have made significant changes in the past 10 years to enhance adoption from care. Australia has not done so.

(Section 9)

The recent commitment by Australia's Prime Minister to improve the intercountry adoption system has set in motion a process that may see significant changes at Federal and State levels. The key difference between Australia's system and that of other receiving countries with successful programs is the involvement of accredited bodies or Non-Government Organisations (NGO's). The involvement of these bodies would be expected to enhance stability, promote greater cooperation with countries of origin, better serve prospective adoptive parents, and speed up the process. In turn, it is expected that this would also improve the experiences of adoptees.

(Section 10)

In conclusion, while the experiences of some have been harmful and damaging, there is something about the majority of adoptions that causes them to work out well. Despite all of the complexities and messiness of human experience, errors of the past, and failures of the present, adoption remains a realistic and workable solution. It provides a viable alternative for birth parents who may not be able or willing to provide appropriate care for their child. For prospective adoptive parents, it may allow them the opportunity to form a family or to provide for a special needs child. In the important context of adoption from care, children will be far better served by the stability of a loving home; and likewise, under proper ethical and regulatory standards, adoption from overseas represents an opportunity for a child to similarly experience the embrace of a loving home.

KEY RECOMMENDATIONS

Key Recommendations

For local adoption from care

KR1 As the most vulnerable member of the 'adoption triad' the needs of the child warrant particular care and attention and must receive first priority in any discussion and in all processes relating to the establishment and maintenance of any permanent or temporary care arrangements. Where this priority has been lost sight of or superseded in practice, all relevant processes must be reoriented toward this priority.

(Section 5)

KR2 As with all adoptions, and in accordance with the Hague Adoption Convention, local adoption ought only apply in those circumstances where proper care cannot or will not be provided by the birth parent(s) and/or the extended birth family. Only if there are no suitable permanent care options available should local adoption be considered, in the child's best interests.

(Section 5)

KR3 Where children are at risk, timely intervention is critical. Upon initial substantiation of risk of harm, a decision to place a child in an alternative permanent and stable environment should be made with urgency with the permanent arrangement in effect no later than six months from the time of substantiation of risk of harm.

(Section 7) ***(Section 9)***

KR4 If it is established that a child cannot be safely returned to his or her birth family within a reasonable time frame, the courts should have the facility to dispense with parental consent to adoption.

(Section 9)

KR5 Governments at the federal and state level should give consideration to the introduction of national targets for adoption from care to raise Australia's rate of adoption to the levels of comparable jurisdictions such as the UK and US.

(Section 9)

KR6 In determining suitable permanent arrangements it is in the child's best interests to remain with siblings, if possible.

(Section 5)

KR7 Adoptive parents should be recognised and supported publicly for the positive contribution they have made to society in providing for the loving care of children in need.

(Section 8)

KR8 The rights of adoptive parents should be clarified and secured particularly in circumstances where children have been subjected to past neglect and/or abuse.

(Section 8)

KR9 Where children are adopted from long term foster care, adoptive parents should not be disadvantaged financially as a result. Adoptive parents should be eligible for appropriate family allowances to assist with raising their adopted children, particularly those with special needs. When one considers the immense costs incurred by the state in facilitating foster care arrangements that are invariably complex and very long term, it is reasonable to assume that cost savings would eventuate to the state from replacing foster care arrangements with adoptions.

(Section 9)

KR10 Permanent care orders may provide a viable alternative to adoption on a case-by-case basis. The needs of the child should be paramount in any consideration on the use of permanent care orders in preference to adoption.

(Section 9)

For adoptions at birth

KR11 Every effort should be made to enable parents to raise their own children within a stable, permanent and loving environment. Adoption should only be considered in those instances where parents are unable or unwilling to parent their children appropriately.

(Section 5)

KR12 Despite the complexities, adoption remains a workable solution that can provide successful outcomes for all members of the adoption triad. Birth parents (both mother and father) facing a difficult or unplanned pregnancy should be made aware that adoption is a viable option.

(Section 9)

KR13 Birth parents considering placing a child for adoption should have the opportunity to make a properly informed consent in the context of an ethic of reciprocity, to treat others as one would like to be treated. Within this context consent needs to be based on knowledge of the adoption process, its consequences, the alternatives available and their consequences. Consent must be free of possible pressure or coercion, either explicit or implied. Appropriate counseling and support must be provided to the birth parents in this context both pre- and post-adoption.

(Section 5) ***(Section 9)***

KR14 Birth parents facing an unplanned or difficult pregnancy may be particularly vulnerable and should be provided with counseling with extra care taken to ensure they are fully informed about all options available to them, including adoption. High quality and comprehensive written materials relating to these choices that clearly detail the consequences of each choice should be made available to women through medical practitioners, pregnancy counseling services and other health care providers.

(Section 5)

KR15 In the case of adoption contemporaneous with birth, although a decision may be made by birth parents to place a child for adoption before birth, consent should not be given until after birth.

(Section 6)

KR16 In all cases consent should not be given until at least a reasonable period has expired since birth, with a reasonable revocation period applying after consent is given. Consistent with ensuring the wellbeing of the child is given priority, it is important that these timeframes are structured so as to ensure that the adoption arrangement can be in place within 6 months of the child's birth, or of consent having been given where consent occurs later. Evidence should be required that adequate counseling has been given and that this counseling occurred to give the birth parents time to reflect and make their decision before consent.

(Section 5) ***(Section 9)***

KR17 Revocation of consent cannot occur during the revocation period if there is substantiation of risk of neglect or abuse to the child in returning to the birth parents' care.

(Section 9)

KR18 Permanency and stability are critical to the long-term welfare of children. Timeliness is also critical.

(Section 7) ***(Section 9)***

KR18.1 Where consent is given by the birth parents contemporaneous with birth, the adoption should be completed within six months of the child's birth.

KR18.2 Where consent is given at a later date the adoption should nevertheless be completed within six month's of that consent having been given.

KR18.3 In all cases, once consent has been given, governments, social workers and courts should act in a timely manner in the best interests of the child.

KR18.4 In the interim, every effort should be made to ensure the child remains with one carer.

KR18.5 Consideration should be given to recruiting and training a specialist group of carers dedicated solely to caring for infant children who will be placed for adoption at or near the time of birth with consent.

KR19 Birth parents must be given the opportunity to identify the attributes or characteristics that they prefer in the adoptive parents of their child.

(Section 5) ***(Section 6)***

KR20 Birth parents must be given the opportunity to request future contact with their children by regular contact or by later reunion in consultation with the adoptive parents. Permanent contact plans should be established at the time of the adoption and reviewed periodically, but no more frequently than annually.

(Section 6)

KR21 Adoptive parents should be provided with appropriate pre-adoption and post-adoption counseling and support as required.

(Section 5) ***(Section 8)*** ***(Section 9)***

KR22 Adoptive parents should not be expected to pay costs, other than reasonable administrative costs, in order to adopt children. Children are not a commodity to be traded.

(Section 3) *(Section 9)*

KR23 Adoptive parents should be encouraged to facilitate appropriate contact between their adopted children and the birth parents, except in exceptional circumstances where neglect and/or abuse has played a factor. The adoptive parents' right to privacy should be taken into account when facilitating this contact and parameters should be agreed at the time of the adoption.

(Section 5) *(Section 6)* *(Section 7)* *(Section 8)*

For intercountry adoptions

KR24 As with all adoptions, and in accordance with the Hague Adoption Convention, intercountry adoption ought only apply in those circumstances where proper care cannot or will not be provided by the birth parent(s) and/or the extended birth family. Only if there are no suitable permanent care options available in the child's State of origin should ethical intercountry adoption be considered, in the child's best interests.

(Section 5) *(Section 10)*

KR25 Children who are placed with Australian families through the intercountry adoption process should be informed about their origins where possible at an age-appropriate time. Post-adoption care programs for adoptive parents and their adopted children should be developed, implemented and monitored during the course of a child's life to ensure a child is aware of their biological and cultural heritage and is able to access this heritage, as required, at an age-appropriate time.

(Section 5) *(Section 10)*

KR26 Intercountry adoption programs should only be implemented with partner countries that are signatories to the Hague Adoption Convention or those countries which can provide adequate assurance that the adoption processes within their own countries are ethical, transparent and child-centred.

(Section 10)

KR27 In the interests of vulnerable children and adoptive families, a review of the current costs and waiting times involved in the intercountry adoption process should be undertaken with a view to minimising these

costs and timeframes to the greatest extent possible while ensuring ethical adoption practices are still maintained.

(Section 10)

KR28 Adoptive parents should be recognised and supported publicly for the positive contribution they have made to society in providing for the loving care of children in need.

(Section 8)

For all adoptions

KR29 Consideration should be given to implementing a system in line with international best practice whereby adoption is regulated by governments and managed by NGOs. While governments are well-placed to develop legislative and policy frameworks and monitor the implementation, non-governmental organisations may be best placed to work within the community to assist women and their families.

(Section 10)

KR30 A national framework for adoption should be established and ratified by all levels of government that provides for the establishment of a national accreditation program for adoption agencies. Adoption agencies dealing with vulnerable children and families involved in adoption must be held to the highest standards of accountability.

(Section 10)

KR31 Legislative reform in relation to adoption should be underpinned by high quality evidence-based research. Further research into best practice models for adoption, amongst other issues should be undertaken. This research should inform ongoing improvements to the adoption system implemented in Australia.

(Section 11)

KR32 Legislative reform in relation to adoption should be supported by a national community education and information program based on evidence-based research. The focus of this community education and information program should be to explore and explain adoption reform in a balanced, considered and easily understood way that avoids a media-driven, sensationalist approach and which avoids focusing on the particular biases of individual stakeholders. If the community is not engaged and generally supportive of

the proposed legislative reforms, these reforms have the potential to fail in the longer term and this will significantly and detrimentally affect the vulnerable children and families involved.

(Section 4)

KR33 Adoption is a process that should be driven by the needs of vulnerable children. Adoption should not be used as a means of creating a supply of children to meet the desires of adults. Children are not a commodity to be traded for financial or other benefit. Only reasonable administrative costs should apply to facilitate the process of adoption of children in need.

(Section 4) ***(Section 5)***

KR34 Children have a right to know about their origins. Appropriate records should be maintained of a child's biological parents and be made available for the child. Adopted children should be made aware at an age appropriate time of their adopted status, regardless of the level of contact they may have had or may subsequently have with their birth parents.

(Section 5)

A REVIEW OF THE EVIDENCE

01

PURPOSE

1. Purpose

1.1. Women's Forum Australia is a women's research and education organisation that seeks to enhance the health, safety and welfare of Australian women. Women's Forum Australia has identified adoption as an issue that deeply affects women and their families with far-reaching consequences for society. Women's Forum Australia aims to understand the experiences of all women in adoption practice, recognising also the need to understand the experiences of those close to them and whom they especially value. This broad perspective means Women's Forum Australia is also attentive to the welfare of families and children, who are a particularly vulnerable party in the adoption triad and whose developmental experiences will translate into adulthood.

1.2. The purpose of this review by Women's Forum Australia is to consider the evidence base, both national and international, to understand what is currently known about adoption practice and the experiences of those involved, and to identify what missing information about adoption would be valuable to obtain. Based on this evidence, a set of recommendations is also provided for consideration and implementation.

02

INTRODUCTION

2. Introduction

2.1. At first glance, adoption may seem like a relatively straightforward response to need – there are some children in need of a home and there are those prepared to provide one for them. However, this simplistic account quickly evaporates before the far more complex aspects of an institution that touches not only upon human hope, grief, desire, and loss, but also upon conceptions of family, human psychology, inheritance, scientific advances in fertility treatment, and options for an unplanned pregnancy.

2.2. There is nothing simple about adoption because there is nothing simple about human relational experience, and adoption seems to embrace so much of that experience.

> *Although the naïve may perceive adoption as a sentimental good that all embrace, those baptised into the practice and dialogue concerning adoption know well its bitter disagreements. Adoption, like the related topic of abortion, is one that cuts deeply both personally and politically, residing where beliefs and viewpoints are held as articles of faith and combat. Embedded within these disputes are fundamentally different conceptions of adoption.*[1]

2.3. The questions raised in relation to adoption are numerous. What are the causes of unplanned or unwanted pregnancies?[2] Why does abortion so often result, and is it an unproblematic option? What leads a mother and/or father to consider adoption? And what cultural factors are involved? What are the causes of childlessness and/or infertility, and what is the place of assisted reproductive technology (ART)? How important is stability in a child's development? What are the best family structures, if any? And best for whom? Are all forms of care for children, including foster and institutional care, equal? What does it mean to belong? How important is knowledge of one's heritage? What should be the role of the law and other forms of regulation in adoption practice?

2.4. It quickly becomes apparent that these questions are far-reaching and seldom have a simple answer. Nevertheless, circumstances continually arise that demand action from the community - a community whose deepest values include the necessary embrace of its offspring. When children are at risk, there are few who can stand idly by and do nothing. After all, children have a mother and a father, and the usual default position is that they are cared for and raised by them.

2.5. But when those parents are unable or unwilling to raise their children, for whatever complex reasons, children must be cared for in some other way. That other way needs to be one for which the community

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1 Smolin DM (2012) Thinking About Adoption. Journal of Christian Legal Thought, Spring, 4-5.

2 In reference to pregnancy, 'unwanted' and 'unplanned' are two quite different things, despite the fact they are often simply conflated. Many unplanned pregnancies are very wanted, and women may not use the term unwanted even when they explain the reasons their child is aborted. [Barrett G & Wellings K (2002) What is a 'planned' pregnancy? Empirical data from a British study. Social Science and Medicine 55:545-557;Kirkman M, Rowe H, Hardiman A& Rosenthal D (2011) Abortion is a difficult solution to a problem: A discursive analysis of interviews with women considering or undergoing abortion in Australia. Women's Studies International Forum 34:121-129;Sable MR & Libbus MK (2000) Pregnancy intention and pregnancy happiness: are they different? Maternal and Child Health Journal 4(3):191-196.]

takes responsibility, and one about which the community can be confident aligns with its most basic values about the human good.

2.6. How our community cares for its most vulnerable members speaks volumes about who we are.

2.7. It has been estimated that there are currently in the vicinity of 200,000 adoptees in Australia.[3] As a rough approximation that would suggest around 400,000 birth parents [4] and 400,000 adoptive parents, although some will have passed away. There will also be numerous siblings on both sides, grandparents and other relatives, as well as the spouses and children of adoptees themselves. It is not too far-fetched to expect that several million Australians have direct family experience of adoption and that millions more have indirect experience by way of close friends. The place of adoption in the Australian community is immense. While there is no known survey in Australia to verify this, a national survey in America revealed that 64% of the population had personal experience with adoption "within their family or among close friends".[5]

2.8. Adoption has not been a static phenomenon. The changing nature of adoption will be discussed, but because it has changed, and because there is always a need it can address, its evolution raises an important question. Is there an optimum adoption paradigm that leads to better outcomes for all involved, and is there a risk that the current paradigm leaves unmet need, or worse, leads to significant harm? The answer to this question is crucial, and crucially dependent upon good quality research. While in some respects the research evidence is somewhat thin, sufficient evidence exists to draw some important conclusions to guide adoption practice in the modern era.

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3 Inglis cites a figure of 250,000 [Inglis K (1984) Living Mistakes: Mothers who consented to adoption. Allen & Unwin, Sydney, 14]. The Australian Senate Report of 2012 cites figures of 200,000 from its submissions as well as the figure by Inglis. [Senate Community Affairs References Committee (2012) Commonwealth contribution to former forced adoption policies and practices. Canberra, 8].

4 Terminology used in relation to adoption raises difficulties and sensitivities for some members of the various parties involved. Certain terms can be seen as overly value-laden; however, because of the need to use words that are sufficiently explanatory, a variety of descriptors that are in common use throughout the research and other literature will be used throughout this document.

5 Harris Interactive Market Research (June 2002), sponsored by The Evan B Donaldson Adoption Institute and the Dave Thomas Foundation for Adoption, National Adoption Attitudes Survey, Research Report, June 2002. See http://www.adoptioninstitute.org/old/survey/Adoption_Attitudes_Survey.pdf

03

SOME CHARACTERISTICS OF ADOPTION IN AUSTRALIA AND OVERSEAS

3. Some Characteristics of Adoption in Australia and Overseas

3.1. Adoption means the transfer of parental legal rights from the birth parents to the adoptive ones. Such transfer is permanent and includes inheritance rights. The influential report of the Australian Senate in 2012 [6] (hereafter termed the Senate Report) used the definition of adoption from the NSW Law Reform Commission as follows:

> *Adoption is a legal process by which a person becomes, in law, a child of the adopting parents and ceases to be a child of the birth parents. All the legal consequences of parenthood are transferred from the birth parents to the adoptive parents. The adopted child obtains a new birth certificate showing the adopters as the parents, and acquires rights of support and rights of inheritance from the adopting parents. The adopting parents acquire rights to guardianship and custody of the child. Normally the child takes the adopters' surname. The birth parents cease to have any legal obligations towards the child and lose their rights to custody and guardianship. Inheritance rights between the child and the birth parents also disappear.*[7]

3.2. The key steps towards the eventual making of an adoption order (legal completion of the adoption), include obtaining the appropriate consents (in some circumstances a court can dispense with some consents), assessment of the adoptive parent(s) suitability, placement of the child with the adoptive parents, and post-placement support.[8]

3.3. Sometimes adoptions will not work out and these may be referred to as 'disruptions', if occurring after placement but before the adoption order; or 'dissolutions', if after the adoption is finalised. According to these definitions, disruption is less serious than dissolution because disruption occurs during placement when matching of the child to the adoptive parents is undergoing somewhat of a trial period. There is very limited information available about the rate of disruptions, but one estimate suggests a figure for Western Australia, for intercountry adoptions between 1973 and 2003, of approximately 2%.[9] This can be compared with 2.8% in Holland and 0.8% in Spain.[10] In contrast, for all intercountry adoptions in Australia for 2012-13, there were no disruptions or dissolutions 12 months after placement.[11] For local adoptions, there appears to be no data for Australia. For the specific category of domestic special needs adoption, representing some of the most difficult adoptions, the rate may be around 10% globally.[12] In the US,

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6 Senate Report, Op. Cit., 5.

7 NSW Law Reform Commission, Review of the Adoption of Children Act 1965, Issues Paper No. 9, 1993, paragraph 2.1.

8 Australian Institute of Health and Welfare (2013) Adoptions Australia 2012-13, Child Welfare Series No. 57, Canberra, AIHW, 2-13.

9 Rosenwald T, Adoption disruption in Western Australia, Sydney, Australian Intercountry Adoption Network (AICAN). See www.aican.org/doc/adoption_disruptionwa.pdf

10 ChildONEurope (2007) Guidelines on post-adoption services, 15. See www.childoneurope.org/issues/adoption/post_adoption_seminar /post-adoption_def2.pdf

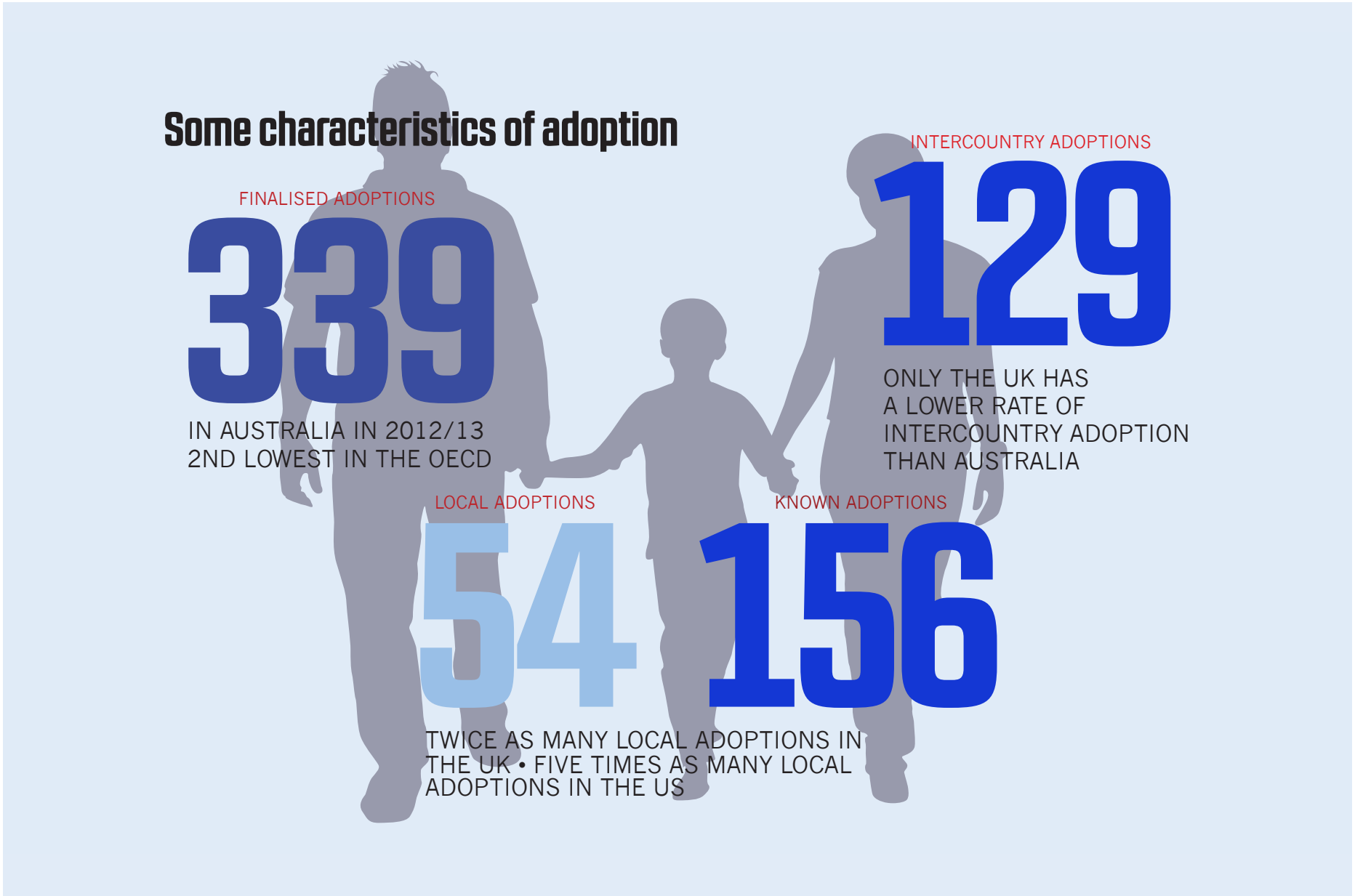
11 AIHW (2013) Op. Cit., 46.

12 ChildONEurope, Op. Cit.

Coakley and Berrick cite disruption figures of between 6% and 11% for adoptions from public care, the variation being due to the different ways researchers "operationalize the term adoption disruption".[13]

3.4. Adoption in Australia is diverse. Children can be adopted by those who know them, such as step-parents, relatives and other carers, and these are referred to as Known Adoptions. Children may also be adopted by those who do not know them. These adoptions may be Local Adoptions for children born, or of permanent residence in Australia, or Intercountry Adoptions for those born in other countries. The transracial and transcultural elements of most intercountry adoptions, and of some local and even known adoptions, adds another layer of complexity, with particular issues for those involved.

3.5. In 2012/13 there were 339 adoptions in Australia. 156 (46%) were Known Adoptions, 54 (16%) were Local Adoptions, and 129 (38%) were Intercountry Adoptions.[14] 15% of adoptions involved a child less than one year of age and 51% involved children less than five years of age. Detailed statistical information about adoption in Australia can be found in the yearly reports by the Australian Institute of Health and Welfare (AIHW).[15]



13 Coakley JF & Berrick JD (2008) Research Review: In a rush to permanency: preventing adoption disruption. Child and Family Social Work 13:101-112.

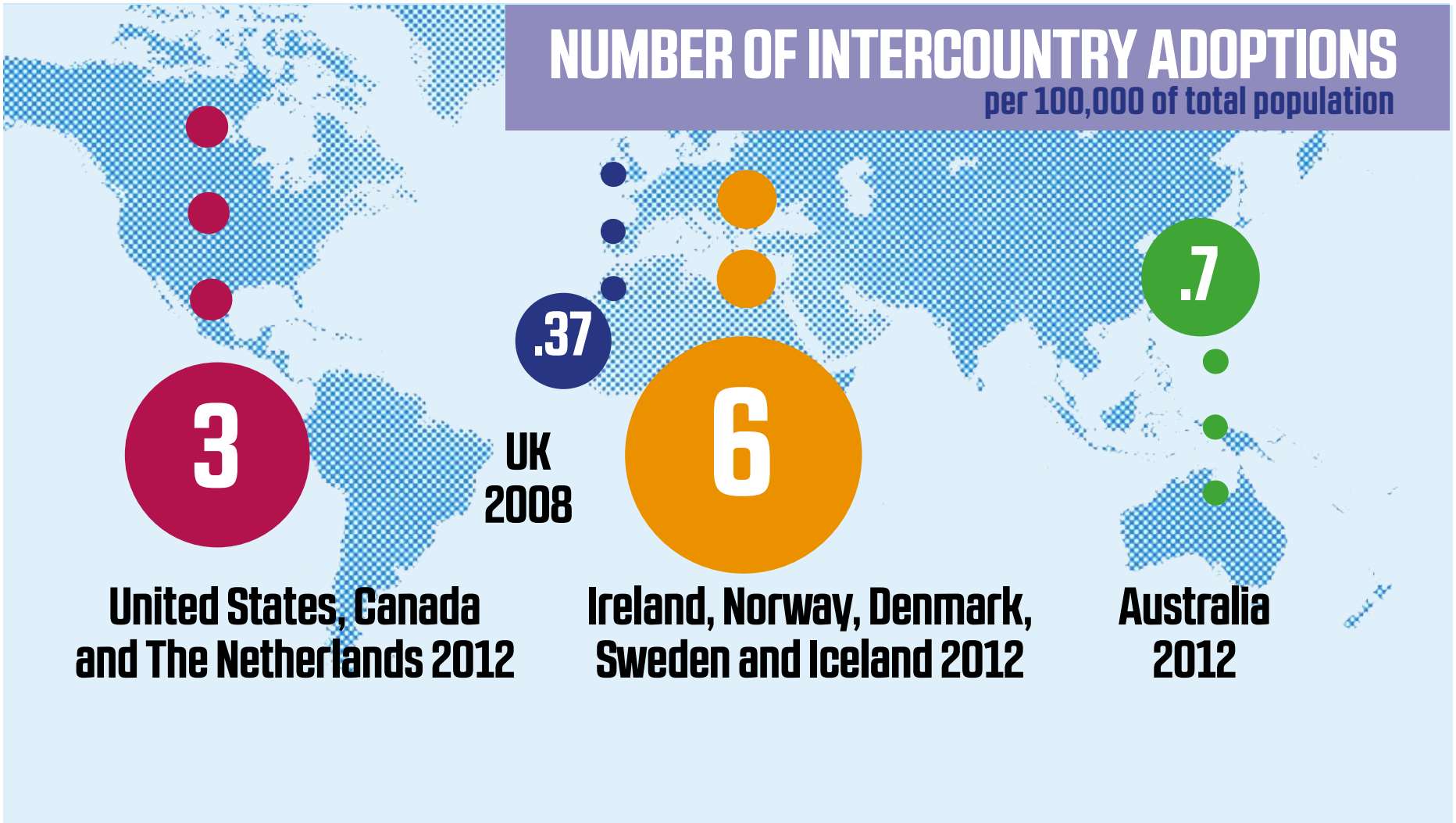
14 AIHW (2013) Op. Cit., 14.

15 Ibid.

3.6. To normalise for population, adoption can be expressed as a rate, which is sometimes calculated in different ways, so care is needed.[16] The rate for 2012-13, for all three categories of adoption, was 6 per 100,000 (expressed only with respect to the population of 0-17 year olds).[17]

3.7. Comparisons between different countries covering all categories of adoption can be made difficult by the variations between regulatory regimes and the sometimes-poor organisation of data collection. Nevertheless, for some categories of adoption, good data does exist enabling meaningful comparisons to be made.

3.8. When considering only intercountry adoptions, Australia has a low rate in comparison to most other countries. For example, Ireland, Norway, Denmark, Sweden, and Iceland have rates around 6 per 100,000 (expressed with respect to total population), the USA, Canada and The Netherlands have rates around 3, and Australia has a rate of just 0.7.[18] Only the UK has a lower rate at 0.37, although the data for the UK is for 2008, whereas that for Australia is for 2011-2012.[19]



16 Caution needs to be used when comparing adoption rates as different methods can be used. For example, the Senate Report used rates expressed as adoptions per 1000 Australians aged 20-49, whereas the Australian Intercountry Adoption Network, in reference only to intercountry adoptions, uses rates expressed as adoptions per 100,000 country inhabitants. In its 2012/13 report, the AIHW uses rates expressed as adoptions per 100,000 0-17 year olds [AIHW (2013) Op. Cit., 16.] Webster has used a rate expressed as adoptions per 1000 women of reproductive age [Webster A (2012) Is adopting out the unchoice in contemporary Australia? Australian Journal of Adoption 6(1), Day 1.]
See http://www.nla.gov.au/openpublish/index.php/aja/article/view/2537/2987]

17 AIHW (2013) Op. Cit., 16.

18 Australian Intercountry Adoption Network, see http://www.aican.org/statistics.php?region=0 Accessed 16 Oct 2013.

19 Ibid.

3.9. When considering only local adoptions, the scenario differs somewhat, but Australia still exhibits a lower rate (0.0036 per 1000 women of reproductive age; 2011) than either the UK (0.0086; 2010) or the US (0.0175; 2008).[20] In approximate terms, there are more than twice as many local adoptions in the UK compared with Australia, and nearly five times as many in the US.

LOCAL ADOPTION: AUSTRALIA, UK and USA

2

TIMES MORE THAN AUSTRALIA

5

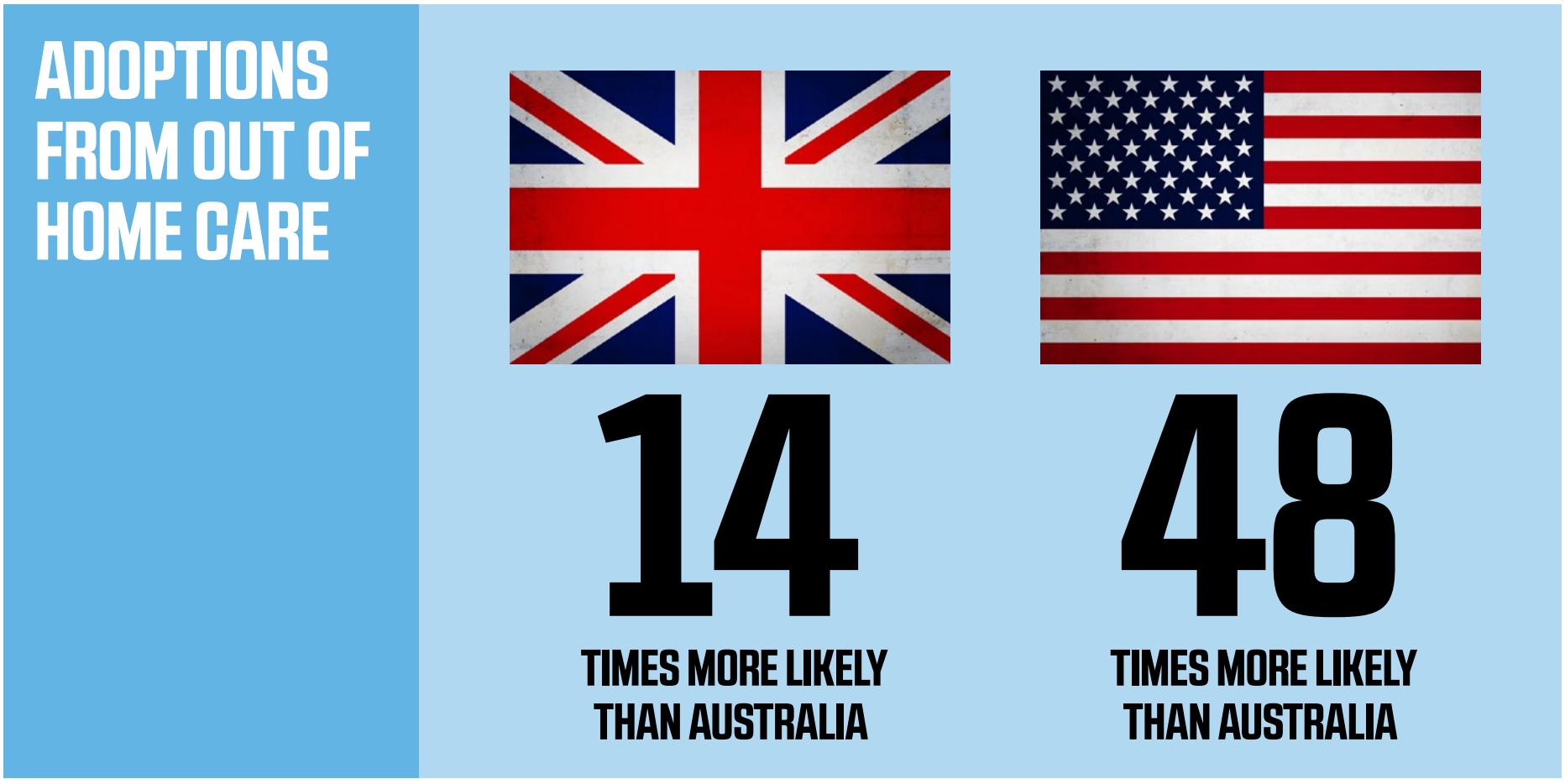
TIMES MORE THAN AUSTRALIA

3.10. The anomalies between Australia and the UK and US become even more divergent for adoptions from care. The UK and US have 14 and 48 times as many, respectively, compared to Australia.[21] [22]

20 Webster, Op. Cit.

21 Best R (2008) Adoption from care: a New South Wales response. Developing Practice 22:12-16.

22 Sammut J (2011) Do Not Damage and Disturb: On Child Protection Failures and the Pressure on Out of Home Care in Australia. Centre for Independent Studies, Policy Monograph 122, 17.



3.11. The broad take home message here is that adoption is not as common in Australia as in other similar Western nations, and when comparing Australia with the US, the disparity is huge. The reasons for some of these differences will be explored later, but part of the disparity may lie in the impact of culturally significant happenings in Australia such as the *Stolen Generations, Forced Adoptions, Forgotten Australians and Child Immigrants*.[23] Each of these, despite uncertainties about their extent and pervasiveness, has strengthened the desire for children to remain with their natural parents.

3.12. How have the numbers of adoptions in Australia changed over time? The Senate Report revealed that the rate (all categories) steadily climbed from around 4000 per year in 1951/52 to a peak of 9798 in 1971/72, before falling rapidly over the next two decades to 1051 in 1991/92, then more slowly to the latest figure of 339 for 2012/13. Over a 40-year period the decline from the peak of 9798 in 1971/72 by 96.6% has been nothing short of dramatic.

3.13. The reasons for the decline are complex; however, those most cited include access to abortion, declining fertility, broader social acceptance of children born outside of marriage, welfare support for single mothers, the increasing use of foster care and alternate forms of care such as permanent care orders, increasing emotional and financial costs of adoption, regulatory barriers, the development of negative attitudes to adoption arising from past practices, and also possibly from ideological reasons within some sectors of academia.[24] [25] To these might be added mounting knowledge about the importance of genetic heritage, which might drive a desire to retain familial bonds.

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23 These terms relate to events in Australia's history. They have been the subject of government inquiries and will be detailed in a later section.

24 Senate Report, Op. Cit. 9.

25 House of Representatives Standing Committee on Family and Human Services (2005) Overseas Adoption in Australia. Report on the inquiry into adoption of children from overseas. Canberra, 1.

04

THE CHANGING FACE OF ADOPTION

4. The Changing Face of Adoption

4.1. Adoption is not a new phenomenon. If it were isolated to the last 50 years or so, a modern experiment as it were, there may perhaps be greater justification for caution about its implementation and benefits. However, it has been practiced since antiquity, appearing in the Babylonian Code of Hammurabi and in Greek and Roman times.[26] Moses was adopted by Pharaoh's daughter, and Augustus by Julius Caesar.[27] Down through the centuries, adoption has served as care for the orphaned and destitute, child for the childless, and someone to receive the inheritance and continue the family name. Moreover, humans are not the only species to adopt, it being relatively commonplace among a variety of species.[28]

4.2. To gain a fuller understanding of the current place of adoption in the Australian community, and how best to implement it successfully, it is necessary to visit the history of adoption in this country and what has influenced perception of it. This is also important when attempting international comparisons because the cultural context in Australia, on account of that history, may help to explain some of the differences in how adoption is viewed and practiced in Australia.

4.3. Concerning what options other than adoption existed in Australia's early days, Marshall and MacDonald note:

> *From the first days of settlement in Australia until the early legislation on adoption, poverty, shame and disgrace led some women to desperate measures, including infanticide, and to the use of the infamous baby farmers. There were very few avenues of assistance for the women, and adoption, as it developed, provided a safer, more humane and socially responsible solution to 'the problem' than the other dreadful alternatives.*[29]

4.4. As adoption grew it did so within a societal context that continued to view a child being born out of wedlock as a shameful set of circumstances, the mother bringing disgrace to her family, and the child as illegitimate. There was also the reality of the abandoned child, or those badly neglected or abused. In the 19th century and early part of the 20th century, institutions were established to care for such children, but despite their resurgence at various times, the poor quality of care within many of them eventually led to their closure around the middle of the 20th century.[30]

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26 Palacios J & Brodzinsky D (2010) Adoption research: Trends, topics, outcomes. International Journal of Behavioral Development 34(3):270-284.
See also http://nearchaeology.blogspot.com.au/2009/02/hammurabis-law-code-and-adoption.html

27 Van IJzendoorn MH & Juffer F (2006) The Emanuel Miller Memorial Lecture 2006: Adoption as intervention. Meta-analytic evidence for a massive catch-up and plasticity in physical, socio-emotional, and cognitive development. Journal of Child Psychology and Psychiatry 47(12):1228-1245.

28 Ibid.

29 Marshall A & McDonald M (2001) The Many-Sided Triangle. Adoption in Australia. Melbourne University Press, Melbourne, 2.

30 Fogarty JF (2008) Some aspects of the early history of child protection in Australia. Family Matters 78:52-59.

4.5. One key factor influencing adoption during the first half of the 20th century was the false science of eugenics. Poverty, prostitution, mental illness, criminality, promiscuity, intelligence and social inadequacy were all thought to be heritable, as were perceived positive traits. The new science of genetics, coupled with Darwinist ideals about fitness and unfitness, drove a movement hopeful of improving the human race by taking control of natural selection. Children born of problem families were thought to inherit those problems, hence there was reluctance to adopt children of "poor genetic stock".[31] The terrifying fruit of eugenics in Nazi Germany, as well as a better understanding of genetics and the role of environment, made eugenics fall out of favour in the post WWII years.

4.6. This was also about the time that Freudian notions of the child as a tabula rasa, or 'blank slate' took precedence, and environmental influence was back in vogue; that is to say, the power of nurture became more prominent than that of nature. Hence, adoption became more popular as couples were prepared to take on a child and see the effects of their parenting result in positive benefit to the child.

4.7. How adoption should happen was strongly influenced by the views of the psychologist and psychoanalyst John Bowlby, and his work on attachment is credited with the 'clean break theory' that marked adoption during the 50s, 60s and 70s.[32] This idea led to early removal of the child at or soon after birth, and separation between the child and birthparents as well as between the birth and adoptive parents. Birth records were sealed and it was hoped and expected that the birthparents would essentially put it all behind them and move on, that the child would be secure in a new family and not need to know about his or her origins, and that the adoptive parents would now have a child 'as if born to them' and get on with the business of building their new family. This was the era of the 'closed adoption'.

4.8. With the advantage of hindsight it is unsurprising that this ideal of the clean break did not always work out well. Children mostly found out about their origins and wanted to know about their birth parents and possibly meet. Some birth parents, primarily mothers, grieved the loss of their children and wanted to find them. Some birth parents described being treated badly and possibly illegally – their stories of the removal of their children eventually led to a National Apology by Prime Minister Gillard in March 2013. During this period of Australia's adoption history, the forced or coerced removal of some children from their parents was a shameful practice that has led to much heartache, suffering and trauma. What is known about the experiences of birthparents will be detailed in a later section.

4.9. Swain offers an alternative explanation for secrecy and separation of the birthmother from the child and adoptive family. She cites specific Australian legal cases where birthmothers challenged the adoption, seeking the return of their child. Swain argues that rather than this leading to either openness or greater protection for birthmothers, it instead led to their exclusion through restricted opportunity for interference

31 Senate Report, Op. Cit., 20-21.
32 Ibid., 25-27.

in the newly established adoptive family.[33] Swain sees this as effectively a backlash biased in favour of the 'fit' adoptive mother against the 'unfit' birth mother.

4.10. Throughout adoption's 'boom' years from the 40s through to the 70s, the reality for many unmarried teenage girls was that there was no independent financial support, her parents were not always prepared to assist her, neither was the father able or prepared to support her and a child, and even if support was available, some girls felt unable to parent. It is important to note that it was not always unmarried teenage girls who adopted out their child. While there appears to be no comparable data available for Australia, in the UK nearly half of the 22,000 adoptions in 1974 were for children born within marriage.[34] During this era abortion was not readily available, accompanied as it was by strong social disapproval. A corollary to the shame and stigma for unmarried teenagers was secrecy, and families often took steps to cover up what had happened. Their pregnant daughters were often hidden from public view, spending time in institutions and perhaps even giving birth there.

4.11. What proportion of teenage pregnancies resulted in adoption cannot be known with any certainty; however, from the limited evidence that does exist, the majority of unmarried mothers seem to have kept their babies despite the unfavourable cultural environment.[35],[36] This is a fact that seldom receives the attention it should, and it tempers the image of the era, revealing an environment of care by families that embraced their daughter and her unplanned pregnancy in over half of circumstances.

4.12. Interestingly, in the US the proportion of premarital births that resulted in adoption is far less than in Australia. For the period 1952-1972, only 9% of premarital births resulted in adoption. Subsequently the figure dropped steadily to 2% for 1982-1988.[37] The decline was the result of changes in adoption for white women; adoption as a percentage of premarital births for black women remained the same. These figures point to a significant difference between how premarital birth was handled in Australia compared to the US during the time of closed adoptions.

4.13. The era of closed adoption gradually changed to the new approach of 'open adoption'. Under this paradigm, the secrecy that marked earlier adoption practices gave way to openness, at much the same time as the stigma of illegitimacy also faded. Adoptive parents are now strongly encouraged to make the child aware of his or her origins at an age appropriate time, birth records are open, relinquishing parents and adoptive parents know each other and may have contact, and children, whilst raised by their adoptive parents, may have ongoing contact with their birth parents. The concept of openness in adoption can

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33 Swain S (2011) Adoption, secrecy and the spectre of the true mother in twentieth-century Australia. Australian Feminist Studies 26(68):193-205.

34 Narey M (2011) The Narey Report on Adoption. Our blueprint for Britain's lost children. The Times. See http://www.mnarey.co.uk/resources/Report%20%28Portrait%29.pdf.zip

35 Marshall & McDonald , Op. Cit., 11

36 Cole C (2013) Stolen Babies – Broken Hearts: Forced Adoption in Australia 1881-1987. Australian Journal of Adoption 7(3). See http://www.nla.gov.au/openpublish/index.php/aja/issue/view/258/showToc

37 Bachrach CA, Stolley KS & London KA (1992) Relinquishment of Premarital Births: Evidence from National Survey Data. Family Planning Perspectives 24(1):27-32.

only refer to where it is possible, and therefore mostly applies to local adoptions. Known adoptions are generally open in any case, at least in the sense of likely knowledge of the birthparents, and intercountry adoptions rarely involve openness because of the circumstances.

4.14. While open adoptions are now far more common, there may remain circumstances in which openness is not chosen as a result of the birth mother's wishes.[38] Moreover, differing degrees of openness are possible that may shift over time, and commentators tend to agree that 'case sensitivity' is a crucial element of how openness can work.[39] This is supported by community attitudes that indicate a desire to leave the degree of openness to the families involved.[40] In a US study of 764 adoptions that were initiated with openness, the authors found that 44% had decreased or stopped contact altogether. This was more the case in those adoptive families for whom openness was suggested or required by an agency.[41]

4.15. It is also important to note that there may arise circumstances in which it is preferable for the child's safety that there be no contact with birth parents; for example, where abuse or neglect contributed to the adoption.

4.16. In Australia in 2011-12, 95% of local adoptions were open, a continuing and increasing trend that has seen over 80% of local adoptions since 1998 being open.

4.17. As the idea of open adoption emerged, despite considerable optimism,[42] criticism was expressed to the effect that it would not work. The main arguments were that children would be confused about who was actually doing the parenting, that adoptive parents would worry about constant intrusion of the birth parents, leading to damage to their relationship with the child, and that birth parents would not be able to properly grieve the loss of their child because the ongoing contact would be a constant reminder of their loss.[43] However, those fears do not appear to have been realised.

> ... *Although potential adoptive parents tended to be fearful about open adoption and skeptical about its benefits, once they had experienced a fully disclosed adoption, they generally became positive about the practice of openness. Adoptive parents in fully disclosed adoptions demonstrate higher degrees of empathy about adoption, talk more openly about adoption with their children, and have a greater sense of permanence about the adoption when compared with parents in confidential adoptions.*[44]

38 Berry M, Dylla DJC, Barth RP & Needell B (1998) The Role of Open Adoption in the Adjustment of Adopted Children and Their Families. Children and Youth Services Review 20(1/2):151-171.

39 Henney SM, Onken S, McRoy RG & Grotevant HD (1998) Changing Agency Practices Towards Openness in Adoption. Adoption Quarterly 1(3):45-76.

40 Miall CE & March K (2005) Open Adoption as a Family Form: Community Assessments and Social Support. Journal of Family Issues 26(3):380-410.

41 Berry et al., Op. Cit.

42 Baran A & Pannor R (1993) Perspectives on Open Adoption. Future of Children 3(1):119-124.

43 Wolfgram SM (2008) Openness in Adoption: What We Know So Far – A Critical Review of the Literature. Social Work 53(2):133-142.

44 Ibid.

4.18. Even for those adoptions that were initiated as closed adoptions, the opening of birth records to permit search and reunion to occur has not resulted in feared privacy invasions.[45]

4.19. While most open adoption involves infants, the possibility of openness for special needs adoptions has also been advocated.[46] These authors describe the challenges that openness brings to the concept of kinship.

4.20. Openness challenges the definition of kinship, expanding it to include connections based on mutual caring and emphasising the primacy of attachment and social bonds ... birth and adoptive families become extended family to each other and come to relate in much the same way as extended family in nonadoptive families ... The question must not be to whom the child belongs, but rather who belongs to the child and what relationships have and will have the most meaning.[47]

> *Openness not only has implications for members of the adoption triad, but also for agencies or other bodies who are involved. In the US, where private agencies manage the majority of adoptions, staff are supportive of the idea of openness and encourage it, even though their workload is increased as a consequence.*[48]

4.21. Many things influence how adoption is practiced in the current era in Australia. Perhaps the most significant driver is the way it is perceived by the public, decision makers, and those who operate as the gatekeepers in government departments. What each of these parties think about adoption will ultimately bear upon what eventually happens. Several things inform that perception, some that are particular to Australia and some that are not.

4.22. First, whatever the term used for separation of a child from his or her parents, and whatever the circumstances, to a certain extent, it will be judged against a backdrop of historical circumstances. The most notable of these in the Australian context is what has come to be called The Stolen Generations. The Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families,[49] commonly known as Bringing Them Home, has firmly embedded in the Australian conscience the wrong of forced removal of a child from his or her family, and arguably heightened sensitivities about any removal of any child.

4.23. Along with The Stolen Generations, the exporting of some 7000 child migrants to Australia in the early part

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45 Carp EW (2007) Does Opening Adoption Records Have an Adverse Social Impact? Some Lessons from the U.S., Great Britain, and Australia, 1953-2007. Adoption Quarterly 10(3/4):29-52.

46 Silverstein DN & Roszia SK (1999) Openness: A Critical Component of Special Needs Adoption. Child Welfare 78(5):637-651.

47 Ibid.

48 Henney et al., Op. Cit.

49 Australian Human Rights Commission (1997) Bringing Them Home. Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families.

of the 20th century, sometimes referred to as the Lost Innocents,[50] likewise sharpens the issue of children separated from their families. On the second anniversary of the UK apology, British Prime Minister David Cameron commented in this way:

> *We will never forget the tragedy of the thousands of families broken up by the child migration schemes.*[51]

4.24. While this practice may or may not have involved forced removal, it nevertheless remains emblematic of past failures to keep families together and care for children. Likewise, the many hundreds of thousands of Australian children who spent their childhood in institutions, sometimes called the Forgotten Australians,[52] sears the Australian collective conscience. This is particularly so given the various forms of abuse that took place in some of those institutions. Our nation failed many of these children badly, and while this did not involve adoption, perhaps it has made our community all the more wary of practices, especially formal ones, in which children do not remain with their natural family.

4.25. Second, the recent report of the Australian Senate on forced adoptions, referred to above, arose after many years of concern about some practices in the era of closed adoption. The national apology was very public, and the powerfully negative portrayal of adoption it embodied resonates strongly in the public mind. Regardless of the pervasiveness of forced or coerced removal of children during that era, about which there is uncertainty, the take home message is nevertheless potent – children should not be separated from their parents. While this message does not adequately take into account the complexities and nuances of real social dilemmas and cultural contexts, nevertheless it is the type of message that has traction.

4.26. Third, as the media is inclined to do, its portrayals of adoption tend to be stories that have a sensational edge. Adoption stories about circumstances in which everything is basically working well are not nearly as appealing as those that raise a reaction, preferably with a strong moral component. In a US study of media portrayals of adoption, Kline et al. found that the majority of news stories "covered fraud, crime, legal disputes and negative international adoption cases".[53]The authors believe that:

> *...Journalists may inadvertently play a role in shaping the public's impression of adoption as a problematic process and experience.*[54]

4.27. While there appears to be no parallel Australian study, it is possible that similar media influence could be operational here.

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50 Australian Senate Community Affairs References Committee (2001) Lost Innocents: Righting the Record, Report on Child Migration.

51 See http://www.childmigrantstrust.com/news/uk-apology-to-former-child-migrants--2nd-anniversary--24022012

52 Australian Senate Standing Committee on Community Affairs (2004), Forgotten Australians: A report on Australians who experienced institutional or out of home care as children.

53 Kline SL, Chatterjee K & Karel AI (2009) Healthy Depictions? Depicting Adoption and Adoption News Events on Broadcast News. Journal of Health Communication 14:56-69.

54 Ibid.

4.28. The imbalance in the media is also reflected in the space given to adoption in school texts, at least in the US. Kathryn Creedy notes that abortion is afforded three to five times the space as adoption. She argues that adoption is basically "just not on the radar screens of young men and women."[55]

4.29. Importantly, how adoptees perceive the public's attitude to adoption has implications for their well-being. In a study by French on self-esteem amongst adoptees, the author proposes that negative social attitudes towards adoption have the potential to directly adversely affect the self-esteem of adoptees.

> *Valuation of one's adoptive status as a positive source of self-esteem will depend largely on the attitudes pervasive in the social environment.*[56]

4.30. Fourth, as will become evident in a later section on adoptees, some of the first research to emerge showed that adopted children were over-represented in clinical settings, displaying more problem behaviour and poor mental health than their peers. However, that research has been put into perspective by subsequent work, which revealed that there are a small number of troubled adoptees, but the overwhelming majority are doing well. Early data was also skewed because adoptive parents were found to be more ready to refer their children for help. Moreover, the reasons for some of the problems adoptees experience are complex and not necessarily related to the adoption itself, such as damaging prior institutional experience or foster care, genetic factors, exposure to alcohol and other drugs in utero, age at adoption, and openness about adoption within the adoptive family.

4.31. Given that research findings take some time to filter through to the public consciousness, those earlier representations of adopted children as troubled and difficult are likely to still have some purchase, even though they misrepresent reality.

4.32. Fifth, and finally, there are ideological and other reasons held by some in academia in this country and elsewhere that may have been influential in generating an anti-adoption mentality within the field and possibly therefore amongst professionals who are the key gatekeepers. The 2005 report Overseas Adoption in Australia by the House of Representatives Standing Committee on Family and Human Services (hereafter 'Overseas Adoption Report'), identified "a general lack of support for adoption – both local and intercountry – in most of the state and territory welfare departments".[57] Attitudes within those departments ranged from "indifference to hostility".[58] It is not only within government reports that this sentiment is expressed:

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55 Creedy KB (2001) Community Must Unite If Perception of Adoption Is to Change. Adoption Quarterly 4(3):95-101.

56 French QYS (2013) Adoption as a Contingency of Self-worth: An Integrative Approach to Self-esteem in Adopted Individuals. Adoption Quarterly 16(2):128-152.

57 House of Representatives Standing Committee on Family and Human Services, Op. Cit., viii.

58 Ibid., 8.

> *My feeling, basically, is that the Australian Government, at all levels, is anti-adoption ... They make it as hard as possible, and that can only be because they don't want Australians to do it.*[59]

4.33. Others, both amongst child welfare professionals and in the professional literature, have likewise identified such an anti-adoption mentality.[60] Rosemary Pringle asserts, "adoption has come to be regarded with hostility and suspicion".[61] However, given the numerous positive accounts of adoption in the literature, is this particular view accurate, and if not, could it instead advance such a perception of adoption rather than describe it? The question is, who regards adoption with hostility and suspicion? Contrary to Pringle's assertion, Cole thinks the problem is that the public actually has a benign view of adoption.

> *Adoption has been based on so many lies and myths that society generally has the view that adoption is a service; that there are unwanted children and loving couples save them. That is still the myth adoption is based on and, therefore, adoption is still seen by general society as being something that is a service.*[62]

4.34. But perhaps the 'hostility and suspicion' claimed by Pringle, along with the lament by Cole, is instead the select opinion of a few who may be intent on promoting a view of adoption that results in 'hostility and suspicion'.

4.35. Even more immoderate is the desire to put an end to all adoptions.[63] Such a radical view raises many questions about what forms of care remain for children in need, and whether alternate forms of care truly are in the best interests of children.

4.36. What is it about adoption that seems to be the problem? Perhaps it is the strong voice of relinquishing mothers that points to questions of a power imbalance.

> ... *The point we wish to make is that the spectre of the birth mother – or more accurately, her politically mobilised and vocal presence in contemporary debates on adoption – represents a significant hurdle to overcome in attempts to recuperate adoption in Australian public policy.*[64]

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59 Quote by Tony Dunne, president of International Adoptive Families of Queensland. In: Overington C (2010) Adopting a hard line on parents. The Australian, Feb 9.

60 Wegar K (2000) Adoption, Family Ideology, and Stigma: Bias in Community Attitudes. Family Relations 49(4):363-370. See also Cuthbert D, Murphy K & Quartly M (2009) Adoption and Feminism. Towards Framing a Feminist Response to Contemporary Developments in Adoption. Australian Feminist Studies 24(62):395-419.

61 Pringle R (2004) Adoption in Britain: Reflexive Modernity? Australian Feminist Studies 19(44):225-240.

62 Cole C (1998) In evidence given to the Parliament of New South Wales, Legislative Council Standing Committee on Social Issues, Interim Report of Inquiry into Adoption Practices. Transcripts of Evidence. 27 Aug to 19 Oct, Report 17 (Sydney) 105-106.

63 Quote by Evelyn Robinson " ... I am so confident that we will see an end to adoption ..." In: Robinson E (2001)Adoption and loss – The Hidden Grief. Paper present in Toronto May 2, 2001 for "ASK ... about reunion and the Canadian council of Natural Mothers". See http://www.ccnm-mothers.ca/English/articles/Robinson.htm

64 Cuthbert D, Spark C & Murphy K (2010) "That was Then, but This is Now": Historical Perspectives on Intercountry Adoption and Domestic Child Adoption in Australian Public Policy. Journal of Historical Sociology 23(2):427-452.

4.37. This theme has been picked up numerous times in Australia in particular and is central to the public perception of adoption. Sympathy for the pain and loss of birthmothers is understandable and as it should be, but there is something more. Cuthbert and others are troubled by the ways in which, as they see it, birthmothers have been played off against adoptive mothers.[65] They argue that birthmothers were and are punished by coerced adoption because they have transgressed the acceptable sexual mores of society. Their babies were then handed over to 'good' mothers. Moreover, the adoptive mothers fulfilled the 'dominant script' of motherhood and domesticity, whereas the birthmother had "violated dominant patriarchal ideals of family life".[66] On this view, adoption regulates and controls sexual behaviour and upholds traditional family ideals.[67]

4.38. In a paper seeking to provide a feminist response to adoption in the contemporary context, Cuthbert and coworkers argue for a,

> *...Much needed critical space for thinking about the family and motherhood in non-essentialist ways which challenge the dominant script of family and motherhood.*[68]

4.39. And,

> *We need a thorough dismantling of sex/gender/reproduction systems to allow for all women and all reproductive status to be viewed and treated with equal respect.*[69]

4.40. Any call for equal respect is to be welcomed, but whether adoption per se undermines such respect, or whether such a thorough dismantling will help, is not clear.

4.41. Furthermore, for some feminists there is a tension in too strong a critique of adoption, because adoptive motherhood has in fact been embraced as a way to challenge the 'dominant script'.

> *...A body of feminist work has emerged ... to elevate adoptive motherhood as not simply one site in which the dominant pro-natalist, biologic script of the normative reprosexual family may be de-stabilised and indeed re-written, but as the key site for this feminist revision of motherhood and family.*[70]

4.42. These critiques of adoption are not merely historical, looking back at the failures from the era of closed adoption. Rather, they are critiques of adoption per se and in particular of its re-emergence in recent

65 Cuthbert et al. (2009) Op. Cit.
66 Wegar K (1997) In search of bad mothers: social constructions of birth and adoptive motherhood. Women's Studies International Forum 20(1):77-86.
67 Ibid.
68 Cuthbert et al. (2009) Op. Cit.
69 Ibid.
70 Ibid.

government inquiries headed by Liberal MP Bronwyn Bishop.[71] The endorsement of adoption apparent in both these inquiries is interpreted as a problematic return to 'conservative family policy' from the era of former Prime Minister John Howard.[72]

4.43. Additionally, any return to a narrative of adoption as salvation or rescue is seen by some commentators as a return to "old binary formations".[73] Nevertheless, salvation and rescue are dominant themes in the adoption community, which can be evidenced for example by the willingness of many to adopt a child from the appalling conditions they were experiencing in Romanian orphanages.

4.44. Even so, a negative construal of intercountry adoption has emerged recently, because of concern that intercountry adoptions may turn out to be the modern equivalent of forced adoptions from Australia's past.[74] This position appears to be informed by concern for relinquishing parents and their loss,[75] although just as the extent of coerced adoption in Australia in the 40s though 70s is unknown, so even less is known about how coercion may play out in intercountry adoption. Such a preemptive strike against intercountry adoption hence appears as an in principle attack on adoption per se, perhaps for the ideological reasons outlined above.[76]

4.45. In addition to these particular ways that a perception of adoption is created, the portrayal of adoption as a "market in children", and adoptive parents as key drivers of that market, adds another negative connotation that further degrades adoption.[77] This additional layer, that is, adoption as the commodification of human life, is being advanced as a current analysis relatively unchanged from the past. Quartly, Cuthbert and Swain, reporting on their first major finding arising from the Monash History of Adoption Project, argue that adoption in Australia has always been a market.

> *…Overwhelmingly the history of adoption in Australia from the 1860s through to the present day is a story of the shifting, highly adaptive forces at work in the market for children.*[78]

4.46. Moreover, adoptive parents drive that market, the authors claim, because of their 'relative power' and their demands are instrumental in ensuring supply.

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71 These inquiries were by the House of Representatives Standing Committee on Human and Family Services, Overseas Adoption in Australia: Report of the Inquiry into Adoption of Children from Overseas (2005), and The Winnable War on Drugs: The Impact of Illicit Drug Use on Families (2007).

72 Murphy K, Quartly M & Cuthbert D (2009) "In the Best Interests of the Child": Mapping the (Re) Emergence of Pro-Adoption Politics in Contemporary Australia. Australian Journal of Politics and History 55(2):201-218.

73 Cuthbert et al. (2009) Op. Cit.

74 Cuthbert et al. (2010) Op. Cit.

75 Fronek P (2012) The politics of 'orphans' and the dirty tactics of the adoption lobby. The Conversation. See http://theconversation.com/the-politics-of-orphans-and-the-dirty-tactics-of-the-adoption-lobby-10537

76 Cuthbert D & Fronek P (2012) Sowing the seeds for future apologies? Looking at practices in ICA in light of Australian governmental apologies related to forced child removal. Australian Journal of Adoption 6(1). Paper delivered at the 10th Australian Adoption Conference October 2012.

77 Quartly M & Swain S (2012) The market in children. Analysing the language of adoption in Australia. History Australia 9(2):69-89.

78 Quartly M, Cuthbert D & Swain S (2012) Report of the Findings of the Monash History of Adoption Project. Australian Journal of Adoption 6(1).

One might even argue that demand has generated supply, working to pressure single mothers in the 1950s and 1960s to relinquish babies, and pushing to open international markets in the 1970s, 1980s and 1990s.[79]

4.47. Taken together, the perspective of these authors seems to be that there is little to redeem adoption. Swain describes adoption as a "field that masqueraded as benevolent",[80] and that each time a change was made, "each of those new initiatives morphed into the evil past which needed to be set aside."[81]

4.48. Calling adoption evil leaves little doubt about how some in academia in this country see adoption. Moreover, it is difficult to see how that view can be squared against the utterly different accounts of adoption that exist elsewhere in personal experiences described in popular literature and online forums, as well as in the considerable body of contrary academic literature on the subject.

4.49. To conclude, there can be little doubt about what this negative perception of adoption is capable of doing in the public consciousness, even if there is no certainty about the extent of that influence. Perhaps more importantly, the impact of this construal of adoption as so negative appears to have already impacted significantly upon the key gatekeepers in the nationwide network of government departments that regulate adoption practice.

79 Ibid.
80 Swain S (2012) Snapshots from the Long History of Adoption in Australia. Australian Journal of Adoption 6(1).
81 Ibid.

05

ETHICS OF ADOPTION

5. Ethics of Adoption

5.1. The changing nature of adoption means that at different times and places there have been different views about how adoption should be understood and implemented. This is not to say that practices have always been based upon ethically sound principles, nor that the principles themselves have changed, but merely to acknowledge that cultural context, prevailing mores, and the available evidence, have all had a bearing upon adoption policy and practice. It is also fair to say, and this seems clear from the evidence, that not only unethical but also illegal practices, have occurred at various times and places.

5.2. The ethical principles that are pertinent to adoption are those that govern human relationships in general. In the broadest sense this includes recognising the goods of health, knowledge, trust, courage, freedom, integrity, substantive fairness, reason, authenticity and human life itself. Realising these values involves implementing the Golden Rule, which has been described as the,

> *... Single greatest, simplest, and most important moral axiom humanity has ever invented, and which appears in the writings of almost every culture and religion throughout history ...* [82]

5.3. This ethic of reciprocity, that one should treat others as one would like to be treated, is a powerful guide that ought to inform human interaction, and this is no less true in the context of adoption.

5.4. Before detailing key principles in adoption in particular, there is one more overarching principle that ought to apply. This is derived from an ethic of care that recognises that those who are in more vulnerable situations need special consideration. That is to say, when difficult decisions need to be made that have an impact upon several different parties, the well-being of those who are the weakest and most vulnerable demand special attention and preference.

5.5. In the first instance, by nature, the child is the most vulnerable party and also naturally innocent. International law specifically frames things this way.

5.6. The Declaration of the Rights of the Child, in its preamble, notes:

> *... The child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth.*[83]

5.7. With particular relevance to adoption, the Convention on the Rights of the Child, at Article 7 states:

82 See http://www.inspirational-quotes-about-life.net/actions.html#.Uvq4t4UrfqY

83 Declaration of the Rights of the Child, Preamble. See https://www.un.org/cyberschoolbus/humanrights/resources/child.asp

The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, the right to know and be cared for by his or her parents.[84]

5.8. The right of a child to proper care is made more explicit in the Declaration at Article 6, which states that the child shall:

...Wherever possible, grow up in the care and under the responsibility of his parents, and, in any case, in an atmosphere of affection and of moral and material security; a child of tender years shall not, save in exceptional circumstances, be separated from his mother.[85]

UNITED NATIONS DECLARATION ON THE RIGHTS OF THE CHILD

ARTICLE 6:

The child, for the full and harmonious development of his personality, needs love and understanding. He shall, wherever possible, grow up in the care and under the responsibility of his parents, and, in any case, in an atmosphere of affection and of moral and material security; a child of tender years shall not, save in exceptional circumstances, be separated from his mother. Society and the public authorities shall have the duty to extend particular care to children without a family and to those without adequate means of support. Payment of State and other assistance towards the maintenance of children of large families is desirable.

5.9. These statements make it clear that the best place for a child is to be raised in a stable and loving environment under the care of his or her birth parents. This must remain the default position. While there are many aspects of such an upbringing that confer benefits, it seems that stability and permanence are perhaps the most crucial for a child's healthy development.

84 Convention on the Rights of the Child, Article 7.
See http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx

85 Declaration of the Rights of the Child, Op. Cit., Article 6.

> *Mental health professionals generally agree that permanency, whether with legal adoption or long-term placement, is a paramount need for all children; they believe that growing up without roots and a stable home is a primary cause of lifelong problems.*[86]

5.10. In the key international convention related to adoption, the Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption of 1993, the importance of stability is reiterated:

> *Recognising that the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding.*[87]

5.11. However, when circumstances arise such that care by birthparents is not possible, or seriously risks the well-being of the child, then other forms of care become necessary. And given that stability has long been recognised as a critical element of healthy childhood development, adoption has therefore become an option that fulfills this need.

5.12. Adoption ought only to be considered when it is clear that proper care cannot or will not be provided by the birth parent(s). This is the most difficult and potentially contentious part of the adoption process. In keeping with the default position described above, all reasonable effort should be made to keep a family together. This is expressed in Australia's National Principles in Adoption as well as in the Hague Convention.

> *A child has a right to be brought up within their birth family, wherever possible.*[88]

> *Each State should take, as a matter of priority, appropriate measures to enable the child to remain in the care of his or her family of origin.*[89]

5.13. Moreover, the National Principles reiterate the Hague notion of 'appropriate measures' by stating that the birth family has a right to support to enable family preservation.

> *A birth family has the right to community and government support to allow the child to be maintained within the family.*[90]

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86 Baran A & Lifton BJ (2004) Adoption. In: Post SG (Ed.), The Encyclopedia of Bioethics, 3rd Edition, Macmillan Reference USA, New York, 68-74.

87 Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption, Preamble. See http://www.hcch.net/index_en.php?act=conventions.text&cid=69

88 Australian National Principles on Adoption, Article 10. See http://www.dhs.vic.gov.au/__data/assets/pdf_file/0006/572694/National-principles-adoption-1997.pdf

89 Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption, Op. Cit., Preamble.

90 Australian National Principles on Adoption, Op. Cit., Article 12.

5.14. The idea of family preservation, while grounded in international law, must nevertheless take proper account of the welfare of the child. The laws of the various Australian States ground the adoption decision in the best interests of the child, as does the Convention on the Rights of the Child.[91] Getting the balance right can be very difficult, but when it is demonstrably clear that a child cannot be cared for properly by his or her birthparents, measures should be taken to place a child in an optimum alternative setting. Furthermore, given the critical need for stability, such decisions need to be made in a timely fashion so as not to jeopardise the child's chances of natural healthy development.

5.15. This raises the central ethical issue of consent that is at the heart of the more difficult aspects of some adoptions. In some circumstances, a court can waive consent when it is clear that a child is at risk of abuse and/or neglect. But otherwise, consent of the birthparents is required, as is age-appropriate consent of the child.

5.16. The question of whether consent is freely given is not necessarily as straightforward as one might assume. For consent to be genuine, proper knowledge about what one is consenting to is required. That is why research and other evidence are so important. When someone is made aware of the consequences of their choices, as best as they can be known, only then does their consent have contextual meaning. For example, if someone is not made aware of the potential sources of support that are available for keeping their child, they may agree to relinquishment when they might not have done so if they had known otherwise. Likewise, knowledge about future contact and an ongoing relationship with their child might also influence a decision to relinquish.

5.17. Because of these potential influences upon a decision to relinquish, adoption legislation in the various Australian States requires that counseling is mandatory, or at the least must be offered.

5.18. The other key matter regarding consent is that it be as free as possible from pressure or coercion of any kind. This can be a difficult area for several reasons. Pressure can be applied subtly and in ways that are hard to identify. For example, cultural context can apply its own pressure via stigma and shame, or conversely via other accepted alternatives to adoption, such as abortion, which may have been portrayed as a cleaner break, and with minimal consequence.[92] Moreover, parents and partners can apply pressure in complicated and relationally specific ways. Authorities of various sorts can also apply pressure, as has happened in adoption practices in Australia's past. Also, knowledge about financial benefit one way or another can act as a pressure, or financial benefit to be made by others can possibly even be used to coerce. The lines between encouragement, pressure, coercion and force are not distinct; however, properly informed consent is more likely if due consideration is given to the goods described above in the context of an ethic of reciprocity.

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91 Convention on the Rights of the Child, Op. Cit., Article 7.

92 See for example American Psychological Association (2008) Report on the Task Force on Mental Health and Abortion. Washington DC.

5.19. Opportunity should also be given for the revocation of consent. This is in recognition of the gravity of the decision being made, and of the intensity of the emotional circumstances that pertain at the birth of a child. Pregnancy and childbirth are natural events typically followed by bonding between mother and child mediated by complex hormonal changes. Moreover, birth is the first opportunity for a father to bond more closely with his child. A case can be made to argue that a certain amount of time should be allowed to pass before a decision is made to interrupt these natural events. The powerful emotional context which surrounds a decision to consider adoption mandates time and the freedom to reverse a decision.

5.20. These matters are dealt with in adoption legislation in the Australian States, which require that a certain time has passed after birth before a decision to relinquish can be made, and also a time period after that, for revocation.

5.21. With the growing place of openness in adoption practice, it is part of the consent process for birthparents to have a say in who the adoptive parents will be. This is not only an important element of basic respect for persons, but also recognition of the types of values the birthparents would like to have for their child even though they will not be raising him or her. It is also important that birthparents in an open adoption are as much at ease as possible with adoptive parents with whom they will relate in the future. This type of involvement with choosing the adoptive parents presupposes that the authorities have already been through a process of determining that the adoptive parents are suitable for the task of raising children.

5.22. The question of the best possible alternate environment that the child will grow up in also pertains to matters of kinship and culture. Australia's National Principles require that these issues must be considered.

> *A child has a right to be considered for placement within the extended family prior to placement outside its family.*[93]

> *A child should preferably be placed in a culturally/ethnically appropriate placement.*[94]

5.23. If it is possible for placement within the extended family, there are certain advantages that accrue to the child. These include that the child will be surrounded by known family members, hence bolstering security and stability, and that identity is more secure because of information that can be supplied by the wider family about his or her birthparents.[95] There is also the important question of existing relationships that a child may have with siblings. In keeping with the benefits of stability and security, even if a child cannot be adopted by members of the wider family or within their cultural context, it is in the child's best interests to remain with siblings if at all possible.

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93 Australian National Principles on Adoption, Op. Cit., Article 11

94 Australian National Principles on Adoption, Op. Cit., Article 14

95 Lorkovich TW, Piccola T, Groza V, Brindo ME, &Marks J (2004) Kinship Care and Permanence: Guiding Principles for Policy and Practice. The Journal of Contemporary Social Services 85(2):159-164.

5.24. One other central ethical issue remains, which relates to the ongoing well-being of members of the adoption triad, and this has already been alluded to in reference to the international human rights instruments. This issue is the importance of knowledge. In fact, it is broadly related to the ethical requirement for truth-telling and the good of knowledge. In past adoption practices in Australia, it was thought that secrecy and a clean break were beneficial for both the child and birthparents. What has transpired since then has proven that transparency is much better.

5.25. The move towards openness honours the key ethical principle of truth-telling, driven in large part by the natural desire of adoptees to know about their origins and of birth parents to know what happened to their child. Adoptive parents also see the value for their child of knowledge about origins, particularly as regards medical information. For them too, that knowledge may help them understand their child better, leading to greater relational harmony and stability in the family.

5.26. The National Principles tread a careful path regarding information. This is because of the different legal regimes that have existed in the past, in which people have entered adoption arrangements with certain expectations. It is also because there needs to be respect for the wishes of birthparents and adult adoptees, some of whom may not want contact or may want limits placed. In some cases information must be handled carefully because of safety concerns for some adoptees who have come from situations of abuse.

5.27. Despite these complications, current adoption practice, as noted above, encourages openness and honesty.

> *Openness in adoption arrangements should be achieved as far as possible with a minimum of welfare or state intervention and should not undermine the parental authority of adoptive parents.*[96]

5.28. While openness and transparency of information is better than the secrecy of the past - and sometimes the lies that have gone with it - there is no guarantee that information will be used wisely or that it will be a remedy for the complex feelings often experienced by members of the adoption triad. But it is certainly a better regime ethically.

5.29. What ethical obligation, if any, does the community have to care for members of the adoption triad after an adoption is completed? A prima facie case can be made that since the community, through its legislative processes, enables adoptions to occur, there exists a responsibility to provide ongoing care for members of the adoption triad as need arises.

96 Australian National Principles on Adoption, Op. Cit., s4(2)

Accredited bodies should ensure that appropriate post adoption counseling and support services are available to relinquishing parents.[97]

Follow up and post-placement support are a crucial and integral part of the adoption process.[98]

5.30. Recognising that adoption occurs when the preference for unity of the natural family fails, is also a recognition that it is likely to involve experiences of pain and difficulty, and hence support for those who need it should be provided.

5.31. Finally, given that personal adoption experiences are enormously diverse, it is important to show respect for those differences. Individuals weave their adoption experiences into the complex fabric of their lives with a myriad of different influences, beliefs, strengths and weaknesses. There is not one simple and common adoption experience. Accordingly, those different experiences can lead to quite different perspectives on adoption, which is understandable. A problem does arise however, when one individual's experiences lead to generalisations about the experiences of all others. As the following sections will reveal, research shows considerable diversity of experience for all members of the adoption triad as well as for different types of adoption, whether local, intercountry, special needs, interracial, known, or adoption from care. That diversity of experience is what it is. People are different, and can even respond to the same circumstances with considerable variance.

5.32. That diversity also points to the reality that while the experiences of some have been harmful and damaging, there is something about the majority of adoptions that causes them to work out well. That reality demands an effort to find out why.

97 Australian National Principles on Adoption, Op. Cit., s5(10)

98 Australian National Principles on Adoption, Op. Cit., s8(1)

06

EXPERIENCES OF RELINQUISHING PARENTS

6. Experiences of Relinquishing Parents

6.1. By far the majority of research on relinquishing parents involves mothers. There is limited research on fathers, described by some as 'shadowy' figures.[99] There are many reasons for their relative absence, but nevertheless, the fact remains that the father has a powerful biological link to his child, and as we will see from the limited amount of research that does exist, adoption has had an impact upon fathers that shares some similarities with the impact upon mothers.

6.2. A mother's bond with her child has broadly been recognised as unique, strong and even primal.[100] Gestation involves the formation of bonds that culminate in the birthing event and the subsequent hormonal changes via Oxytocin that are typically associated with maternal-infant bonding.[101] It is to be expected that separation of a mother from her child is likely to be a significant rupture experienced as a trauma involving grief and loss. It is also likely that the circumstances of separation will have a significant bearing upon how that loss is to be interpreted and processed, and ultimately what impact it is likely to have in the long term.

6.3. Adoption researchers have noted that adoption in general is under-researched and in need of quality work.[102] Research on relinquishing mothers is particularly fraught because of the difficulty in obtaining a representative sample,[103] and because data is retrospectively obtained and reliant upon the accuracy of recall. Moreover, when an association is identified between relinquishment and negative outcomes, it is unknown whether the relinquishment is causative and to what extent other co-occurring factors contribute to the outcomes. That is, to what extent do pre-existing conditions predispose to ongoing distress independent of relinquishment?

6.4. Those who have been the subject of research have sometimes been contacted through adoption support groups or relinquishing mothers associations,[104],[105],[106] or via the media in the context of forced adoption.[107] In reference to two key Australian studies on relinquishing mothers,[108],[109] Gordon Parker, Professor of Psychiatry at the University of New South Wales made the following comment in 1986:

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99 Marshall & McDonald, Op. Cit., 78-98.

100 Verrier NN (1993) The Primal Wound: Understanding the Adopted Child. Gateway Press, University of Michigan.

101 Kennell J & McGrath S (2002) Starting the process of mother-infant bonding. Acta Paediatrica 94(6):775-777.

102 Higgins D (2010) Impact of past adoption practices. Summary of key issues from Australian Research. Final Report. Australian Institute of Family Studies, 3.

103 Brodzinsky AB (1990) Surrendering an Infant for Adoption: The Birthmother Experience. In: Brodzinsky DM & Schechter MD (Eds), The Psychology of Adoption. Oxford University Press, New York, 303-304.

104 Deykin E, Campbell L& Patti P (1984) The post adoption experience of surrendering parents. American Journal of Orthopsychiatry 54(2):271-280.

105 Silverman PR, Campbell L, Patti P & Style CB (1988). Reunions between adoptees and birth parents: The birth parents' experience. Social Work33:523-528.

106 Condon JT (1986) Psychological disability in women who relinquish a baby for adoption, The Medical Journal of Australia144:117-119.

107 Winkler R & Van Keppel M (1984) Relinquishing Mothers in Adoption: Their Long Term Adjustment, Institute of Family Studies, Melbourne, Monograph No.3.

108 Condon, Op. Cit.

109 Winkler & Van Keppel, Op. Cit.

> *As Condon's subjects were drawn from a relinquishing mothers' support group, and the Western Australian sample from respondents to a media appeal, neither study can claim to have studied a representative sample of women. It must be suspected that their samples would be more likely to include those wishing to report negative consequences, whether as a consequence of psychosocial morbidity that existed before or that developed after relinquishment of the infant. As a risk factor, causal or non-causal, relinquishment is likely then to have been overestimated.*[110]

6.5. Research conducted in 2012 by the Australian Institute of Family Studies (AIFS) entitled Past Adoption Experiences: National Research Study on the Service Response to Past Adoption Practices: Final Report (hereafter the AIFS Report) took place concurrently with the Senate Report identified earlier. The authors of the AIFS Report describe the problem of representativeness of their sample as a "serious limitation", especially as the research took place "'within the shadow' of the Australian Government's Senate Community Affairs References Committee's inquiry into former forced adoption policies and practices".[111]

6.6. In the AIFS Report, 505 relinquishing mothers came forward to describe their experiences, by far the majority of whom felt that relinquishing their child was not their choice. While only 5% of the women identified overt force and coercion as reasons for relinquishment, many felt coercion and force in a veiled sense via "pressure, stigma, and lack of financial, emotional or other support".[112]

6.7. Approximately 90% of the mothers gave birth during the era of closed adoptions, and 91% were not married at the time of their child's birth. 82% were between the ages of 16 and 21 when they gave birth, and 63% were teenagers.

6.8. Many of the women describe their treatment prior to and surrounding the birth as harsh and punitive. Their experiences include: differential treatment compared with married mothers, experiences of abuse or negligence by the hospital and/or maternity home staff, administration of drugs that impaired their capacity to consent, lack of 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.[113]

6.9. A large number of women (82%) said they had experienced stress and anxiety during their pregnancy, and 66% had experienced depression. These mental health problems were likely related to the pregnancy being unplanned, rather than the fact of adoption, because "consistently, mothers spoke of having no prior knowledge or awareness during their pregnancies that their son or daughter would be placed for

110 Parker G (1986) Relinquishing mothers. Medical Journal of Australia 144(3):113.

111 Kenny P, Higgins D, Soloff C & Sweid R (2012) Past adoption experiences: National Research Study on the Service Response to Past Adoption Practices (Research Report No. 21), Australia Institute of Family Studies, Melbourne.

112 Ibid., 49.

113 Ibid., xiii.

adoption".[114] This is an important point as it is pertinent to the relationship between mental health outcomes and causative factors.

6.10. Possible associations between current health and well-being and adoption revealed that this sample of women had lower quality of life scores than population norms, as well as negative mental health consequences; 30.7% had a severe mental disorder compared to a national average of 4.4%. Salient features of women's experiences that were related to more negative outcomes include stating that their child had been 'taken' or 'stolen' from them, having given birth under the age of 18, and not having contact with their child in later life.[115]

6.11. One particularly disturbing finding was that "over half had symptoms that indicate the likelihood of having post-traumatic stress disorder [PTSD]".[116] If this is causally related to their adoption experience, which is unknown, a problem emerges in relation to how representative is this sample of relinquishing mothers. If it were representative of all 200,000 adoptions, this would suggest that about 114,000 relinquishing mothers in Australia have symptoms indicative of having PTSD. However, the 12-month prevalence of PTSD for Australian women is variously reported as 1.4%[117] or 5.9%[118], which translates to approximately between 133,000 and 560,000 women in total over 15 years of age having PTSD. As PTSD is typically related to trauma from violent assault, sexual assault, transport accidents, war and natural disasters,[119] there is a significant mismatch here. Adoption is not mentioned. Either there are 114,000 women yet to be diagnosed with PTSD from loss of their child through adoption, or the AIFS Report sample represents a particularly traumatised group. Moreover, the fact that approximately half of persons with PTSD experience remission within 14 years,[120] reinforces the latter interpretation.

6.12. With regard to the circumstances of the adoption decision, primarily in the era of closed adoption, Marshall and McDonald believe relinquishing mothers broadly fall into three groups, although the relative proportions are unknown. First, mothers who felt their relinquishment was in fact forced or coerced, that their child was effectively stolen from them, and they remain deeply grieved and affected by that loss; second, mothers who felt they did the right thing, but remain regretful and angry about how they were treated by various authorities; and third, women who felt the decision was genuinely their own, that they did what was best for their child, and are by and large content with what happened.[121]

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114 Ibid., 41.
115 Ibid., 66-7.
116 Ibid., xiii & 67.
117 Creamer M, Burgess P & MacFarlane AC (2001) Post-traumatic stress disorder: findings from the Australian National Survey of Mental Health and Well-being. Psychological Medicine 31:1237-1247.
118 Chapman C, Mills K, Slade T, McFarlane AC, Bryant RA, Creamer M, Silove D&Teesson M (2012) Remission from post-traumatic stress disorder in the general population. Psychological Medicine 42:1695–1703.
119 Creamer, Op. Cit.
120 Chapman, Op. Cit.
121 Marshall & McDonald, Op. Cit., 63-64.

6.13. Factors that impinged upon the decision to adopt included age,[122] educational aspirations,[123] marital status,[124]family opposition,[125] pressure from health professionals and social workers,[126] financial constraints,[127] and lack of the birthfather's support.[128]

6.14. In their review of post-adoptive reactions of relinquishing mothers, Askren and Bloom identify several aspects of a grief reaction that had been identified in numerous studies.[129],[130] These aspects include grief, separation loss, guilt, depression and anger. This grief reaction appears to be unique to relinquishment, making it difficult to come to a resolution. The child continues to exist somewhere, but the mother may not have contact for many years, if at all, potentially leading to a long term pathological grieving. Moreover, because relinquishment is perceived by the community to be a voluntary act, there is minimal social acceptance of loss. The secrecy that was part of the era of closed adoptions has made it difficult for mothers to communicate in a way that would assist in dealing with their experiences. In one of the earliest studies on relinquishing mothers, 45% described their feelings of loss as intensifying with time.[131]

6.15. Other negative psychological outcomes include an increased risk of PTSD[132] and an increased risk of substance abuse.[133] In a study by Burnell and Norfleet, 40% of women reported frequent or severe depression and one third reported periods of anxiety.[134] Depression and anxiety above population norms were also identified by Wells[135] and Logan.[136]

6.16. Relinquishment also appears to have implications for a woman's physical health, in the form of increased gynaecologic infections, sexual difficulties, neurological symptoms, and infertility.[137],[138],[139],[140],[141],[142]

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122 Silverman et al., Op. Cit.

123 Askren H & Bloom K (1999) Post-adoptive reactions of the relinquishing mother: A review. Journal of Obstetric, Gynecological and Neonatal Nursing, 28(4):395-400.

124 Silverman et al., Op. Cit.

125 Rynearson E (1982) Relinquishment and its maternal complications: A preliminary study. American Journal of Psychiatry, 139:338-340.

126 Deykin et al., Op. Cit.

127 De Simone M (1996) Birth mother loss: Contributing factors to unresolved grief. Clinical Social Work Journal, 24, 65-76.

128 Ibid.

129 Askren & Bloom, Op. Cit.

130 Triseliotis J, Feast J & Kyle F (2005) The Adoption Triangle Revisited. A study of adoption, search and reunion experiences. British Association of Adoption & Fostering, London, 52-92.

131 Winkler & Van Keppel, Op. Cit.

132 Wells S (1993) Post-traumatic stress disorder in birthmothers. Adoption and Fostering 17(2):30-32.

133 Condon, Op. Cit.

134 Burnell GM & Norfleet MA (1979) Women who place their infant up for adoption: A pilot study. Parent Counseling and Health Education 1:169-172.

135 Wells, Op. Cit.

136 Logan J (1996) Birthmothers and their mental health: Unchartered territory. British Journal of Social Work 26:609–625.

137 Rynearson, Op. Cit.

138 Burnell & Norfleet, Op. Cit.

139 Deykin et al., Op. Cit.

140 Blanton TL & Deschner J (1990) Biological mothers' grief: The postadoptive experience in open versus confidential adoption. Child Welfare 69(6):525-535.

141 Lancette J & McClure BA (1992) Birthmothers: Grieving the loss of a dream. Journal of Mental Health Counselling 14(1):84–96.

142 Millen L & Roll S (1985) Solomon's mothers: A special case of pathological bereavement. American Journal of Orthopsychiatry 55:411-418.

6.17. Women also report problems with their subsequent parenting. This may manifest as overprotection,[143],[144] constant fears about their child's health, and difficulty accepting his or her independence.[145] However, positive effects include feeling particularly close to their child and being involved in their lives.[146]

6.18. Some women also report relationship problems, family conflict, and marital tensions.[147],[148]

6.19. Despite these negative findings, Burnell and Norfleet found that at the time of participation in their study, 63% of women felt satisfaction and relief about having adopted out their child, and more than half reported an improved outlook on life.[149]

6.20. Attempts to resolve grief were expressed by means of fantasising about the infant, including that the birthfather would return.[150] Search efforts and attempts at reunion were also used as defense mechanisms to protect against ongoing grief reactions.[151],[152] In the study by Winkler and Van Keppel, women described the absence of opportunity to discuss their feelings, as well as a lack of social support services, as two significant contributors to their ongoing grief and sense of loss.[153]

6.21. Two important questions arise in relation to these negative outcomes, and whether there are answers that might prove beneficial to future adoption policy. First, what is the role of consent at the time of relinquishment; and second; what is the effect of contact via reunion, or of early and ongoing contact? With regard to the first question, it seems intuitively obvious that where properly informed consent has occurred at relinquishment, grief and loss would be somewhat mitigated. To have felt confused, coerced, pressured or even forced to relinquish seems bound to lead to ongoing problems of grief, loss, anger, depression and anxiety. Indeed, this intuition is borne out in the AIFS Report[154]and that by De Simone.[155] Women who felt they did not have an adequate opportunity to express their wishes are those who then suffer the most from feelings of grief, loss and depression. This finding should not be surprising as it underscores the obvious ethical requirement for informed consent.

6.22. Likewise, the opportunity for contact between the birthmother and the adoptee, either via reunion or in the context of openness, may ease grief and loss. Attempts to search for a relinquished child were commonly

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143 Condon, Op. Cit.
144 Lancette & McClure, Op. Cit.
145 Deykin et al., Op. Cit.
146 Ibid.
147 Lamperelli P & Smith J (1979) The grieving process and adoption: An application of principles and techniques. Journal of Psychiatric Nursing 17:24-29.
148 Deykin et al., Op. Cit.
149 Burnell & Norfleet, Op. Cit.
150 Lancette & McClure, Op. Cit.
151 Condon, Op. Cit.
152 Millen & Roll, Op. Cit.
153 Winkler & Van Keppel, Op. Cit.
154 Kenny et al., Op. Cit., 66, 67.
155 De Simone, Op. Cit.

identified as a means to seek resolution;[156],[157],[158],[159] however, impact upon current well-being varies significantly. In the AIFS Report, a large majority of women had made contact with their child (85%), and many described the relationship as an important element of moving forward to healing.[160] However, in a study by Goodwach, 8 women were interviewed after reunion, all of whom described reunion as a major upheaval and significant life crisis.[161] Importantly, they each described their grief as remaining unresolved. In contrast, Silverman et al., in their study of 170 birthparents (only 5 birthfathers), found that the majority believed the reunion had a healing effect.[162] Interestingly, even for those birthparents where the reunion did not go well, the process had a positive effect on their lives.

6.23. In a comprehensive study of 444 New Zealand women, approximately half of whom had made contact, and half not yet, both groups scored similarly on standardised measures of psychological well-being.[163] However, the group who had contact reported improved feelings in relation to the adoption, and rated the reunion positively. Interestingly, women who had no information about their child at all fared worse than those who at least had some non-identifying information. The authors surmise that increased levels of communication about the relinquishment during the search process "seem to be a crucial component of the enhanced psychological adjustment of birthmothers who have been able to re-contact their children."[164]

6.24. Some of the studies discussed so far have primarily dealt with the experiences of birthmothers from the era of closed adoption. Advantages of the studies which follow are several fold: some study women before and after birth and hence do not involve recall from many years ago; some compare closed adoption with openness involving contact with the child; openness typically involves more control over the adoption process and hence less risk of coercion; and, some of the studies limit the risk of selection bias as they involve random selection.

6.25. Blanton and Deschner compared 18 open adoptions with 41 closed adoptions and found that 78% of relinquishing mothers in the open adoption group, as opposed to 56% in the closed adoption group, expressed positive feelings toward the adoption process.[165] Similarly, Lauderdale and Boyle found that women who had chosen an open adoption felt more in control, and experienced less psychological distress.[166]

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156 Kenny et al., Op. Cit., 54.
157 Deykin et al., Op. Cit.
158 Condon, Op. Cit.
159 Lauderdale JL & Boyle JS (1994) Infant relinquishment through adoption. Journal of Nursing Scholarship 26(3):213-217.
160 Kenny et al., Op. Cit., 57.
161 Goodwach R (2001) Does Reunion Cure Adoption? Australian and New Zealand Journal of Family Therapy 22(2):73-9.
162 Silverman et al., Op. Cit.
163 Field J (1992) Psychological adjustment of relinquishing mothers before and after reunion with their children. Australian and New Zealand Journal of Psychiatry 26:232-241.
164 Ibid.
165 Blanton & Deschner, Op. Cit.
166 Lauderdale & Boyle, Op. Cit.

6.26. In a study by Cushman et al., 213 young birthmothers relinquished a child for adoption in the context of openness. A large majority rated their treatment throughout the pregnancy and post-adoption favourably, a small minority (9%) reporting any sense of pressure. This study only assessed outcomes at 6 months. At this time, levels of grief were 'a lot' (38%), 'some' (27%), 'a little' (19%) and none (16%). A majority (57%) described their grief as decreasing with time, and 43% described their grief as staying the same or increasing. The authors surmise that higher levels of grief initially may result in less negative psychological outcomes in the longer term, on the basis that "grieving is necessary to the ultimate well-being of birth mothers and it may be facilitated by seeing and holding the babies, helping to choose the adoptive couples, and so on ..."[167]

6.27. The same researchers followed up these birthmothers at 4 years post placement and found low levels of grief, worry, regret, and sadness, and high levels of relief and feelings of peace about their decision.[168] A majority of the sample displayed characteristics of openness; for example, 69% helped choose the adoptive couple, 62% received letters/pictures about the child, and 12% have phoned or visited. There were strong associations between positive social psychological outcomes and contact, as well as strong associations between having a role in choosing the adoptive couple and positive outcomes.

6.28. The work by Cushman and co-workers underscores the importance for the birthmother's well-being of control in determining the child's destiny, as well as knowledge about how the child is faring. In keeping with this finding, when a child was known to have been placed in temporary foster care instead of with chosen adoptive parents, this had a negative effect on the well-being of mothers.[169]

6.29. Christian et al. gauged grief resolution in birthmothers who had adoptions with four different levels of openness, and found that grief resolution improved in parallel with the degree of openness.[170] Nevertheless, the authors note that regardless of the level of openness there still remain some women for whom grief resolution remains poor. This finding was replicated by Henney et al. in a study assessing grief resolution over time.[171] There was a positive relationship between the level of openness and better grief resolution, as well as lessening of grief with the passage of time across all groups; however, there was a persistent minority of mothers (11.5%), both within fully open adoptions as well as closed ones, for whom the intensity of unresolved grief had persisted 12-20 years after relinquishment.

6.30. When assessing the outcomes for relinquishing mothers, a pertinent question is to ask what would have been their likely outcomes had they kept their child. Several studies compared placers (i.e. placing a child

167 Cushman FC, Kalmuss D & Namerow PB (1993) Placing an infant for adoption: the experiences of young birthmothers. Social Work 38(3):264-272.

168 Cushman FC, Kalmuss D & Namerow PB (1997) Openness in Adoption. Marriage and Family Review 25(1-2):7-18.

169 Cushman et al. 1993, Op. Cit.

170 Christian, CL, McRoy, RG, Grotevant, HD & Bryant, CM (1997) Grief Resolution of Birthmothers in Confidential, Time-Limited, Ongoing Mediated, and Fully Disclosed Adoptions. Adoption Quarterly 1(2):35-58.

171 Henney SM, Ayers-Lopez S, McRoy RG & Grotevant HD (2007) Evolution and resolution: Birthmothers' experience of grief and loss at different levels of adoption openness. Journal of Social and Personal Relationships 24(6):875-89.

for adoption) with parenters. Kalmuss et al. conducted a short-term study of 527 birthmothers assessing outcomes at 6 months. They found that placers fared better in socio-demographic outcomes but there were no differences between the two groups with respect to social psychological outcomes.[172] Parenters were marginally more comfortable with their decision, but in absolute terms the levels of comfort for both groups were high. A significant majority (78%) of relinquishing mothers said they would make the same decision again. This study did not examine whether the adoptions were open or closed or somewhere in between.

6.31. Similar work by McLaughlin et al. came to comparable conclusions.[173] The study involved 269 clients from an agency that has practiced open adoptions since 1977. Those who placed children for adoption were more likely to complete studies, delay marriage, avoid a rapid subsequent pregnancy, find employment, and have higher incomes. However, with regard to self-satisfaction, self-esteem, satisfaction with their decision, and life satisfaction, there were few differences between the placers and parenters, and in general all measures were moderately high.[174] More recent work by Donnelly and Voydanoff examined the experiences of birthmothers 2 years after placing a child for adoption versus parenting a child. These researchers found that levels of depression and self-efficacy[175] were similar for parenters and placers, but that parenters were more likely to engage in risky sexual behaviours.[176] Whilst placers had somewhat higher levels of regret over their decision, they also had a higher socioeconomic status. They were also more likely to finish school and be employed.

6.32. In summarising this section on the experiences of birthmothers, it is apparent that there remains a need for quality research on a representative sample that properly controls for potentially confounding variables like pre- and post-adoption experiences. However, the possibility of gaining this type of knowledge from the era of closed adoptions in Australia may be past. Nevertheless, current experiences should be the subject of ongoing research of this nature.

6.33. The experiences of birthfathers, as noted above, has not been the subject of anywhere near the same amount of inquiry as birthmothers.[177] While legislative and policy changes over the years have ensured a closer role for birthfathers in the adoption process, the experiences of birthfathers remains largely hidden from view. Marshall and McDonald quote an authority on adoption speaking at a conference in 1976:

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172 Kalmuss D, Namerow PB & Bauer U (1992) Short-term consequences of Parenting versus Adoption among Young Unmarried Women. Journal of Marriage and Family 54(1):80-90.

173 McLaughlin SD, Manninen DL & Winges LD (1988) Do adolescents who relinquish their children fare better or worse than those who raise them? Family Planning Perspectives 20(1):25-32.

174 McLaughlin SD, Pearce SE, Manninen DL & Winges LD (1988) To Parent or Relinquish: Consequences for Adolescent Mothers. Social Work 33(4):320-24.

175 Self-efficacy in this context is defined as " ... an individual's sense of control over her life situation".

176 Donnelly BW & Voydanoff P (1996) Parenting versus Placing for Adoption: Consequences for Adolescent Mothers. Family Relations 45(4):427-434.

177 Sachdev P (1991) The birth father. A neglected element in the adoption equation. Families in Society 72:131-8.

...The neglect of the unmarried father in social work practice and literature is both striking and serious. We are finding that an increasing number of young men are deeply concerned about the child they fathered.[178]

6.34. In the AIFS Report, in which 505 mothers participated, only 12 birthfathers took part, making the question of representativeness even more acute. Nevertheless, the reality of these fathers' experiences included a sense of exclusion from any decision-making role (11 of 12), and a desire to parent if support had been available (9 of 12). A majority wanted to keep their child (7 of 12).[179]

6.35. About one third of these fathers experienced poor mental health. Additionally, the authors note that 64% had severe PTSD symptoms and 37% were likely to have PTSD. The level of life satisfaction was lower compared with population norms.

6.36. Despite the problems with sampling bias that parallel those with birthmothers, there is no doubt that in many respects the experiences of some birthfathers mirror those of some birthmothers. How common their experiences are cannot be known. For those fathers who have come forward and participated in the few studies that do exist, some important themes emerge.

6.37. The first, and consistent with the AIFS Report, is a sense of exclusion from the process of adoption. In Celia Witney's UK study of 60 birthfathers, even though more than half considered their relationship with the birthmother as stable and loving, desiring it to continue, they felt excluded from any role in what might ensue once the pregnancy was discovered.[180] Primary reasons for adoption were identified as pressure from the birthmother's family, young age, and lack of financial means.[181] Similarly, in Clapton's study of 30 birthfathers, the majority "experienced feelings of fatherhood and a commitment to the mother", as well as pressure from parents that adoption should occur.[182],[183],[184] The majority (25 of 30) had also been in a stable relationship with the birthmother. Furthermore, the concern of birthfathers for the welfare of the children they fathered is revealed by their desire for search and reunion.[185]

178 Rowe J (1976) Adoption in a Changing Society. Proceedings of the First Australian Conference on Adoption, Sydney. Cited in Marshall & McDonald, Op. Cit., 89.

179 Kenny et al., Op. Cit., 79.

180 Witney C (2004) Original Fathers: An Exploration into the Experiences of Birth Fathers involved in Adoption in the Mid-20th Century. Adoption & Fostering 28(3):52-61.

181 Witney C (2005) Over half a million fathers: An exploration into the experiences of fathers involved in adoption in the mid-20th century in England and Wales. Journal of Social Work 5(1):83-99.

182 Clapton G (2000) Perceptions of Fatherhood: Birth Fathers and their Adoption Experiences. Adoption & Fostering 24(3):69-70.

183 Clapton G (2001) Birth Fathers' Lives after Adoption. Adoption & Fostering 25(4):50-59.

184 Clapton G (2007) The experiences and needs of birth fathers in adoption: What we know now and some practice implications. Practice: Social Work in Action 19(1):61-71.

185 Coles G (2009) Why Birth Fathers Matter. Australian Journal of Adoption 1(2)1-6.

6.38. The second is the persistence of feelings of grief and loss.[186],[187],[188] Indeed, some fathers only seemed to address these feelings later in life,[189] perhaps when there was time for reflection and an opportunity for potential reunion arose. In a similar manner to the experiences of birthmothers, while some birthfathers experienced a decline in the intensity of their feelings, many others did not, and for some, they intensified with time.[190] The reason for this, similar to what seems to have been true for birthmothers, is the lack of legitimacy, given or perceived to have been given, for grieving.

> *Normal grief is sanctioned by society, but stigmatised grief is disenfranchised, isolates the bereaved and denies them expression. Their sorrow remains hidden and unrecognised.*[191]

6.39. Given that the birthfather's name was not often recorded on the original birth certificate, opportunities for reunion initiated by the adoptee are difficult; however, initiation by the birthfather has its own complications, in that it may require contact with the birthmother first, and possibly involve renewed feelings of guilt and shame associated with a sense that the birthfather had abandoned mother and child.[192]

6.40. In Witney's work described above, 27 of the 79 adopted children of the birthfathers taking part in the study had contact or face-to-face reunion, and in 16 cases the adoptees had "become part of the original father's present family".[193]

6.41. Each of the studies described so far has interviewed birthfathers from the era of closed adoption. Unlike the experiences of birthmothers, those of birthfathers from open adoptions do not appear yet to have been studied. However, some research does exist on the experiences of birthfathers who have had children compulsorily removed and adopted. This is a different category, but one which may come to greater prominence as adoption from care now constitutes an increasing proportion of all adoptions. Fathers who have had a child compulsorily removed and adopted experience humiliation, shame, guilt, grief and loss.[194]

6.42. Work by Elsbeth Neil found that over half of the fathers in her sample, which was a random one, had levels of psychological distress in the clinical range.[195] However, it is not clear to what extent that distress was a result of the adoption or was pre-existent, or how it related to the compulsory nature of the removal and

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186 Deykin E, Patti P & Ryan J (1988) Fathers of adopted children: A study of the impact of child surrender on birth fathers. American Journal of Orthopsychiatry 58:240-248.

187 Cicchini M (1993) Development of responsibility: The experience of birth fathers in adoption. Perth, Australia: Adoption Research and Counselling Service.

188 Witney (2004) Op Cit.

189 Coles, Op. Cit.

190 Clapton (2007) Op Cit.

191 Witney (2005) Op. Cit.

192 Coles, Op. Cit.

193 Witney (2005) Op. Cit.

194 Clifton J (2012) Birth fathers and their adopted children. Fighting, withdrawing or connecting. Adoption & Fostering 36(2):43-56.

195 Neil E (2013) The mental distress of the birth relatives of adopted children: 'disease' or 'unease'? Findings from a UK study. Health and Social Care in the Community 21(2):191-9.

adoption. In earlier work, Neil identified three modes of post-adoption response by birthparents: positive acceptance, resignation, and anger and resistance.[196] Positive acceptance was associated with having "face-to-face contact with the child after adoption".[197]

6.43. Any attempt to summarise the experiences of birthparents must be tempered by acknowledgement of several key issues.

6.44. First, as noted at the outset, the difficulty obtaining a representative sample means that the interpretation of the data may be skewed, potentially seriously. While this does not in any way deny the powerful reality of the experiences of those who have participated, it does mean that caution needs to be exercised when forming a considered view about what experiences are common or typically occur for birthparents. This is important because such a view is relevant for the development of current policies concerning adoption, primarily because those views, when adopted by the public, inform the decisions of legislators and other decision makers.

6.45. Second, the experiences of birthparents from closed adoptions are different to those from open adoptions, just as they are for compulsory removal and adoption from care. This means that what occurs or occurred under one set of circumstances cannot necessarily be translated to another. Issues such as voluntariness in the adoption decision, openness of information, and ongoing contact, all seem to have a role in the outcomes that result.

6.46. Third, given that most studies deal with correlation or association of outcomes with adoption, the question of causation cannot be definitively answered. For example, when considering mental health outcomes, data typically does not exist from the period prior to the adoption. Moreover, other potentially confounding variables like subsequent life experiences are generally not controlled for either.

196 Neil E (2007) Coming to terms with the loss of a child. Adoption Quarterly 10(1):1-23.
197 Ibid.

07

EXPERIENCES OF ADOPTEES

7. Experiences of Adoptees

7.1. Adoptees have been the subject of more research than that for either birthparents or adoptive parents. Notably however, very little research has been conducted in Australia. The considerable body of work that does exist, primarily from the US and Europe, has focused on the unique circumstances of adoptees growing up in a different environment to the one that would have otherwise occurred. How adoptees fare can sometimes be compared with what the alternative might have been, but to a certain extent it cannot be known, and we are left guessing. Nevertheless, the task of research is to attempt where possible to make those comparisons so that the best decisions about child welfare can be made with the best evidence available.

7.2. The experiences of adoptees are influenced by a number of factors that occur to varying degrees for the different types of adoptions. It is to be expected that a child adopted at infancy within a country under a closed system might respond differently to a child at a later age adopted from foster care, or a child adopted from a different country with prior traumatic institutional experience. The factors that influence later experiences include the following: age at adoption; for older children, experiences in institutions, foster care or damaging environments prior to adoption; genetic and medical history; knowledge about adoptive status, and at what age; racial and cultural differences compared to adoptive parents; quality of care in the adoptive environment; relationship, if any, with birthparents; whether adopted with siblings; and, quality of post-adoption support.

7.3. Given this enormous variety of factors that can influence experiences it is imperative that any conclusions about how well adoptees fare take these factors into account. Broad conclusions about the positive or negative value of adoption per se have the potential to be erroneously drawn based upon the experiences of only one group of adoptees in one set of circumstances.

7.4. What did the AIFS Report find about the experiences of adoptees in Australia? At 823, the number of adoptees who participated in this research was the highest for any of the adoption triad.[198] Regarding representativeness, similar limitations apply to adoptees as applied to birth mothers or fathers.

7.5. While it is hard to be sure about detail, approximately 90% came from the era of closed adoptions; however, the remaining 10% of adoptions may have been open or closed. Despite coming almost exclusively from the era of closed adoption, and the secrecy that marked it, more than half of the adoptees found out they were adopted by age 5, 77% by age 10, and 95% by age 20. Most were told by their adoptive parents (68%), and 17% knew from a very young age, but could not recall how. So for this sample of adoptees, secrecy was not the norm. Even so, some described the negative impact of secrecy, and in some cases lies, as resulting in a loss of trust and fear of rejection.

198 Kenny et al., Op. Cit. 87-122.

7.6. Similarly to responses by birthmothers, the majority of adoptees described the reasons for their adoption, as they understood them, as involving pressure, coercion, stigma, their mother's age, and lack of support. However, whereas 22% of mothers said they relinquished "freely and voluntarily"[199], only 1% of adoptees "described their mother's decision to place them for adoption as being her own informed choice".[200]

7.7. Approximately half of adoptees described their experiences over the years following adoption as broadly positive and half involved negative experiences. Key themes that emerged related to identity and abandonment, and respectively, low self-esteem and difficulties forming attachments.

7.8. When asked about quality of life and life satisfaction, adoptees scored lower than the general population, but only by a small margin. However, on various other measures of well-being they scored significantly lower. Notably, and similarly to relinquishing mothers, adoptees had a much higher prevalence of severe mental health disorders (17.9% compared with national averages of 2.7% for males and 4.4% for females).

7.9. A majority of participants had made contact with their birth mother (63%), which was much higher than with their birthfather (26%). In both cases, more than half had ongoing contact.

7.10. The relationship of the adoptee with his or her adoptive parents revealed a spread of responses from very poor through to very good, with73% being neutral, good or very good.[201] There was a positive correlation between earlier age of discovery of adoptive status, openness within the adoptive family, and overall well-being.[202]

7.11. As noted, the AIFS Report is survey-based research that suffers from potential selection and recall bias, as well as the inability to control for confounding factors that might otherwise explain outcomes. It assists in understanding the experiences of some adoptees from Australia's era of closed adoption, but how the results compare with the broader base of research on adoptees will provide a richer picture, not only of what adoptees experience, but what factors contribute to the best outcomes.

7.12. The main outcome measures under scrutiny for adoptees in many research studies are physical and psychological health, cognitive development, schooling, and quality of relationships.

7.13. One of the earlier observations about the psychological well-being of adoptees was the finding that they were overrepresented in counseling for mental health.[203],[204] In outpatient settings, adopted children represent 8-10% of all patients, this figure rising to 9-17% amongst inpatients.[205] Given that estimates for

199 Kenny et al., Op. Cit., table B4, 205.
200 Kenny et al., Op. Cit., 92.
201 Kenny et al., Op. Cit., table C5, 239.
202 Kenny et al., Op. Cit., 92.
203 Jerome L (1986) Overrepresentation of adopted children attending a mental health centre. Canadian Journal of Psychiatry 31:526-531.
204 Kotsopoulos S, Cote A, Joseph L, Pentland N, Chryssoula S, Sheahan P & Oke L (1988) Psychiatric disorders in adopted children. American Journal of Orthopsychiatry 58:608-612.
205 Ingersoll BD (1997) Psychiatric Disorders Among Adopted Children. Adoption Quarterly 1(1):57-73.

the percentage of adoptees in the population sit around 1% to 2%,[206] this represents a large imbalance. Moreover, the greater prevalence in inpatient groups suggests that the problems for adopted individuals are more severe.[207]

7.14. How these percentages compare with non-adoptees led Grotevant and McRoy to conclude:

> ... *Adopted children are referred for psychological treatment two to five times as frequently as their non-adopted peers ... this finding has been replicated in countries as widely dispersed as Great Britain, Israel, Poland, Sweden and the United States.*[208]

7.15. The problems that were most distressing to adoptive parents were the 'acting out' or externalising problems such as conduct disorders and substance abuse, compared with internalising problems such as depression or anxiety.[209]

7.16. The overrepresentation of adoptees in clinical settings could at face value be taken as evidence of a generalised problem with adjustment in adopted children. However, it is important to recognise that small select studies of clinical populations may be quite different to community studies, which look at adoptees in the general population. In fact it turns out that the community studies show much smaller differences that in some cases vanish to insignificance.

7.17. A study using a nationally representative sample of adoptees matched to non-adopted children found that there were no differences between the groups on a wide range of measures of psychological health.[210] One limitation of this study however, was that data were collected via the parents and may have been subject to some biases. In a more recent study of US adolescents, Keyes and co-workers assessed developmental characteristics and mental health of 692 adoptees adopted at infancy (178 domestic and 514 intercountry) in comparison with 540 non-adoptees. Adoptees scored "only moderately higher" on measures of psychological problems in comparison to non-adoptees.

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206 Based upon 200,000 to 250,000 Australian adoptees in the current population. See also Stolley KS (1993) Statistics on Adoption in the United States. Adoption 3(1):26-42.

See http://futureofchildren.org/publications/journals/article/index.xml?journalid=66&articleid=452

207 Haugaard JJ (1998) Is adoption a risk factor for the development of adjustment problems? Clinical Psychology Review 18(1):47-69.

208 Grotevant HD & McRoy RG (1990) Adopted adolescents in residential treatment: The role of the family. In Brodzinsky & Schechter, Op. Cit. 167-186.

209 Palacios & Brodzinsky, Op. Cit.

210 Borders D, Black LK & Pasley BK (1998) Are Adopted Children and Their Parents at Greater Risk for Negative Outcomes? Family Relations 47(3):237-241.

7.18. The authors conclude:

> *Although most adopted adolescents are psychologically healthy, they may be at elevated risk for some externalising disorders, especially among those domestically placed.*[211]

7.19. In a Dutch study of intercountry adopted children compared with children from the general population, parents reported more externalising behaviours. For boys aged 12 to 15, about twice as many of those adopted had problem behaviours, particularly "delinquent and hyperactive syndromes".[212] Social and academic functioning was also poorer, but activity and functioning in sports and non-sports activities was somewhat better.

7.20. Similar work by Sharma and others from the Search Institute found small but consistent patterns of differences between adoptees and non-adoptees.[213] Again, these were in the domains of externalising behaviours. Adoptees showed evidence of lower levels of adjustment on 9 out of 12 measures, though effect sizes were small. Interestingly, and again consistent with the findings of others, Sharma et al. found that adoptees scored higher than their peers on prosocial behaviour - identified as "church or synagogue attendance, giving money or time to a charity, spending time helping people who are poor, hungry, or sick". The authors surmise that this could be due to striving to avoid rejection, having perceived their adoption as a form of rejection; or alternatively, that their adoptive parents, who by adopting them showed prosocial behaviour, have imparted such values to them.

7.21. Although most studies have focused on externalising problems, some have assessed internalising ones like anxiety. In an Australian study of 59 children adopted from China, Elliott and McMahon found levels of anxiety, in particular separation anxiety, to be higher than population norms.[214]

7.22. In a study of 90,000 US adolescents, Miller et al. found consistent small differences in psychological well-being, school performance and substance abuse, favouring non-adoptees.[215] Similarly, in a meta-analysis of domestic and international adoptees, Juffer and Van IJzendoorn found small differences in behavioural problems compared with non-adoptees; however, adoptees were strongly overrepresented in clinical mental health settings.[216] The authors also found that international adoptees had fewer problems than domestic adoptees, and were also referred to mental health services less often.

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211 Keyes MA, Sharma A, Elkins IJ, Iacono WG & McGue M (2008) The Mental Health of UD Adolescents Adopted at Infancy. Archives of Pediatric and Adolescent Medicine 162(5):419-425.

212 Verhulst FC, Althaus M, Bieman HJ (1990) Problem Behavior in International Adoptees: I. An Epidemiological Study. Journal of the American Academy of Child and Adolescent Psychiatry 29(1):94-103.

213 Sharma A, McGue MK & Benson PL (1996) The Emotional and Behavioral Adjustment of United States Adopted Adolescents: Part I. An Overview. Children and Youth Services Review 18(1/2):83-100.

214 Elliott A & McMahon C (2011) Anxiety Among an Australian Sample of Young Girls Adopted from China. Adoption Quarterly 14(3):161-180.

215 Miller BD, Fan X, Christensen M, Grotevant MD & van Dulmen M (2000) Comparisons of adopted and nonadopted adolescents in a large, nationally-representative sample. Child Development 71:1458-1473.

216 Juffer F & Van IJzendoorn MH (2005) Behavior Problems and Mental Health Referrals of International Adoptees. A Meta-analysis. JAMA 293(20):2501-2515.

7.23. Other large studies or meta-analyses have come to similar conclusions;[217],[218],[219] that is, that adoptees have an increased prevalence of psychological and other adjustment problems, but these are by a relatively small margin compared to non-adoptees. Moreover, on the important measure of self-esteem, Juffer and Van IJzendoorn, in a meta-analysis across 88 studies, found no difference between adoptees and their peers.[220] Notably, the authors did find some studies that identified higher self-esteem amongst adoptees. They conclude,

> *Adoption can be seen as an effective intervention, leading to normative self-esteem.*[221]

7.24. Additionally, those differences that existed during childhood and early adolescence seemed to fade, so that by late adolescence and early adulthood they were very small to non-existent.[222] Haugaard describes several studies in some detail that came to the same conclusion. The first was a longitudinal population study of British persons adopted in 1958 and assessed at ages 7, 11, 16 and 23. While there were measurable adjustment problems for the adoptees at younger ages, by the time they reached 23, no significant differences on a range of measures could be found compared to their peers.[223]

7.25. Haugaard also describes a Swedish cohort of 492 who were adopted in the 1950s. They were studied at age 11 and again at 15. Minor differences were found at age 15, primarily in lower school grades for adoptees; however, on behavioural measures such as tension, withdrawal, aggressiveness, psychomotor activity, ability to concentrate, contact with peers, social maturity, intelligence and school motivation, there were no differences for boys and a difference in only one measure amongst girl adoptees, namely tension.[224]

7.26. There are also some studies on adoptees in later adulthood, and likewise there appear to be few differences to population norms. Borders et al. studied adoptees aged 35-55 and compared them with their friends on a wide range of measures - life satisfaction, life regrets, purpose in life, intimacy, substance abuse, emotional well-being, self-esteem, and connectedness.[225] Only on depression and self-esteem did adoptees fare worse, but not by a large margin. The authors conclude:

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217 Wierzbicki M (1993) Psychological adjustment of adoptees: a meta-analysis. Journal of Clinical Child Psychology 22(4):447-434.

218 Deater-Deckard K & Plomin R (1999) An adoption study of etiology of teacher and parent reports of externalising behaviour problems in middle childhood. Child Development 70:144-154.

219 Rosnati R, Montirosso R & Barni D (2008) Behavioural and emotional problems among Italian international adoptees and non-adopted children: father's and mother's reports. Journal of Family Psychology 22:541-549.

220 Juffer F & Van IJzendoorn MH (2007) Adoptees Do Not Lack Self-Esteem: A Meta-Analysis of Studies on Self-Esteem of Transracial, International, and Domestic Adoptees. Psychological Bulletin 133(6):1067-1083.

221 Ibid.

222 Bohman M & Sigvardsson S (1990) Outcome in adoption: Lessons from longitudinal Studies. In Brodzinsky & Schechter Op. Cit., 93-106.

223 Haugaard, Op. Cit.

224 Ibid.

225 Borders D, Penny JM & Portnoy F (2000) Adult Adoptees and Their Friends: Current Functioning and Psychosocial Well-Being. Family Relations 49(4):407-418.

> *Our results suggest that, while adult adoptees have had unique life experiences, in many ways they are navigating their adult years no differently than their non-adopted peers.*[226]

7.27. In the same study, Borders and her colleagues also undertook a qualitative analysis and identified 5 phases that were relevant to how persons dealt with their adoptive status. These are: no awareness/ denying awareness (ignorance is bliss); emerging awareness (curiosity killed the cat); drowning in awareness (ill as a hornet/mad as hell); reemerging from awareness (rising from the ashes); and finding peace (let it be). The authors' analysis suggests that adoptees undertook a necessary progression through these phases to emerge at a place of resolution.

7.28. In a unique Swedish twin study, there were few differences between adult adoptees and their twins raised by the biological parents. Adoptees did have higher psychological distress (that was nevertheless within normal limits), whereas the non-adopted twins drank more to excess and attained a lower level of education.[227]

7.29. Other research identified a small increase amongst adult adoptees, compared with non-adoptees, in "negative relational attitudes and relationship difficulties" that the authors surmised may have arisen from a deficit in "attachment security".[228]

7.30. Despite some of the negative findings, which were by and large minor in extent, what these studies suggest is a catchup phenomenon by which adoptees overcame a variety of obstacles to match or nearly match their non-adopted peers as they matured.[229]

7.31. What then is the reason for the apparent disparity between the modest prevalence of psychological and other problems in adoptees identified across the population, and the rather large overrepresentation of adoptees in clinical settings, at least during childhood and early adolescence?

7.32. Using a large representative sample of US adoptees and non-adoptees, Brand and Brinich came to the conclusion that there were a relatively small number of deeply troubled adoptees who accounted for the higher prevalence of adoptees in clinical settings.[230] They conclude,

> *The vast majority of adopted children showed patterns of behaviour problems similar to those of non-adopted children.*[231]

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226 Ibid.

227 Smyer MA, Gatz M, Simi NL & Pedersen NL (1998) Childhood Adoption: Long-Term Effects in Adulthood. Psychiatry 61:191-205.

228 Feeney JA, Passmore NL & Peterson CC (2007) Adoption, attachment, and relationship concerns: A study of adult adoptees. Personal Relationships 14:129-147.

229 Van IJzendoorn & Juffer, Op. Cit.

230 Brand AE & Brinich PM (1999) Behavior Problems and Mental Health Contacts in Adopted, Foster, and Non-adopted Children. Journal of Child Psychology and Psychiatry 40(8):1221-1229.

231 Ibid.

7.33. However, that there is a group of troubled adoptees nevertheless does not fully account for the differences between clinical studies and population ones. Several researchers have found that adoptive parents tend to more readily refer their adopted children for assistance when problems emerge.[232],[233],[234] The reasons for this are not clear. It may be that adoptive parents are more affluent and better educated and therefore better able to access services, or that they are more familiar with services because of their interaction with them during the adoption process, or that the problems displayed by their children are more severe, or simply that they are more anxious about the welfare of their children.[235]

7.34. Before exploring what might be the specific reasons for the differences that have been observed between adoptees and non-adoptees, there is an important question that has not been given sufficient attention by researchers. Most studies compare adoptees with their peers in the general population. But what would have happened to adoptees otherwise? In other words, how do adoptees fare when compared with children in institutional or foster care or with non-adopted siblings left with their birth family?

7.35. In a meta-analysis of 62 studies, Van IJzendoorn and co-workers compared the IQ and school performance of adoptees with their current peers and also with those who were left in an institutional setting or with the birth family.[236] Adoptees scored higher on IQ tests and their school performance was better than children who remained either in an institution or with their birth parents (i.e. biological siblings). Adoptees scored similarly on IQ tests to other non-adopted children in their current environment, and in keeping with other studies, their school performance was delayed, their language abilities lagged, and they had more learning problems, at least at the age at which they were assessed.

7.36. Danish researcher Christoffersen conducted a meta-analysis of numerous studies directed at finding out how adopted children fare compared to how they might have otherwise done if they had stayed where they were. He frames the research question as simply as possible: “What would have happened to these children if they had not been adopted?”[237]He summarises as follows:

> *Adopted children scored higher on IQ, school-performance, and lack of behavioral problems than their non-adopted siblings or peers who stayed behind in orphanages or foster homes.*[238]

232 Miller BC, Xitao F, Grotevant HD, Christensen M, Coyl D & van Dulmen M (2000) Adopted Adolescents’ Overrepresentation in Mental Health Counseling: Adoptees’ Problems or Parents’ Lower Threshold for Referral. Journal of the American Academy of Child and Adolescent Psychiatry 39(12):1504-1511.

233 Ingersoll, Op. Cit.

234 Warren SB (1992) Lower threshold for referral for psychiatric treatment for adopted adolescents.Journal of the American Academy of Child and Adolescent Psychiatry31(3):512-517.

235 Ibid.

236 Van IJzendoorn MH, Juffer F & Klein Poelhuis CW (2005) Adoption and Cognitive Development: A Meta-Analytic Comparison of Adopted and Nonadopted Children’s IQ and school Performance. Psychological Bulletin 131(2):301-316.

237 Christoffersen MN (2012) A Study of Adopted Children, Their Environment, and Development: A Systematic Review. Adoption Quarterly 15:220-237.

238 Ibid.

7.37. Christoffersen also notes that it did not matter where the results came from, they were similar for OECD countries and those from Chile, Lebanon and India.

7.38. However, for those adoptees with adjustment problems and poorer psychological outcomes in comparison to the general population, what might be the reasons?

7.39. Researchers have identified several possible explanations for potential adverse outcomes that are not intrinsic to the adoption process, but related to it.[239]

7.40. First, adoptees may have had prenatal exposure to alcohol or other drugs that has led to physical and psychological health deficits of various sorts.[240] This is more likely for adoptees whose adoption has occurred as a result of parental drug abuse. Prenatal exposure to alcohol and other drugs is known to be associated with a range of health problems.

7.41. Second, inasmuch as there is a link between genes and conditions like depression, bipolar disorder, ADHD, substance abuse, and schizophrenia, adopted children may be at greater risk, especially if there is a link between their adoption and the mental health of their biological parents.[241] That is, if the parents had a mental health problem that in some way led to their child being adopted out. Cadoret found that antisocial behaviour and antisocial personality were the most frequent psychiatric conditions identified in biological parents who relinquished their children.[242] Furthermore, the genetic transmission of a general vulnerability to alcoholism, as well as disinhibited, antisocial behaviour in general, has recently been identified.[243] If adoption either resulted from substance abuse or antisocial behaviour in the biological parents, or was a factor, then their adopted offspring may be more likely to express those negative characteristics in adolescence and within their new adoptive family.

7.42. Third, for children who were adopted after having had negative experiences in institutions, foster care or their biological family, there is likely to have been harm to their emotional and cognitive development. For example, children who have been adopted from foster care are at greater risk of having been neglected and/or to have suffered from sexual, emotional, and physical abuse.[244] Rushton describes the results of several UK studies looking at disruption rates of adoptions from public care, an indication of the behavioural difficulties that the children can display. For these late placed adoptees coming from traumatic circumstances, disruption rates were around 20%.[245] One of the more difficult circumstances for adoptees

239 Fisher AP (2003) Still Not Quite as Good as Having Your Own? Toward a Sociology of Adoption. Annual Review of Sociology 29:335-361.

240 Ingersoll, Op. Cit.

241 Roth WE & Finley GE (1998) Adoption and Antisocial Personality: Genetic and Environmental Factors Associated with Antisocial Outcomes. Child and Adolescent Social Work Journal 15(2):133-149.

242 Cadoret RJ (1990) Biologic perspectives of adoptee adjustment. In: Brodzinsky & Schechter, Op. Cit.

243 King SM, Keyes M, Malone SM, Elkins I, Legrand LN, Iacono WG & McGur M (2009) Parental alcohol dependence and the transmission of adolescent behavioral disinhibition: a study of adoptive and non-adoptive families.

244 Simmel C (2007) Risk and protective factors contributing to the longitudinal psychosocial well-being of adopted foster children. Journal of Emotional and Behavioral Disorders 15:237-249.

245 Rushton A (2007) Outcomes of adoption from public care: research and practice issues. Advances in Psychiatric Treatment 13:305-311.

seems to be having been singled out for removal from a neglectful or abusive family. Such 'preferential rejection' in which siblings remain with the birth family, but the adoptee is removed, is associated with a particularly poor self-image.[246]

7.43. Institutional experiences could include insufficient medical care, malnutrition, maternal separation, poor psychosocial care, and neglect and abuse. Juffer and Van IJzendoorn, in their study of international adoptees, found that those who had experienced pre-adoption adversity had more externalising problems.[247] Nevertheless, the remarkable resilience of children and their capacity to overcome adversity is evidenced in work by Rutter on Romanian adoptees rescued into the UK from orphanages following the collapse of the Ceaucescu regime.[248] Children adopted before the age of 6 months, despite "severe global deprivation", showed remarkable recovery such that by the age of 4 their physical and cognitive development was 'near complete'. Those adopted after 6 months of age also showed an impressive developmental catch-up, but it was less complete than those who had been adopted at a younger age. Moreover, it may be that psychosocial deprivation has a more profound effect on children in these settings than malnutrition or subnutrition.[249]

7.44. In contrast to the studies above, in a study of Israeli adoptees, Gleitman and Savaya found no association between pre adoption stressors and post adoption functioning.[250] To explain the difference with most other research, the authors point to the rigorous screening of adoptive parents in Israel and hence the high quality of their parenting abilities, as well as the quality of Israeli child care in foster and institutional settings prior to adoption. The authors also acknowledge the possibility of selection bias towards positive outcomes if parents were more likely to participate when things were going well.

7.45. Fourth, being adopted at an older age may create difficulty in adjustment,[251],[252] possibly related to negative pre-adoption experiences. However, these studies, whilst they did reveal that older age at adoption correlated with more problems, did not follow children into adulthood to see whether the problems persisted. A study which did so, by Decker and Omori, who studied adoptees in their 30s and 40s, found that there were no differences in psychological well-being and socioeconomic status between adoptees who were placed at different ages, but older placed adoptees scored lower on educational attainment.[253] Yet another study found that age at adoption for international adoptees had no bearing on developmental

246 Ibid.
247 Juffer & Van IJzendoorn (2005) Op. Cit.
248 Rutter M (1998) Developmental Catch-up, and Deficit, Following Adoption after Severe Global Early Deprivation. Journal of Child Psychology and Psychiatry 39(4):465-476.
249 Rutter M, Kumsta R, Schlotz W & Sonuga-Barke E (2012) Longitudinal Studies Using a "Natural Experiment" Design: The Case of Adoptees from Romanian institutions. Journal of the American Academy of Child and Adolescent Psychiatry 51(8):762-770.
250 Gleitman I & Savaya R (2011) Adjustment of adolescent adoptees: The role of age of adoption and exposure to pre-adoption stressors. Children and Youth Services Review 33:758-766.
251 Verhulst FC (2000) Internationally adopted children: The Dutch Longitudinal Study. Adoption Quarterly 4:27-44.
252 Sharma et al., Op. Cit.
253 Decker S & Omori M (2009) Age at Adoption: Long-Term Measures of Success in Adulthood. Adoption Quarterly 12(1):37-52.

outcome.[254] Furthermore, these adoptees were assessed at 6, 12 and 18 months post adoption and their development improved linearly with time.

7.46. As noted, despite the experience of compromised well-being for some adoptees as a consequence of these factors, by far the majority do well, and as time progresses exhibit developmental catch up leading to positive outcomes. One of the factors contributing to their improvement is the quality of their relationship with their adoptive parents. In a study of 701 adoptees in the US, having controlled for adverse pre adoption experiences, Whitten and Weaver found that better relationships between adoptive parents and adoptees correlated with less chance of truancy, substance abuse, school suspension or trouble with the police.[255] This is not a surprising finding, as the quality of the parent child relationship would be expected to be related to outcomes regardless of adoptive status.

7.47. Does an open adoption lead to less externalising problems compared with a closed one? A study arising from the Minnesota/Texas Adoption Research Project concluded that there are no differences.[256] This finding is somewhat unexpected given that openness seems to be associated with better outcomes in general for all parties; however, it may be that from the perspective of the adoptee, openness confers no particular advantage with respect to this particular set of problems. Stability and security may be comparable, and externalising may be more related to pre-existent factors rather than what occurs following adoption.

7.48. Rather than focus on potential pathology, as has been common for much research on adoptees, some researchers have looked at specific questions like identity. In a qualitative study of 10 female adoptees, Moyer and Juang identified specific themes arising from adoption in relation to important emerging tasks for young adults, viz. occupation and parenting plans. For these young adult adoptees, aged 18-25, in relation to occupation, their adoption created a desire to "give back" and to have a "quest for knowledge". In relation to future parenting, the young women's adoption created a desire to "experience what her mother had missed", highlighted the "importance of genetics", created a determination to not allow history to be repeated, and stimulated thoughts on "adopting her own child".[257] The formation of identity is also enhanced by transparency in the adoptive family and communication about the adoptive experience.[258]

7.49. The formation of identity is a complex phenomenon regardless of adoptive status. So how it might play out in one of the more difficult adoptive scenarios is important information, and may also help understand identity development in other adoptive contexts. Adoption out of foster care is one such difficult adoptive

254 Welsh JA & Viana AG (2012) Developmental Outcomes of Internationally Adopted Children. Adoption Quarterly 15(4):241-264.

255 Whitten KL & Weaver SR (2010) Adoptive Family Relationships and Healthy Adolescent Development: A Risk and Resilience Analysis. Adoption Quarterly 13(3-4):209-226.

256 Von Korff L, Grotevant HD & McRoy RG (2006) Openness arrangements and psychological adjustment in adolescent adoptees. Journal of Family Psychology 20:531-534.

257 Moyer AM & Juang LP (2011) Adoption and Identity: Influence on Emerging Adults' Occupational and Parental Goals. Adoption Quarterly 14(1):1-17.

258 Von Korff L & Grotevant HD (2011) Contact in adoption and adoptive identity formation: The mediating role of family conversation. Journal of Family Psychology 25:393-401.

scenario, occurring at later ages and often from a history of neglect, abuse and instability. In a qualitative study of 30 young adults aged 18-25, Hanna and colleagues explored the complex journey from foster care into adoption. Key themes identified that resulted from that journey were "a sense of belonging", "a second chance at life", and an "overall sense of self-worth".[259] The authors summarise as follows:

> *The participants in this study affirm that adoption is a viable permanency option for children in foster care who cannot be successfully reunited with their birth parents ... adoption means a second chance at life and offers opportunity for overall success as adults ... Stability and a sense of belonging to a family, knowing that one is loved and cared for emotionally and physically, has a huge impact on the child's sense of worth.*[260]

7.50. Much attention has been put into how identity develops, and there have been questions raised about whether some deficit in the formation of identity in adoptees may have been in part behind some of the problem behaviours. However, this has been shown not to be the case.[261] These authors do nevertheless stress the importance for the adoptive parents of accepting the unique nature of the adoptive family and the relationship to their adopted child, rather than trying to pretend the child is "just as if born to them".

7.51. The importance for adoptees of early knowledge of adoptive status at an age appropriate time has been confirmed by studies of late discovery. In an Australian study of adult adoptees by Passmore and co-workers, secrecy within the adoptive family had negative effects for adoptees, especially those who found out late in life that they were adopted. Conversely, openness helped adoptees with identity issues, search and reunion, and relationships with others.[262]

7.52. Finding out about adoptive status late in life led to "feelings of betrayal, loss of trust and difficult forgiving", creating a "sense of disrupted or subverted agency".[263]

7.53. In a study by the Post Adoption Resource Centre in New South Wales, 41% of a sample of primarily late discovery adoptees found out from "someone other than the adoptive family, relatives or the birth family", even though 62% "never suspected they were adopted".[264] The feelings of one participant are summed up in the following quote:

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259 Hanna M, Tokarski K, Matera D & Fong R (2011) Happily Ever After? The Journey From Foster Care to Adoption. Adoption Quarterly 14(2):107-131.

260 Ibid.

261 Grotevant HD, Dunbar N, Kohler JK & Lash Esau AM (2000) Adoptive Identity: How Contexts within and beyond the Family Shape Developmental Pathways. Family Relations 49(4):379-387.

262 Passmore NL, Feeney JA & Foulstone AR (2007) Secrecy within adoptive families and its impact on adult adoptees. Family Relationships Quarterly 5:3-5. See http://www.aifs.gov.au/afrc/pubs/newsletter/newsletter5.html#secrecy

263 Riley HJ (2008) The late discovery of adoptive status. Family Relationships Quarterly 7:13-15. See http://www.aifs.gov.au/afrc/pubs/newsletter/newsletter7.html#late

264 Perl L & Markham S (1999) Why wasn't I told? Making sense of the late discovery of adoption. Post Adoption Resource Centre, New South Wales. Also see http://www.americanadoptioncongress.org/docs/801%20-%20why-wasnt-i-told-may2001.pdf

> *I had the best of parents, however at the end of the day, I still don't know, fully, who I am, and I do not know at all where I came from. Earlier acknowledgement, explanation and acceptance of my origins could have celebrated rather than hidden and denied the reality of my existence.*[265]

7.54. The quest for self-knowledge, whilst part of any individual's passage through life, is more central for adopted persons. Therefore, it is unsurprising that when an adoptee becomes aware of their origins, at some stage there is a desire to find out more, fill in the jigsaw and make sense of origins.

7.55. In their review of search and contact amongst adoptees, Müller and Perry propose three putative reasons why people search.[266] First, because of some deficiency in the adoptive family context, such as loss, genealogical bewilderment, poor attachment, and other negative experiences, in effect a psychopathological model. Second, to fulfill a normal desire for wholeness in an adoptive context. This "life-cycle approach" sees search as a natural and "universal development task of identity formation and individuation" interacting with the "specific situation of adopted persons". Third, search is placed within a socio-cultural context where certain expectations hold. In this model, because kinship is generally understood in terms of genetic connections and blood-lines, "adoptive families experience – often subtle – discrimination and stigmatisation by others who question the strength of adoptive family bonds."[267] Debate is ongoing about the relative importance of each model.

7.56. The proportion of adoptees who search varies significantly between studies. Figures have been found between 30% and 65%.[268] However, only some of those who search also desire to establish contact with their birth parents, and while estimates vary considerably, perhaps half of searchers want to establish contact. Taken together, this means that somewhere around a quarter of adoptees will wish to make actual contact.

7.57. A relatively consistent finding across various studies is that women search more than men. It is not entirely clear why, but it has been suggested that the experiences of pregnancy, childbirth and rearing make women more aware and interested in familial connections and genetic heritage.[269] The desire to search and searching itself are also affected by perceptions about the barriers that may or may not exist to information gathering.[270]

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265 Ibid.
266 Müller U & Perry B (2001) Adopted Persons' Search for and Contact with Their Birth Parents I. Adoption Quarterly 4(3):5-37.
267 Ibid.
268 Ibid.
269 Ibid.
270 Wrobel GM, Grotevant HD, Samek DR & Korff LV (2013) Adoptees' curiosity and information-seeking about birth parents in emerging adulthood: Context, motivation, and behaviour. International Journal of Behavioural Development 37(5):441-450.

7.58. Searchers may also have lower self-esteem and poorer relationships with their adoptive parents than non-searchers,[271] although this has not been a consistent finding.[272] Additionally, the openness of communication about adoption within the adoptive family is associated with a greater desire to search.[273] Adoptees have what seems an entirely natural curiosity about their birth parents, wondering what they might look like, wanting to let them know they are doing well, and wondering what were the reasons for relinquishment.[274] Nevertheless, they also have concerns about search and contact. Müller and Perry note that searchers go through a process of ambivalence where they consider several issues. These include not wanting to intrude into the lives of their birth parents, dealing with feelings of disloyalty to their adoptive parents, and fear of rejection, or there being unforeseen problems arising from contact.[275]

7.59. The first meeting between an adoptee and his or her birth parent(s) yielded a complex mix or reactions, slightly more positive than negative, but nevertheless a tentative beginning requiring care, and perhaps the suspension of any preconceived notions of a happy ever after. The majority of adoptees "developed a close and meaningful relationship with their birth parent".[276]

7.60. In their summary of the effects of contact on adoptees, Müller and Perry note that studies indicate that overwhelmingly adoptees report that the experience of contact was positive (between 77% and 98%, depending upon the study).[277] The positive impact was experienced as an improvement in identity, self-esteem, and relationships with others.

7.61. In research by Passmore and Feeney in Queensland, 18 adoptees were interviewed who had reunions with, and developed relationships with, both their birth mother and birth father. The relationship with the birth mother was found to be more personal in nature compared to that with the birth father, but overall there were more similarities than differences. Relationships were by and large positive, and the majority were described as being like a parent-child or other family relationship, or friendship.[278]

7.62. It is to be expected that the experience of reunion and contact between an adoptee who has never previously met the birth parents will be different to contact that arises out of an open adoption, in which the adoptee will already have an existing relationship with his or her birth parents. Research coming out of the Minnesota/Texas Adoption Research Project looked at different levels of openness and what impact the differences had on adoptees. The different levels of openness included "no contact, stopped contact,

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271 Aumend SA & Barrett MC (1984) Self concept and attitudes toward adoption: A comparison of searching and nonsearching adult adoptees. Child Welfare 63:251-259.

272 Campbell LH, Silverman PR & Patti PB (1991) Reunions between Adoptees and Birth Parents: The Adoptees' Experience. Social Work 36(4):329-335.

273 Skinner-Drawz BA, Wrobel GM, Grotevant HD & Korff LV (2011) The Role of Adoption Communicative Openness in Information Seeking Among Adoptees From Adolescence to Emerging Adulthood. Journal of Family Communication 11:181-197.

274 Aumend & Barrett, Op. Cit.

275 Müller U & Perry B (2001) Adopted Persons' Search for and Contact with Their Birth Parents II. Adoption Quarterly 4(3):39-62.

276 Ibid.

277 Ibid.

278 Passmore NL & Feeney JA (2009) Reunions of Adoptees Who Have Met Both Birth Parents: Post-Reunion Relationships and Factors that Facilitate and Hinder the Reunion Process. Adoption Quarterly 12(2):100-119.

contact without meetings, and contact with face-to-face meetings between the adolescent and the birth mother."[279] The higher the level of contact, the more positive were the reports by adolescents about their relationship with their birth mother. In a similar vein, the higher the level of contact, the more satisfied adoptees as well as adoptive parents were with their arrangements. Regardless of the level of contact all wanted more.

7.63. This study highlights the benefits for adoptees of contact with their birth mother, but the authors also note that for the arrangements to be successful adoptive parents require a psychological shift. That shift is described as follows:

> *They need to move from thinking of themselves as a nuclear family that has added a child, to an adoptive kinship network in which their child permanently connects families of birth and rearing.*[280]

7.64. Contact arrangements are dynamic in nature and require ongoing renegotiations as life circumstances change and as participants' emotional responses mature and psychological adjustments are made.[281]

7.65. In summarising this section about how well adoptees are able to cope with their adoptive status, the following quotes from leading researchers in the field are apt:

> *Adoption has a long history as a form of care for children in need, and adopted children generally show a good developmental outcome.*[282]

> *Most adopted children are well within the normal range with respect to behavioral, emotional, and academic adjustment.*[283]

7.66. And referring specifically to difficulties during adolescence,

> *The vast majority of adoptive families manage the time of adolescence without undue difficulty.*[284]

279 Grotevant HD, Wrobel GM, Korff LV, Skinner B, Newell J, Friese S & McRoy RG (2007) Many Faces of Openness in Adoption: Perspectives of Adopted Adolescents and Their Parents.

280 Ibid.

281 Grotevant HD, McRoy RG, Wrobel GM & Ayers-Lopez S (2013) Contact Between Adoptive and Birth Families: Perspectives from the Minnesota/Texas Adoption Research Project. Child Development Perspectives 7(3):193-198.

282 Christoffersen, Op. Cit.

283 Brodzinsky DM (1987) Adjustment to adoption: A psychosocial perspective. Clinical Psychology Review 7:25-47.

284 The Benevolent Society(2010) Adolescence – does adoption make a difference? Post Adoption Information Sheet No. 29, January. See http://www.benevolent.org.au/~/media/93868D53B0EB0BC42605F2B46034E288.ashx

08

EXPERIENCES OF ADOPTIVE PARENTS

8. Experiences of Adoptive Parents

8.1. In the current climate surrounding adoption in Australia, the place of adoptive parents has taken a back seat. Yet they are the essential third arm of the adoption triad, and without them adoption does not exist. Just as birthparents and adoptees have had to deal with issues specific to their circumstances, so adoptive parents have likewise had theirs. And as the culture of adoption has changed, they have had to adapt and change with it, not without their fair share of struggle.

8.2. A couple wishing to adopt were typically infertile or had (possibly recently) experienced a miscarriage or stillbirth.[285] They wore a certain stigma for their inability to produce children and often had to deal with that specific pain as a type of loss, likely in silence.[286] The grief of childlessness is well-recognised by those working in the reproductive technology industry, who often counsel those coming to them desperately hoping to have a child. Much has been written about that desperation and the lengths to which couples will go to take home a baby.[287]

8.3. As noted already, for those who adopted a child in the era of closed adoptions, the prevailing wisdom was that there be a clean break with no further contact with the birth parents, and that secrecy was the best option. Couples were to take home the child and continue life with their new child as if he or she were born to them. Despite this advice, by far the majority of adoptive parents broached the difficult subject of the child's origins during their childhood.[288] Not only was the idea of secrecy to change, but also of potential contact with birth parents. Understandably, this possibility raised anxiety for some adoptive parents, who were unsure what contact would mean for their child and their family. Moreover, in the current climate in Australia of forced adoption, adoptive parents have to deal with the perception that they are the ones who 'stole' a child from an unwed mother.

8.4. In the AIFS Report, in contrast to the much larger numbers of birthparents (517) and adoptees (823) who responded, only 94 adoptive parents participated. The reasons given for choosing to adopt were primarily due to infertility or inability to carry a child to term (78%); other common reasons were to balance gender and a desire to care for a special needs child.[289] The majority of adoptive parents told their child about his or her origin before school age (74%), and nearly all believed their child had 'no issues' with being adopted. However, many adoptive parents linked psychological issues like low self-esteem, poor attachment, feelings of rejection, substance abuse, depression, and negative behaviours with their child's adoptive status.[290]

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285 Marshall & McDonald, Op. Cit., 99-104.

286 Ibid.

287 See for example, Mundy L (2007) Everything Conceivable. How Assisted Reproduction is Changing Men, Women, and the World. Random House, New York.

288 Marshall & McDonald cite reports from New Zealand that suggest as few as 1% of adoptees were not told about their adoptive status. However, they also note that the numbers seemed considerably higher in NSW. Marshall & McDonald, Op. Cit., 129.

289 Kenny et al., Op. Cit., 124.

290 Ibid., 130.

8.5. The majority of adoptive parents supported reunion and contact with birthparents and believed contact had a positive effect on their child. Moreover, many showed concern for the birthmother and her difficult circumstances and wanted to reassure her that the child was doing well.

8.6. In contrast to findings about deficits to the health and well-being of birthparents and adoptees in the AIFS Report, adoptive parents' responses indicated they were within population norms.

8.7. The role of the media and what they chose to report about adoption, as well as the public debate about adoption was a concern for adoptive parents.

> *The whole adoption process has become two-sided, with the adoptive parents' feelings being made to seem inferior. So often after reading reports in the media, we have felt as though we are guilty of some dreadful crime, almost as though we had snatched these children from their mothers' arms, when all we did was to open our hearts and homes within the law, to children who otherwise in those days, would be placed in an institution.*[291]

8.8. Some spoke of the "relentless publicity about forced adoptions" and "a gross over-representation of difficult adoption stories in the media",[292] which were having a detrimental effect on adoptive parents and adopted children.

> *I am afraid that the very negative publicity about adoption is colouring people's experiences and that there is too little attention paid to the many positive adoption stories ... I feel it is very important, for the well-being of adopted children, including adult ones, that some balance is introduced into the public discussion of this issue.*[293]

8.9. To some extent, this also highlights the different perspective on adoption that these adoptive parents seem to have compared to many of the birth mothers in this study. Some adoptive parents saw the adoption as saving the child from a life in institutional care, and were convinced that the adoption was not forced.[294] This difference in perspective is interesting for another reason; that is, how representative is this sample of adoptive parents? Just as there is a problem with how representative is the sample of birthparents and adoptees in this study, there is a similar problem with adoptive parents. The authors of the AIFS Report suggest that adoptive parents with better outcomes may have been more likely to participate; however, it could also be argued that those with better outcomes would be less likely to participate because of the fear of entering a publically controversial space. Perhaps instead, those with some grievance or troubled

291 Marshall & McDonald, Op. Cit., 146.
292 Kenny et al., Op. Cit., 133.
293 Ibid.
294 Ibid., 135.

story would be more likely to participate, as their experience would then be validated by the negative climate surrounding adoption. As we have already seen from various studies with birthmothers, various researchers have been concerned that those with grievances and poor outcomes are overrepresented. Perhaps the authors of the AIFS Report, having expressed a view about why they think the sample of adoptive parents is skewed, should likewise have expressed concern (akin to those of other researchers) about a potentially skewed sample of birthmothers and adoptees.

8.10. What do we know from other studies or reports about the characteristics of adoptive families, and also why they might choose to adopt?

8.11. Data from the AIHW indicates that adoptive parents tend to be older than biological parents, and almost exclusively married.[295] For intercountry adoptions in Australia, they either have no children (36%), only adopted children (36%), only biological children (19%) or both biological and adopted children (8%). For local adoptions, this mix shifts somewhat: no children (61%), only adopted children (25%), only biological children (11%) or both biological and adopted children (3%).[296]

8.12. Adoptive parents tend also to be wealthier and better educated compared with population norms.[297],[298] This is not surprising, given the high financial cost involved in adopting a child from overseas.

8.13. When it comes to motivation to adopt, as noted, infertility rates highly[299]. In work by Triseliotis and colleagues in the UK, 60% of adopters cited infertility or inability to carry a pregnancy to term as their motivator, and 25% wanted to enlarge an existing biological family.[300]

8.14. In addition to infertility, other reasons have recently been identified from the US data set derived from the National Survey of Adoptive Parents. They include altruism and religiosity, prior exposure to adoption, and prior connection to the child.[301] In Tyebjee's study of attitudes and motivations, the well-being of the child took a central place in potential adopters' minds.[302]

8.15. The unique structure of the adoptive family raises questions about the openness of discussion within it about the child's adoptive status. While there are clearly differences between adoptions from the closed era compared with today, it appears that telling the child about his or her adoption has been an essential element of healthy interfamily relationships, regardless of the era. The UK sample used by Triseliotis and coworkers was largely derived from the closed era, and yet not only did 97% of adopters feel comfortable

295 AIHW (2013) Op. Cit., 21.
296 Ibid.
297 Welsh JA, Viana AG, Petrill SA & Mathias MD (2008) Ready to Adopt: Characteristics and Expectations of Preadoptive Families Pursuing International Adoptions. Adoption Quarterly 11(3):176-203.
298 Vandivere S, Malm K & Radel L (2009) Adoption USA: A Chartbook Based on the 2007 National Survey of Adoptive Parents, Washington DC, The US Department of Health and Human services, Office of the Assistant Secretary for Planning and evaluation, 9-10.
299 Young A (2012) Choosing intercountry adoption: an Australian study of the motivations and attitudes of intending and recent adoptive parents. Australian Journal of Social Issues 47(2):221-241.
300 Triseliotis et al. Op Cit., 94.
301 Malm K & Welti K (2010) Exploring Motivations to Adopt. Adoption Quarterly 13(3-4):185-208.
302 Tyebjee T (2003) Attitude, interest, and motivation for adoption and foster care. Child Welfare 82(6):685-706.

talking about adoption,[303] but 98% had told their adopted child about their adoptive status by the age of 5.[304] This level of disclosure was paralleled in a study of adoption using data from the Northern Ireland Care Pathways and Outcomes Study,[305] and also in the US National Survey of Adoptive Parents.[306]

8.16. These high levels of communication within the adoptive family suggest there is a healthy relationship between the adoptive parents and their child. In the study by Triseliotis et al., the parents rated their levels of closeness to their child as close or very close (99%); this figure dropped somewhat during adolescence (65%).[307] The US data is similar: 81% of parents rate their relationship as "very warm and close".[308] Moreover, 42% say the relationship, as well as having children in their life (51%), is "better than ever expected".[309] Furthermore, it seems that contact with the birthmother prior to adoption leads to even more favourable attitudes towards the adopted child (as well as the birthmother), as well as more favourable parenting attitudes in general.[310]

8.17. Ceballo and colleagues, in their comparative study of biological, adoptive, and stepparent families, found that adoptive parents reported "greater satisfaction with their family and higher family cohesion than did parents who gained a biological or stepchild".[311] When asked to rate their overall experience of adoption, 94% responded with 'positive' or 'very positive'.[312] US adoptive parents are overwhelmingly positive about their experiences, saying they would adopt again definitely (87%) or probably (10%).[313] This was corroborated by a study that specifically looked at black mothers who adopted children from the foster care system.[314] In their study of adoptive parents experiences with adopted children with special needs, McDonald et al. found that parental experiences were 'quite positive' and that the past year of caring was more 'smooth' than 'stressful'.[315] Interestingly, data from the recent US National Survey of Adoptive Parents reveals that adoptive parents are more likely to read to their child compared to the general population (68% v 48%), or sing or tell stories (73% v 59%).[316] Australian research further highlights the efforts adoptive parents put in to ensuring their child has the best opportunity for development.[317] Even so,

303 Triseliotis et al. Op Cit., 200.
304 Ibid., 199.
305 MacDonald M & McSherry D (2011) Open adoption Adoptive parents' experiences of birth family contact and talking to their child about adoption. Adoption & Fostering 35(3):4-16.
306 Vandivere, Op. Cit.
307 Triseliotis et al. Op Cit., 206.
308 Vandivere, Op. Cit., 33.
309 Ibid.
310 Lee JS & Twaite JA (1997) Open adoption and adoptive mothers: Attitudes toward birthmothers, adopted children and parenting. American Journal of Orthopsychiatry 67(4):576-584.
311 Ceballo R, Lansford JE, Abbey A & Stewart AJ (2004) Gaining a Child: Comparing the Experiences of Biological Parents, Adoptive Parents, and Stepparents. Family Relations 53(1):38-48.
312 Triseliotis et al. Op Cit., 208.
313 Vandivere, Op. Cit., 35.
314 Gillum NL & O'Brien M (2011) Cognitions of Black Mothers Who Adopted Black Children From the Public Foster Care System. Adoption Quarterly 14(1):18-36.
315 McDonald TP, Propp JR & Murphy KC (2001) The Postadoption Experience: Child, Parent, and Family Predictors of Family Adjustment to Adoption. Child Welfare 80(1):71-94.
316 Vandivere, Op. Cit., 10.
317 Golding S, Leitao S & Williams C (2013) Speech and Language Development of Intercountry Adopted Children Aged 3 to 6 Years: An Explorative Study of Australian Parents' Knowledge, Beliefs, and Experiences. Adoption Quarterly 16(1):40-61.

when assessed on a wide range of socio-emotional and cognitive measures, adoptive mothers were similar to birth mothers in how they related to their 5 month old child.[318],[319]

8.18. Studies looking at the well-being of adoptive parents, both physical and psychological, generally report that adoptive parents are doing well, if not better than population norms.[320],[321],[322] They also have greater marital stability.[323]

8.19. Nevertheless, adoptive parents have to deal with issues not faced by biological parents. In their survey of adoptive mothers and their experience of 'core issues in adoption', Timm et al. found that all of the core issues were experienced to some extent. The core issues identified are worth mentioning as they are theorised to occur for all members of the adoption triad, and hence in this context, convey a sense of those things adoptive parents encounter and have to deal with.

8.20. The core issues are: loss and grief (losing the dream of the perfect child, accepting infertility, and suspending expectations); entitlement (lack of support from the extended family, societal attitudes to adoption, and lack of a ritual to celebrate adoption); claiming (accepting the adopted child as their own); unmatched expectations (unmet expectations about the adoption process and adopted child); family integration (the task of incorporating a new non-biological family member); bonding and attachment (challenges with connection and bonding); identity (am I a 'real' parent?); mastery and control (issues unique to adoption that threaten an individual's sense of control over their life's course).[324]

8.21. There remains one other aspect of the adoptive parents' experience that is unique to their circumstances and presents challenges of its own. This is the process of search and reunion, which often subsequently involves a relationship with the birth parent(s). Of course, as we have seen, in an open adoption, such a relationship may begin prior to the adoption.

8.22. For those who adopted a child during the closed era, social changes as well as legislative ones, enabled adoptees to search and make contact with their birth parents. Understandably, this whole process was tumultuous for many families.[325] Part of that upheaval was because adoptive parents had entered adoption arrangements with one understanding only to then discover that it was to be overturned.[326]

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318 Suwalsky JTD, Hendricks C & Bornstein MH (2008) Families by Adoption and Birth: I Mother-Infant Socioemotional Interactions. Adoption Quarterly 11(2):101-125.

319 Suwalsky JTD, Hendricks C & Bornstein MH (2008) Families by Adoption and Birth: II Mother-Infant Cognitive Interactions. Adoption Quarterly 11(2):126-151.

320 McKay K, Ross LE & Goldberg AE (2010) Adaptation to Parenthood During the Post-Adoption Period: A Review of the Literature. Adoption Quarterly 13(2):125-144.

321 Ceballo, Op. Cit.

322 Triseliotis et al. Op Cit., 214.

323 Ceballo, Op. Cit.

324 Timm TM, Mooradian JK & Hock RM (2011) Exploring Core Issues in Adoption: Individual and Marital Experience of Adoptive Mothers. Adoption Quarterly 14(4):268-283.

325 Marshall & McDonald, Op. Cit., 122-147.

326 Baran A & Pannor R (1990) Open Adoption. In: Brodzinsky DM & Schechter MD (Eds), The Psychology of Adoption. Oxford University Press, New York, 316-331.

Their notion of family was challenged to include the possibility that the birth parent(s) would now play a role in the life of their child, and hence theirs also.

8.23. In the 2005 UK study by Triseliotis et al., upon discovery of their child's intended search for his or her biological parents, adoptive parents expressed some concerns, mainly because they were worried their child may get hurt, but also because of the fear of loss of their child's love. Nevertheless, 80% supported the search.[327] As it turned out, after the search and contact, 70% of adoptive parents said that their relationship with their child was unchanged, and the remainder said it was enhanced.[328]

8.24. In their study of adoptive parents' reactions to search and reunion, Campbell and co-workers identified three types of responses that led them to describe adoptive parents as either closed, open or divided. Closed families reacted negatively to any suggestion of search and/or reunion, whereas open families embraced it. Divided families, where one parent was supportive and the other not, experienced conflict about the whole process.[329] Their study, conducted in 1994, dealt with adoptive parents who straddled the transition from the closed to the open era.

8.25. In the open era, where there have been varying levels of contact between all members of the adoption triad from prior to the birth, adoptive parents in general are very supportive of the contact arrangements they have.[330] In Deborah Siegel's longitudinal study of adoptive parents, her assessment is as follows:

> *...The dire outcomes predicted by some opponents of open adoption did not emerge. In fact, many parents said they felt more enthusiasm for and comfort with open adoption after seven years of successful experience with it. None of the parents interviewed said they felt intruded on or threatened by birth parents' knowledge of who they are and where they live.*[331]

8.26. Upon following up the same sample 20 years after the adoption, Siegel was able to conclude the following:

> *Findings reveal that regardless of the type of openness, these adoptive parents generally feel positive about knowing the birth parents and having contact with them, are comfortable with open adoption, and see it serving the child's best interests.*[332]

327 Triseliotis et al. Op Cit., 223-226.
328 Ibid.
329 Campbell L, Patti P & Silverman PR (1994) Reunions between adoptees and birth parents: the adoptive parents' view. Social Work 39(5):542-549.
330 Grotevant et al. (2013) Op. Cit.
331 Siegel DH (2003) Open Adoption of Infants: Adoptive Parents' Feelings Seven Years Later. Social Work 48(3):409-419.
332 Siegel DH (2012) Open Adoption: Adoptive Parents' Reactions Two Decades Later. Social Work 58(1):43-52.

8.27. Regardless of these positive findings, it is important to note that the nature of openness takes on a different character with adoptions of children from care. In these circumstances contact with birth parents is much more complex, as the child entered care in the first instance because of abuse or neglect. Despite these difficulties, some degree of openness can still work in favour of the interests of the child.[333]

8.28. To summarise this section, a quote by David Howe serves to capture something of the nature of adoptive parents as well as the breadth of their experiences.

> *The adopters' story is ultimately an uplifting tale of love which is unconditional, care which is warm, and commitment which is life-long.*[334]

333 MacDonald & McSherry, Op. Cit.

334 Howe D (1996) Adopters on Adoption, BAAF, UK, 141. Cited by Marshall & McDonald, Op. Cit., 147.

09

ALTERNATIVES TO ADOPTION

9. Alternatives to Adoption

9.1. While there can be no guarantees, in broad terms the optimal circumstances for a child's health and well-being is being raised by his or her married biological parents.[335] However, from time to time this ideal cannot be met or breaks down, giving rise to the need for a child to be cared for by others, but only when all reasonable efforts to preserve the natural family have failed. Adoption is one response to this need whether that adoption occurs at birth, as was common during the 50s and 60s for unwed young women, or out of institutional or foster care.

9.2. For the former set of circumstances, much has changed since that era. Now, a young woman who becomes unexpectedly pregnant and is unmarried, or not in a stable relationship, may take one of two alternate paths to adoption. Some still do adopt out a child, but as noted, the numbers are very small in Australia.

9.3. The first path is to keep her child and raise him or her as a single parent with varying degrees of assistance from friends and family. Changing cultural mores as well as financial support from the state have made this option far more attractive and possible compared to the 50s and 60s. Raising a child alone has its own challenges; however, an investigation into what this means for the child and his or her development is beyond the scope of this review.

9.4. The second path is abortion, one that was far less common in the 50s and 60s. But with its legality nationwide (in one legislative form or another) in or around 1970, it has become a common and relatively accepted choice. That relative acceptance needs qualification, because the public still has significant concerns about abortion, at the same time as they are not as well informed as they might be about the extent of abortion or the circumstances under which it occurs.

9.5. When made aware of the current abortion rate in Australia, approximately 64% of respondents think the rate is too high, and 73% think that 1 in 4 pregnancies ending in abortion is too high.[336] Whereas 28% of people think positively of women who choose abortion, 61% think positively of women who choose adoption.[337] When it comes to the specific circumstances under which abortion occurs, support for legal access is 85% and 60% for severe and mild foetal disability, respectively; however, that support drops significantly for other circumstances, such as for financial hardship (39%), late term (33%), change in lifestyle (29%), effect on career (27%), repeat abortions (21%), under pressure from others (18%), or as a form of contraception (9%).[338] Moreover, when asked about their own ethical opinion rather than view

335 There is some controversy in public debate about this statement; however, a considerable body of academic literature can be identified in support of the claim. See, for example, Brown SL (2010) Marriage and Child Well-Being: Research and Policy Perspectives. Journal of Marriage and Family 72(5):1059-1077.

336 Fleming J (2007) Analysis of new data on Australian attitudes to abortion, pregnancy counselling and alternative ways to reduce the frequency of abortion in Australia. In: Fleming J & Tonti-Filippini N (2007) Common Ground? St Pauls, Strathfield, 47-91.

337 Ibid., 61.

338 Ibid., 67.

on legal access, support for abortion in these same circumstances falls: severe disability (67%), mild disability (47%), financial hardship (24%), late term (23%), change in lifestyle (15%), effect on career (14%), repeat abortions (10%), under pressure from others (9%), or as a form of contraception (8%).[339] Clearly, Australians have nuanced views that distinguish between the legality and ethics of abortion.

9.6. What is of particular interest in the context of this review about adoption, is the public's view of abortions that occur under pressure. There is very little support for such abortions and the parallels with past practices that involved coercion to adopt out a child should not be lost. For if there are abortions occurring today that result from pressure or coercion or even force, they should be equally condemned as much as any adoption resulting from pressure, coercion or force. In Australian research by Allanson and Astbury investigating the reasons why women had an abortion, there was evidence of explicit and implicit coercion to abort. Women cited the following reasons: "others say should terminate" (35%), "relationship at risk if continue" (35%), "do not want others to know pregnant" (85%), and "partner could not cope" (65%).[340] To these pressures might be added a cultural climate of legal acceptance and ease of access to abortion, perhaps a subtle cultural pressure with some similarities to the cultural pressure to adopt in the past.

9.7. When identifying the reasons for adoption taking place, instead of "overt force and coercion", 95% of birthmothers in the AIFS Report refer to " ... pressure, stigma and lack of support (both financial and emotional)", denoting these as " ... coercion and force – just more covert."[341] Likewise Triseliotis and coworkers identified pressure to adopt in their sample of birthmothers rather that overt coercion or force.[342] It is possible that in the future, women who have had an abortion may use similar terms to describe having been 'coerced and forced' by partners, family and society into doing so, and also having been harmed by it.

9.8. In a parallel with the types of circumstances under which adoptions occurred in the 50s through 70s, the study by Allanson and Astbury also identified the other main reasons why abortion was chosen: jeopardise future (100% of respondents), could not cope (90%), can't afford financially (75%), would be a single mother (55%), too young (45%), and, do not have support to continue (45%). More recent work in 2009 arising from the records of a Victorian abortion clinic yielded similar results.[343]

339 Ibid., 70.

340 Allanson S & Astbury J (1996) The abortion decision: fantasy processes. Journal of Psychosomatic Obstetrics & Gynecology 17:158-167.

341 Kenny et al., Op. Cit., 49.

342 Triseliotis et al. Op Cit., 65-66.

343 Rowe HJ, Kirkman M, Hardiman EA, Mallett S & Rosenthal DA (2009) Considering abortion: a 12-month audit of records of women contacting a Pregnancy Advisory Service. Medical Journal of Australia 190(2):69-72.

Reasons cited by women who underwent an abortion	Reasons cited by women who placed a child for adoption (primarily during closed adoption era)
jeopardise future	educational aspirations
could not cope	financial constraints
can't afford financially	marital status
would be a single mother	age
too young	family opposition
do not have support to continue	pressure from health professionals and social workers
others say should terminate	stigma
do not want others to know pregnant	lack of birth father's support
relationship at risk if continue	
partner could not cope	

9.9. While no definitive data exists, it is a reasonable proposition that the problem of the many thousands of unwanted pregnancies of many teenage women in the 50s, 60s and early 70s that were 'solved' by adoption, are now 'solved' by abortion.

9.10. Teenage women currently have high numbers of abortions (there were 912 teenagers having abortions in SA alone in 2009;[344] a rough extrapolation by population yields 12,530 for the whole of Australia). Widely implemented sex education and freely available contraception have not stopped thousands of teenagers still becoming pregnant. It has been suggested that sex education and freely available contraception are behind our present low adoption rates.[345] However, if that were so, one would also expect a low teenage pregnancy rate. Instead, each year there are many thousands of teenage pregnancies, which end either in abortion (approximately 12,530 for 2009),or birth (11,373 for 2010).[346]

9.11. Given the likelihood that there were very few teenage abortions in the past, as there are very few adoptions in the present, it may very broadly be surmised that in the past whereas about half of all teenage pregnancies ended with keeping the child and half with adoption, now about half still result in keeping the child but half end in abortion.[347] While there remains considerable uncertainty about this appraisal, it is probably safe to conclude that to a certain extent abortion now replaces adoption.

9.12. Given these dynamics, along with the fact that adoption is not now considered to be a realistic choice, nor is it offered, it is unsurprising that a teenage woman with an unwanted pregnancy often chooses abortion if she does not wish to, or cannot, parent her child.

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344 South Australian Government House of Assembly (2011), South Australian Abortion Reporting Committee Seventh Annual Report – For the Year 2009, Table 1, 6. See http://www.parliament.sa.gov.au/HOUSEOFASSEMBLY/BUSINESSOFTHEASSEMBLY/RECORDSANDPAPERS/TABLEDPAPERSANDPETITIONS/Pages/TabledPapersandPetitions.aspx?TPLoadDoc=true&TPDocType=0&TPP=52&TPS=1&TPItemID=485&TPDocName=Abortion%2BCommittee%2B09.pdf

345 Senate Report, Op. Cit., 9.

346 Li Z, Zeki R, Hilder L & Sullivan EA (2010) (2010) Australia's mothers and babies2010.Perinatal Statistics Series No. 27. Australian Institute of Health and Welfare, Canberra. See http://www.aihw.gov.au/publication-detail/?id=60129542376

347 It is worth noting that of the 9798 adoptions in 1971/72, only a proportion would have been from teenage pregnancies. In the AIFS Report sample of 505 birthmothers, 68.3 % were teenagers. This further sharpens the point being made, viz., that the teenage pregnancy rate is currently relatively high, even though the population has roughly doubled since 1970.

9.13. In Australia at least, when adoption is perceived as conferring long term negative life experiences for relinquishing mothers, it is simply, as Webster says, an 'unchoice'.[348] Moreover, its perception as complicated by a child 'somewhere out there', along with the involvement of an adoptive family, makes it more 'messy' than the 'clean break' of abortion.

9.14. Indeed, the now-discredited idea of a 'clean break' in early adoption practice may have instead translated to the 'clean break' of abortion.

9.15. The way forward involves a two-pronged approach. The first is to provide a more accurate account of adoption and how it can work out well in by far the majority of circumstances, particularly as regards the experiences of relinquishing mothers. If that can be achieved, then adoption becomes a realistic choice alongside abortion.

9.16. The second is to provide a more realistic account of abortion. The public should have the opportunity to become aware of the impact of abortion on a woman's physical and mental health.[349] Many of the risks to a woman's physical health have been well documented, but the effect on mental health is still hotly debated, despite the considerable body of research that already exists. Key researchers such as Fergusson[350],[351] and Coleman[352] have provided evidence of harm to mental health arising from abortion even though several peak bodies deny a relationship exists.[353],[354] It may take some time to get to the truth of the matter, complicated as it is by the powerful political forces at work, and the potential impact of the outcome on policy and practice.

9.17. Despite the present uncertainty in academic research, agencies and counsellors anecdotally report that significant numbers of women suffer psychological distress and poor mental health as a result of their abortions.[355] In her book Giving Sorrow Words, Australian author and researcher Melinda Tankard-Reist received many responses from women who grieved their abortions in a manner not dissimilar to the grief expressed by some of the women who relinquished a child to adoption.[356] This accords with a significant body of literature of a similar nature.[357]

9.18. Recognising that loss of a child in abortion and loss of a child in adoption can, for some women entail significant grief and loss, may be a starting point for dialogue. One difference between adoption and

348 Webster, Op. Cit.
349 Ewing S (2007) Women and Abortion: An Evidence-Based Review, Women's Forum Australia.
350 Fergusson DM, Horwood LJ & Boden JM (2008) Abortion and mental health disorders: evidence from a 30-year longitudinal study. British Journal of Psychiatry 193(6): 444-451.
351 Fergusson DM, Horwood LJ & Boden JM (2009) Reactions to abortion and subsequent mental health. The British Journal of Psychiatry 195:420-426.
352 Coleman PK (2011) Abortion and mental health: quantitative synthesis and analysis of research published 1995-2009. The British Journal of Psychiatry 199(03):180-186.
353 American Psychological Association (2008) Report on the Task Force on Mental Health and Abortion. Washington DC.
354 Royal college of Obstetricians and Gynaecologists (2004) The care of women requesting induced abortion. London: RCOG Press.
355 Personal communications. See also Abortion Grief Australia, http://www.abortiongrief.asn.au/index.php
356 Tankard-Reist M (2000) Giving Sorrow Words. Duffy & Snellgrove, Potts Point NSW.
357 Ewing, Op. Cit.

abortion is that adoption provides the potential opportunity for the mother to help resolve her grief of loss through contact or knowledge of the growing child, and also to establish an ongoing relationship with the child. The father also has the potential for obtaining knowledge and establishing an ongoing relationship with the child.

9.19. The other main alternatives to adoption, besides keeping a child or having an abortion, involve institutional, foster or other forms of care. These alternatives arise in somewhat contextually different circumstances to those in which adoption is chosen, notwithstanding how free that choice may or may not have been. Instead, these cases involve either children orphaned or removed from situations of abuse and/or neglect. It is important not to underestimate how severe their experiences in those contexts can be.

9.20. In the past, institutionalisation was the other main alternative to adoption, and thousands of children were institutionalised in Australia, and continue to be in many countries worldwide. However, there is a general consensus that this form of care is not the best that can be done for children in need, and hence, institutionalisation is no longer considered a viable option. This is especially so in Australia now, as the abuse and ill-treatment experienced by children in some institutions in the past comes under close scrutiny.

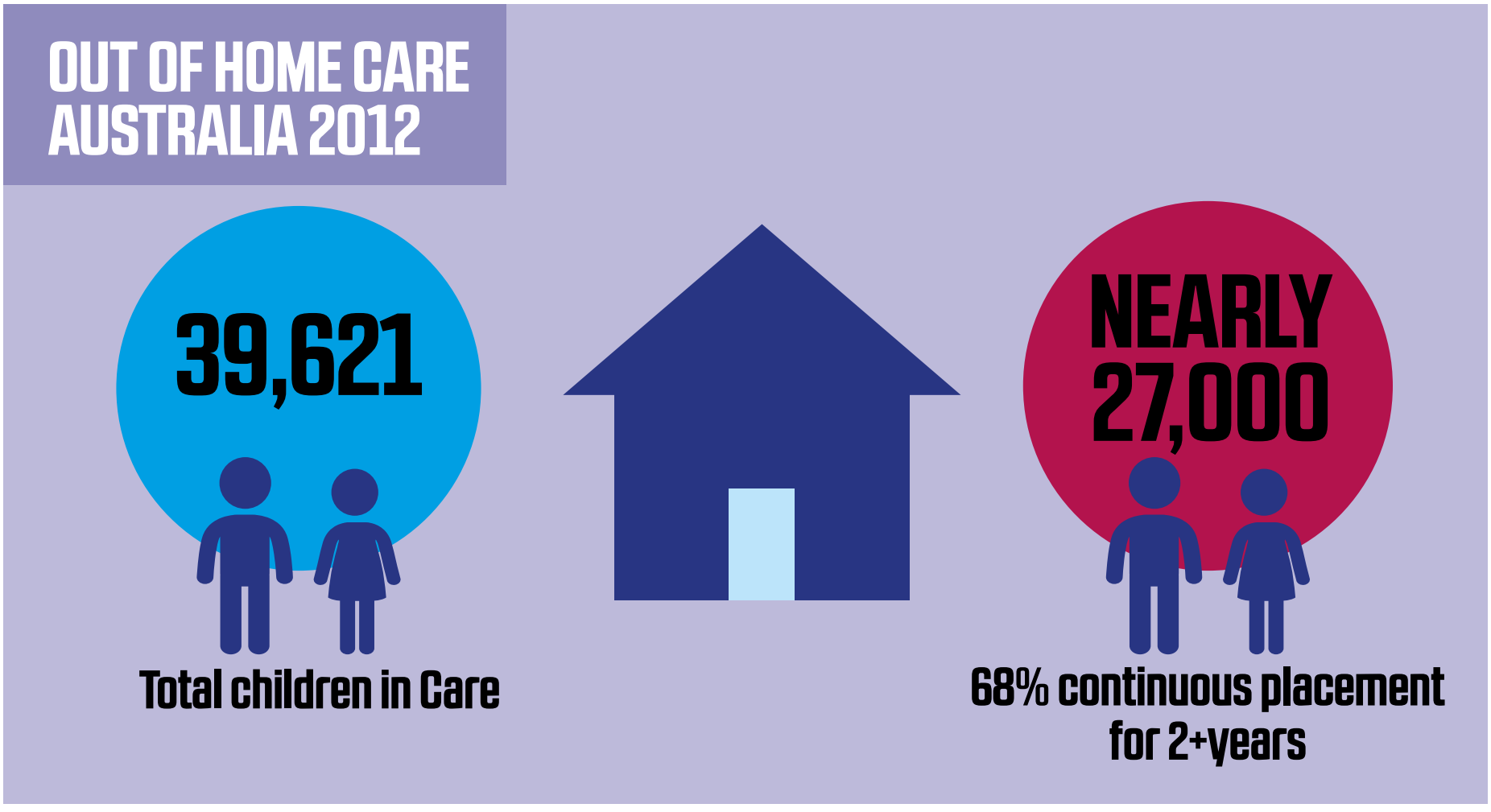
9.21. Rather than being institutionalised, children who need alternate care, if not adopted, are mostly fostered, or live with relatives or other kin, although some other forms of care, such as special guardianship orders or permanent care orders can also apply. All these forms of care can be referred to as out of home care.

9.22. In Australia, at the end of June 2012, there were 39,621 children in out of home care, 68% (nearly 27,000) of whom had been in continuous placement for 2 years or more.[358] These children had been removed from their natural parents because of physical, sexual or emotional abuse, or neglect.[359] In an Australian study by Barnardos, the time taken for children to be adopted from care was on average 4 years, and the relevant factors that influenced that time were the age of the child, court delays and whether the father was known.[360]

358 Australian Institute of Health and Welfare (AIHW) (2013) Child Protection Australia 2011-12, Child Welfare Series, Number 55, AIHW, Canberra, ix.

359 Ibid.

360 Vihtonen L & Bryant A (2012) 'Why does it take so long'? Delays in achieving adoption. Australian Journal of Adoption 6(1).



9.23. As noted earlier, professionals in the field have long recognised the critical need for children to have stability and security for normal development. In a landmark review in the UK by Martin Narey, who was subsequently made the UK's Ministerial Advisor on Adoption, the inadequacies and indeed direct harm to children cycling through the foster care system is expounded at some length. Narey quotes a report by the UKs Family Justice Review:

> *All our understanding of child development shows the critical importance of a stable environment and of children's need to develop firm attachments to caring adults. Yet our court processes lead to children living with uncertainty for months and years.*
>
> *A baby can spend their first year or much longer living with foster parents, being shipped around town for contact with their parent or parents, while courts resolve their future. This represents a shocking failure, with damaging consequences for children and for society that will last for decades.*[361]

9.24. Narey also quotes Becky Hope in her book All In a Day's Work, where she emphasises the critical importance of stable loving care during the very earliest stages of a child's life:

> *Children whose basic needs for responsive, loving care are not met and who are left to flounder have been found to suffer clear detrimental effects to*

361 Narey, Op. Cit.

their brain development long before they reach anywhere near their first birthday. It has also been found that children who have experienced severe neglect as tiny babies but are placed in long-term adoptive homes before the age of six months are able to make far greater progress overall than a child placed after that age.[362]

9.25. Narey also notes other reasons for delay which are attributed to matters such as:

9.25.1. Attitudes that place the priority of the rights of the child below the needs of the parents[363]

9.25.2. The loss of the sense of urgency when a child is placed in care.[364]

9.25.3. The need for a balance of social workers who are mature (not necessarily degree qualified) and have experience with child raising and development with younger workers who may be degree qualified. All of whom need to be trained in the realities of child protection work and for example to understand the priorities of the child, the need to act with a sense of urgency and so on.[365]

9.25.4. Whilst a review of the operations of state care systems is beyond the scope of this review, the Narey Report offers useful insights that may apply in Australia's case.

9.26. Because cycling through the foster care system is not the best for children, there has been an increasing focus on 'permanency planning'. Despite the fact that there is no simple and agreed definition of permanency planning, it has been described as follows:

Permanency planning is a case planning process aimed at securing stability and continuity for children in out of home care. Permanent options cover the spectrum of placement prevention, reunification, supporting children and carers in kin, foster and residential placements, and adoption. Permanency planning is conceptualised as having relational, physical and legal dimensions: relational permanence pertains to children having the opportunity to experience positive, caring and stable relationships with others; physical permanence denotes stable living arrangements; and the legal dimension pertains to the legal arrangements of a child's custody and guardianship.[366]

9.27. Hence permanency planning aims to secure as quickly as possible an environment for the child that is stable in terms of relationships, living arrangements and legality. Adoption nearly always achieves this and

362 Ibid.
363 Narey, Op.Cit.
364 Narey, Op. Cit.
365 Narey, Op. Cit.
366 Osmond J & Tilbury C (2012) Permanency Planning Concepts. Children Australia 37(3):100-107.

has been the preferred avenue to permanency in the US and the UK. Starting in the late 90s, under Clinton in the US and Blair in the UK, various reforms were put in place to increase the numbers of adoptions from care. In both countries, adoptions from care have increased[367], and the comparison with Australia is striking.

> *In England 3,500 children in care were adopted from a total English population of 54 million. Australia with a smaller population of 21 million should on the same ratio, of 2.5 times, have had 1,400 children in care adopted. In fact, during roughly the same period, Australia as a whole had only about 100 such adoptions.*[368]

9.28. Compared to the US, the situation is even more divergent.

> *On average in the last decade, more than 50,000 United States children have been adopted every year from out of care by foster carers and others wanting to become adoptive parents ... The number of children in care per capita in the United States and Australia is very similar. If Australian children in care were adopted at the same rate as in the United States, there would have been approximately 4,800 adoptions from care in Australia in 2009–10.*[369]

9.29. As both these quotes make clear, things in Australia are very different, and rather than being adopted, most children remain in some form of out of home care. Indeed, as Jeremy Sammut notes, not only is the number of Australian children in out of home care in 2012-13 more than double what it was in 2000-01, but the level of 're-reporting' has also increased.[370] That is, children in out of home care are living with more frequent changes and hence instability, leading to more complex and challenging needs and behaviours. Moreover, the financial costs to governments have escalated dramatically. Sammut argues that the child protection system is in crisis and national adoption targets are needed.[371]

9.30. Despite the fact that the UK and the US utilise adoption to attain permanency to a far greater extent than Australia, it is not necessarily the case that all Australian out of home care children who are not adopted remain in unstable foster care settings. As revealed in the quote above, adoption is one form of permanency; however, it has been recognised that adoption is not always possible nor is it arguably the best option for some children. For example, when the child's carers are grandparents, adoption would potentially confuse legal relationships by making a child a daughter or son as well as grandchild all at once.

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367 For a description of the changes and statistics in the US, see Barber J & Delfabbro P (2005) Children's adjustment to long-term foster care. Children and Youth Services Review 27:329-340.

368 Best, Op. Cit.

369 Sammut (2011) Op. Cit. See www.cis.org.au/images/stories/policy-monographs/pm-122.pdf

370 Sammut J (2014) Still Damaging and Disturbing: Australian Child Protection Data and the Need for National Adoption Targets. Issue Analysis No. 145 See http://www.cis.org.au/publications/issue-analysis/article/5140-still-damaging-and-disturbing-australian-child-protection-data-and-the-need-for-national-adoption-targets

371 Ibid.

Also, for older children who have been with the same foster carers for some time and want permanency, but wish to retain legal ties to their birth family, some other form of permanent arrangement is needed. Moreover, the foster carers may not wish to adopt, but want to ensure greater security in everyday decision-making. In addition, there may be minority religious or cultural groups who have problems with adoption but want some form of greater permanency than foster care.

9.31. For these situations, and possibly more generally, other ways to achieve permanency have been sought. In the UK for example, even though adoption is the preferred option, a special guardianship order exists that gives carers legal parental responsibility for the child up to the age of 18. While birth parents remain the legal parents, they have very limited ability to make decisions about their child apart from name changes and travel abroad.

9.32. A special guardianship order is close to adoption, but stops short of the child becoming fully legally the child of the adoptive parents. It also means that the child retains inheritance rights with respect to the birth parents. Another difference between adoption and a special guardianship order is that the order can be more readily challenged by the birth parents with regard to who has guardianship. With an adoption this is more difficult.

9.33. In Australia, every State and Territory likewise has a care order that is similar to the UK's special guardianship order. The different orders are as follows: Victoria - permanent care order; NSW – sole parental responsibility order; SA – other person guardianship order; WA – enduring parental responsibility order; Queensland – long term guardianship order; Tasmania – guardianship order; ACT – enduring parental responsibility order; NT – long term parental responsibility direction.[372]

9.34. What these orders all share in common is an attempt to secure greater permanency for the child up to the age of 18.

> *Children need a stable foundation to develop their identity, values, relationships and cultural awareness throughout childhood. For children who are unable to live with their own parents, having another permanent place to live gives them the best opportunity to grow up with a secure sense of identity. … A long-term legal order that endorses a carer's commitment can increase a child's or young person's sense of stability … Sole parental responsibility gives a carer all the duties, powers, responsibilities and authority which, by law, parents*

372 For a more detailed description of the different types of long term orders in the Australian States and Territories see WA Department of Child Protection (2008) Permanency Planning in Western Australia. Consultation Paper. https://www.dcp.wa.gov.au/Resources/Documents/Policies%20and%20Frameworks/Permanency%20Planning%20Consultation%20Paper%202008.pdf

have in relation to their children. The carer can make long-term decisions for the child or young person and reach their own conclusions regarding their best interests. They can do this without having to 'check back' with DoCS or the fostering agency.[373]

9.35. In Victoria, the number of permanent care orders each year has increased steadily from 11 in 1992/3, the first year of implementation, to 267 in 2012/13.[374] In WA there were 71 enduring parental responsibility orders over the period March 2006 to December 2008[375], a much lower rate than for the equivalent order in Victoria. In NSW, Roth notes that there is "no published information on how many sole parental responsibility orders have been made".[376] This also seems to be the case for the other States and Territories. Given the paucity of available data on the use of long term care orders in Australia, it is not possible to determine with any accuracy how many occur across the country, and whether they are in fact Australia's way of achieving permanency instead of adoption.[377]

9.36. In the UK, special guardianship orders are taken up primarily by relatives. For the first two years of their implementation, Wade et al. note that:

Most take-up in the first two years had been from relatives (86 per cent), with grandparents in the majority. The children concerned were relatively young, with 52 per cent aged five or under. Most (74 per cent) had been living with their carer before application, often for a lengthy period ... Take-up from unrelated foster carers had been low (13 per cent) due largely to concerns about financial uncertainty, the potential loss of social work support for them and/or their child and the potential difficulties of managing birth family relationships ... [378]

9.37. These types of concerns are also likely to pertain in Australia. In WA, the poor uptake of enduring parental responsibility orders has been attributed to "foster carers' concerns about costs of caring for the child and having to discuss contact arrangements directly with parents".[379]

9.38. It is not surprising that a carer's decision to take up a permanent order is influenced by the support they receive. In Australia, foster carers receive financial support to care for a child, and whereas in SA that

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373 NSW Department of Community Services (2004), Out of home care: Sole parental responsibility, Fact Sheet.

374 AIHW (2013) Op. Cit., 48

375 WA Department of Child Protection, Op. Cit., 16.

376 Roth L (2013) Permanency planning and adoption of children in out of home care. Briefing Paper No 03/2013, NSW Parliamentary Research Service, 17. http://www.parliament.nsw.gov.au/prod/parlment/publications.nsf/0/E717F8520DB8DF57CA257B430012A869/$File/Permanency%20planning%20and%20adoption.briefing%20paper.pdf

377 If the assumption is made that each State and Territory has proportionately the same number of long term care orders as Victoria (an untested assumption), extrapolating by population yields something of the order of 1080 such orders nationwide. This is likely to be a high estimate. As noted, Western Australia has far less by population.

378 Wade J, Dixon J & Richards A (2009) Implementing Special Guardianship. Social Policy Research Unit, University of York. See http://www.adoptionresearchinitiative.org.uk/briefs/DCSF-RBX-09-17.pdf

379 Western Australia Department of Child Protection, Op. Cit., 16.

support continues under an 'other' person guardianship, this is not necessarily the case for all of the equivalent orders in the other States and Territories.[380] Hence, permanency can be discouraged by the simple practical reality that the care of children requires financial resources. Moreover, if this is true for permanent care orders, it is even more so the case for adoption. Recently, the NSW government made a huge cut to a post adoption allowance to foster carers that had previously been equivalent to the standard foster care payment.[381] Adoption has typically been a significant money saver for governments, as adoptive parents take over all responsibilities including financial ones, yet in the specific case of adoptions from care, lack of governmental support, especially for foster carers already receiving payments, acts as a financial disincentive for adoption.

9.39. When it comes to the best interests of the child, what are the key differences between permanent care orders and adoption? A recent discussion paper by the Queensland Child Protection Commission of Inquiry noted:

> *[long-term guardianship orders]... are not having the intended effect of providing a child with sufficient stability. It has been argued that they do not offer the requisite stability because they may be 'contested in court by birth families on an ongoing basis'. This is said to impede a child's bonding with both the foster carer and their family. Furthermore, long-term guardianship orders terminate on the child's 18th birthday.*[382]

9.40. The sense of stability seems to be closely related to a sense of belonging, and this is picked up by Cashmore.

> *One aspect of this concerns a sense of permanence, a feeling of belonging, and the "status" of being adopted as opposed to the stigma of being in care. Another concerns the fact that an adoptive placement is not subject to appeal by the birth parent....adoption may remove some of the ambiguity and apprehension young people may feel about the status of the family after being discharged from care.*[383]

9.41. Hence adoption seems to provide something that other forms of care cannot, regardless of how permanent those other forms are structured to be. Cashmore has also noted something that may be more important than yet realised. That is, when a child reaches the age of 18, they have reached a landmark age at which their care is legally prescribed to end. While it is likely that carers will maintain relationships and remain supportive, whether they continue to provide what adoptive parents provide well beyond the age of 18 is

380 Western Australia Department of Child Protection, Op. Cit.
381 Roth, Op. Cit.,15-16. An annual payment of between $10,998 and $16,328 was cut to $1500.
382 Queensland Child Protection Commission of Inquiry (2013) Discussion Paper. http://www.childprotectioninquiry.qld.gov.au/publications/discussion-paper-individual-chapters
383 Cashmore J (2000) What the research tells us: Permanency planning, adoption and foster care. Children Australia 25(4):17-23.

unknown. There would appear to be considerable uncertainty about what it really means for a child to be brought in by another family in the fullest sense, as in adoption, compared with something that stops short and may be interpreted as a holding back from full acceptance.

9.42. Part of the rationale for the use of permanent care orders is that by not legally severing ties with birth parents, children will grow up still connected to their wider birth family, their heritage and culture, thus helping ground their identity. However, with an open adoption there is no reason why that should not also be the case. Open adoption also leaves room for contact arrangements that involve connections to the wider family, heritage and culture, and indeed this is encouraged in adoption plans. With an open adoption, in which case there is no secrecy, there is every reason a child will grow up with a well-developed sense of identity. Moreover, there is no guarantee that with a permanent care order there will be any greater commitment on the part of the carers to ensure familial connections are maintained, unless a court mandates it.

9.43. Regardless of whether permanency planning results in the use of a permanent care order or adoption, the delay experienced by children in the system is deeply problematic. Echoing the sentiment expressed by Narey in the UK, a recent report in Victoria referring to permanent care orders puts it this way:

> *Nearly 90 per cent of these orders were made more than two years after the initial substantiation of harm. The average time taken between a child's first report and their ultimate permanent care order, at just over five years (Inquiry analysis provided by DHS), is too long. For children who have been abused and known to statutory child protection services at a young age, it takes too many years for a permanent care order to be granted when this is necessary to ensure their safety and wellbeing. During this time, many children are subjected to multiple placements, compounding psychological harm.*[384]

9.44. Likewise, where adoption in NSW is concerned, the same concerns apply.

> *...The reason for this low number [of adoptions] is the extraordinarily long, repetitious and difficult process that would-be adoptive families have to go through to adopt in this State. We all believe in safe and loving permanent solutions, but we will not attract more people to adoption while we have a process that can take well over two years and often up to five.*[385]

384 Cummins P, Scott D & Scales B (2012) Report of the Protecting Victoria's Vulnerable Children Inquiry, Victorian Department of Premier nd cabinet, 229. See http://www.childprotectioninquiry.vic.gov.au/images/stories/inquiry/volume2/consolidated%20volume%202%20protecting%20victorias%20vulnerable%20children%20inquiry%20report%2027%20january%202012.pdf

385 Goward P (2012) NSW Parliamentary Debates (Legislative Assembly), 8559. See http://www.parliament.nsw.gov.au/prod/parlment/hansart.nsf/V3Key/LA20120221033?open&refNavID=HA4_1

9.45. While a decision to place a child in permanent care will usually be a very difficult one, clearly timeliness is crucial for the child's well-being. Narey refers to these hard choices by quoting the director of Barnardo's in the UK.

> *Speeding up the decision-making after a child first comes to the attention of the authorities is key; research shows that most parents who are going to significantly improve their ability to look after their child do so in the first six months of the child's life. If that doesn't happen, then we need to be bolder – and quicker – in making the decision to remove that child permanently.*[386]

9.46. While there is considerable research on the outcomes of adoption, there appears to be next to none about the outcomes of the variety of orders aimed at permanency. This may in part be because they are relatively recent.

9.47. A 2011 study by Lloyd and Barth in the US looked at developmental outcomes after 5 years for children who entered foster care as infants and then within months had been adopted, reunified with their birth families, or remained in foster care. Children who remained in foster care spent about the same amount of time in the same home as children who were adopted out or went back to their birth parents – between 4 and 5 years. So this study compared adoption or returning home, with an early stage equivalent of a permanent foster arrangement. Despite the fact that children in each group had all been in a stable home for nearly 5 years, the results indicate that foster care was associated with poorer outcomes on a wide range of measures. The authors concluded that their results,

> *...Support the longstanding tenet of child welfare services policy that remaining in foster care is less developmentally advantageous than having a more permanent arrangement of return home or adoption.*[387]

9.48. In a Swedish study of long-term foster care, children were interviewed about their experiences in care, especially about their sense of belonging and expectations of permanency.[388] They had all entered their current foster care home at various ages and been there for 5 years or more. Of the 22 children initially in the study, 11 regarded their foster home as permanent and had a sense of belonging. This finding suggests that 5 years or more of stability in a foster home can ensure a sense of belonging or permanence, but only for 50 percent of children. It is arguable whether permanency that guaranteed stability to the age of 18 would have made a more positive difference, but it is possible with more secure decision-making freedom for the foster parents, that it may have.

386 Narey, Op. Cit.

387 Lloyd EC & Barth RP (2011) Developmental outcomes after five years for foster children returned home, remaining in care, or adopted. Children and Youth Services Review 33:1383-1391.

388 Andersson G (1999) Children in permanent foster care in Sweden. Child and Family Social Work 4:175-186.

9.49. Finally, in a major UK study at the University of York, researchers compared children in long-term foster care with those who had been adopted, either by strangers or by their foster carers. The children in foster care fell into two groups – those who had stable care (7 years or more) and those whose care was unstable (removed to a new placement after 3 years). Overall, the rate of disruption of adoption was 13 percent, compared with 28 percent for foster care (stable and unstable). On a range of measures, children in stable foster care did just as well as those who had been adopted, the only difference being that some of the foster care children were ambivalent about their sense of belonging in their foster family. However, children in unstable foster care did significantly worse on all measures compared to either adopted children or those in stable foster care. The authors conclude:

> *Stable, long-term foster care may be very successful in providing emotional security and positive outcomes for children.*[389]

9.50. An important qualifier here is that this study is retrospective, and while it shows that the children in stable foster care did just as well as those who were adopted, it still means that it cannot be predicted which children will end up in stable foster care. A decision to place a child in foster care versus adoption will therefore nevertheless entail a risk that more will experience instability and its associated harm.

9.51. In summary, achieving permanency and stability for at risk children is best served by timely adoption; however, for some children a permanent care order may be more appropriate and can also provide the stability necessary for healthy development. As more research emerges it is hoped it will shed light on the factors that predict which type of placement is optimum for a child's specific circumstances.

389 Biehal N, Ellison S, Baker C & Sinclair I (2009) Characteristics, outcomes and meanings of three types of permanent placement – adoption by strangers, adoption by carers and long-term foster care. Research Brief, Social Policy Research Unit, University of York. See www.york.ac.uk/inst/spru/research/pdf/3types.pdf

10

IDENTIFYING BEST PRACTICE

10. Identifying Best Practice

10.1. Before concluding this review, it will be a valuable exercise to examine how adoption of one particular type has been implemented in practice, and to assess what aspects of differing models work best. The model by which adoption is governed and implemented will have a strong bearing upon how successful it is in terms of the impact upon members of the adoption triad. An optimum model will maximise the health and well-being of the members of the triad. Moreover, the form a model takes will also influence how many adoptions actually occur and therefore what extent and impact the alternatives to adoption will have. If adoption is frustrated because of a poorly constructed framework, there is a greater chance that children will remain in circumstances that are harmful for them.

10.2. For the purposes of this section, the type of adoption under scrutiny will be Intercountry adoption. In 2012-2013, Australia received a total of 129 children from China, India, the Philippines, Thailand, Bolivia, Columbia, Hong Kong, Ethiopia, South Korea and Taiwan.[388] All of these countries, except the last three, are signatories to the Hague Convention.

10.3. In December 2013, Prime Minister Tony Abbott announced a commitment to make adoption from overseas more streamlined.[389] This was followed by the establishment of an Interdepartmental Committee on Intercountry Adoption, with the aim that it would propose some immediate changes and then report more fully to the Council of Australian Governments (COAG). In March 2014, legislative changes were implemented as a first step towards enabling easier overseas adoption[390], and at the time of writing, COAG have yet to meet to discuss the detail of any new proposals.

10.4. The 2005 report by the House of Representatives Standing Committee on Family and Human Services titled Overseas Adoption in Australia– Report on the Inquiry into adoption of children from overseas (The Bishop Report), referred to earlier, had made a series of recommendations, some of which have been taken up. Now, eight years later, a report obtained under freedom of information from the department of the Federal Attorney-General, analyses intercountry adoption in Australia, how it operates and how it compares with programs in other countries.[391] The expertise of the report's author, Jennifer Degeling, is described as follows:

388 AIHW (2013) Op. Cit., 18.

389 The Hon Tony Abbott MP (2013) Making overseas adoption easier for Australian families. December 19. See https://www.pm.gov.au/media/2013-12-19/making-overseas-adoption-easier-australian-families

390 Karvelas P (2014) Foreign adoption barriers unlocked. The Australian, March 14. See http://www.theaustralian.com.au/national-affairs/foreign-adoption-barriers-unlocked/story-fn59niix-1226844122329#

391 Degeling J (2013) Intercountry Adoption in Australia: Analysis of Programs and Models of Service Delivery. Draft Internal AGD Working Document. See http://www.australiansadopt.org/JD.php

Until 2012, Ms Degeling was Secretary responsible for monitoring the operation and implementation of the Hague Intercountry Adoption Convention and all other intercountry adoption matters at the Permanent Bureau of the Hague Conference on Private International Law.[392]

10.5. It should be noted that reports obtained under freedom of information legislation often have material redacted. That is no less true of this report, and therefore the full content is not available.

10.6. Ms Degeling identifies four key premises upon which her report (The Degeling Report) is based:

10.6.1. The best interests of the child is the paramount principle in decisions about intercountry adoption;

10.6.2. Intercountry adoption should be one of the options for family formation available to Australian parents;

10.6.3. The Hague Intercountry Adoption Convention provides the appropriate guiding principles and basic legal framework to conduct intercountry adoptions; and,

10.6.4. Institutionalisation should be the last resort of long-term alternative care for children.[393]

10.7. These premises are grounded in principles derived from the UN Conventions as well as UNICEF. Together they form part of the ethical framework referred to earlier, and it is in the light of these principles that best practice is to be measured.

10.8. As already noted, Australia has one of the lowest rates of intercountry adoption globally, nearly one tenth of Norway's, for example.[394] The reasons for this are complex, partly because of the attitudes to adoption, but also because of the particular structure of the Australian model. The former is not easy to change in the short term, but the latter is more open to modification by governments and their relevant departments. What modifications Degeling thinks should occur will be considered shortly; but first, the basic process by which an intercountry adoption occurs in Australia will be described.

392 Ibid., 4.
393 Ibid.
394 Ibid., 9.

10.9. In accordance with the Hague Convention, both the country of origin and the receiving country must have established a 'central authority' to act as the primary body to oversee processes and procedures. In Australia, there is some complexity in that the department of the Federal Attorney-General is designated as the central authority, but the States and Territories also have their own central authorities, which in each case is the department responsible for child protection. The Commonwealth and the States and Territories have an agreement about how the relationship will operate. This is essentially a shared Commonwealth-State government model that proceeds as follows:

10.9.1. A couple wanting to adopt would first approach the central authority in their State or Territory, and after determining the couple are eligible and suitable, the authority prepares a report and sends it to the country of origin. A report will also have been prepared for each adoptable child in the country of origin.[395] The central authority in the country of origin undertakes a matching exercise and makes a proposal to the central authority in the receiving country for consideration by the prospective parents. If all parties agree to the adoption, placement may go ahead and an adoption order will then be finalised in either the country of origin or in Australia. There are also immigration and citizenship requirements to be met and variations in how these may work, in part depending upon agreements with the country of origin.

10.10. The above is a simplified description of the process, which may take many years to complete.

10.11. The central authorities in the States and Territories do the bulk of the work, whereas the Attorney-General's department is mainly concerned with meeting the requirements of the Hague Convention, and maintaining the programs with countries of origin. In recent years, there have been some changes relating to how the programs are managed, in response to recommendations from The Bishop Report. Prior to 2007, a particular State would act as the 'lead State' for a program. For example, Victoria was the lead State for the China program, and Queensland for the Ethiopia program. Now, the department of the Attorney-General manages all programs.

10.12. An important aspect of the legislation governing adoption in the States and Territories is the power most have to accredit non-government organisations (NGOs) so that they can act as agencies to undertake much of the work of intercountry adoption. The place of these accredited bodies will become apparent when considering how other receiving countries structure their processes, as well as when considering how Australia might modify its model. The important point here is that there are currently no accredited NGOs for intercountry adoption in Australia.

395 Before deciding whether a child is able to be adopted overseas, the central authority in the country of origin will have undertaken a wide range of investigations on behalf of the child. These should conform to the principle of subsidiarity of the Hague Convention (Article 4). According to this principle, the child's family should be sought and reasonable attempts made for family preservation. If that is not possible, then placement with the extended family is sought. Failing that, the central authority will seek family-based care in the local community. Only if this is also unsuccessful, will intercountry adoption be considered.

10.13. The model for intercountry adoption in Australia and the way it currently operates has characteristics that are open to improvement. Degeling's view is that the Attorney-General's adoption branch is seriously underfunded, and with a high turnover of staff is hampered in "building trust and nurturing relationships with other countries in a culturally sensitive way".[396] The critical importance of building trust with other nations is undermined when the knowledge base acquired by individuals is lost. Moreover, the bureaucratic approach of government departments can lead to inflexibility and unnecessary delays.

10.14. A problem operating at the deeper level of perception is caused by the separation of policy and practice. Because the State and Territory departments are dealing with the casework they see the successful outcomes of adoptions, whereas the Attorney General's department has to deal with problems as they arise. This may lead to a more negative appraisal of intercountry adoption within the Attorney-General's department, weakening attempts to build or enhance programs. As the numbers of intercountry adoptions have fallen, some programs have become hard to maintain, further compounding the problem. A negative appraisal along with limited resources and inflexibility is a recipe for deterioration.

10.15. Degeling also identifies another particular problem with perception, but this time the perception of Australia by countries of origin, and a mismatch with how Australia perceives itself. Because Australia does not use accredited bodies (NGOs), it considers its system to be superior, and that other countries likewise see Australia that way. In fact, the perception of Australia by other countries is not necessarily like that; instead what other countries focus on and perceive is that Australia is particularly restrictive towards special needs children[397], only wants healthy infants, and does not adequately support adoptive parents. In particular, by not providing a representative in the country of origin, that lack of support increases the workload for already under resourced local agencies in that country. Moreover, there is also a deficiency in foreign language skills, which hinders the ability to understand and communicate in a culturally sensitive way.

10.16. As far as the role of the States and Territories goes, a separate area of concern is that their primary role in child protection means they "approach adoption with a child protection mentality"[398], which may create a barrier with adoptive parents who may then feel they are under the type of scrutiny reserved for 'bad' or 'non-coping' parents. Adoptive parents have also expressed concern about the lack of post adoption services. Given the circumstances from which intercountry adopted children may have come, parents need emotional, psychological, medical, and practical support. Some States, such as South Australia do have good quality support, but there is a clear deficiency elsewhere in the country.

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396 The Degeling Report, 28,29.

397 Australia has stricter health entry requirements than most other countries, including a requirement for "fiscal net benefit". Hence, prospective adoptive parents may be deterred from attempting such adoptions. However, it may also be the case that prospective adoptive parents in Australia simply do not want to adopt special needs children.

398 Ibid., 31.

10.17. From time to time, the Attorney-General's department produces reviews of the programs with countries of origin. Degeling notes that the reviews are time-consuming and only 3 have been produced so far.[399] The reviews do not provide a full picture, given some of the politically sensitive information involved. In general terms, Degeling notes that the reviews "are very detailed and provide a useful history of the programs, explanations of the procedure in the State of origin, and identify problem areas".[400]

10.18. However, there are several criticisms. First, given the resourcing problems and high staff turnover, material is not always up to date and hence new staff have limited information to bring them up to speed. Second, the global decline in intercountry adoption "is given as a reason to do nothing about new programs or make changes".[401] But this attitude has the potential to guarantee further decline. Third, "reviews are process oriented not outcome focused".[402] As a consequence, the reviews lack any personal content that would highlight the positive aspects of a program. Fourth, the reviews reveal limited understanding of the culture of the country of origin, or the conditions there. At times a review may also be critical of procedures in a country of origin yet reveal a failure to recognise that those same countries have difficulties with Australia's system. Fifth, the Attorney-General's department is "risk averse and takes an extremely cautious and conservative approach".[403] For example, its perspective on trafficking may be skewed, there being only 2 cases out of 8000 intercountry adoptions.[404]

10.19. And finally, in keeping with a theme that emerges at various places in The Degeling Report, the reviews paint Australia as a "leader in intercountry adoption practice [but] this is not the perception from outside Australia".[405]

10.20. All of these concerns about how Australia conducts its intercountry adoption system suggest that change will be beneficial. To better refine what those changes might specifically be, Degeling examines how other receiving countries manage their intercountry adoption systems. The countries investigated are Sweden, Norway, New Zealand, Denmark, Belgium (Flemish Community), and four Canadian States, Manitoba, Quebec, British Columbia and Ontario. The important feature of these programs, and the key one for consideration in Australia, is the operation of accredited NGOs (accredited bodies). There are variations between these countries, but essentially they all utilise accredited bodies to do the bulk of the work, while under the supervision of a central authority.

399 Ibid., 66.
400 Ibid.
401 Ibid.
402 Ibid.
403 Ibid., 67.
404 Ibid.
405 Ibid.

10.21. The key advantages of including accredited bodies is that they do not operate out of the context of local child protection, they usually have stable staff, often provide a representative in the country of origin to build trust as well as help adoptive parents, and sometimes provide quality post-adoption services. In short, they are agencies dedicated in the long term to intercountry adoption, and less encumbered by the bureaucratic approach of government departments and their political sensitivities.

10.22. In 2008, an Alternative Models Working Group was established to look at possible new models for Australia's intercountry adoption system. Its members were the managers of the Commonwealth, State and Territory central authorities. The report produced by the group concluded that it was best to maintain the status quo, despite the fact that, as Degeling notes, "there is considerable dissatisfaction with the current system from all the parties involved".[406] The reasons for not recommending any change appear to be related to the decline in numbers of intercountry adoption rather than perceived level of need in countries of origin, or the desires of prospective adoptive parents. It is also possible that government departments may resist change because they fear loss of staff and resources.

10.23. The model that appears to be favoured by Degeling is one in which the Commonwealth and the States and Territories agree on their shared roles as central authorities, and work with accredited bodies that may either be national or State and Territory based. This model is similar to the Scandinavian models and those of Quebec and Ontario, and one where the accredited bodies manage the bulk of operations under the supervision of the central authorities.

10.24. With the recent impetus to improve Australia's intercountry adoption system, it is likely that the question of alternative models will be revisited. However, if any change does eventually occur, it will likely be driven from the highest levels, in the face of some resistance from government departments. It will also be necessary to begin the process of dealing with the various problematic perceptions of intercountry adoption and of Australia's management of it.

406 Ibid., 101.

11

FUTURE RESEARCH DIRECTIONS

11. Future Research Directions

11.1. This review has sought to draw together research about adoption and what is currently known about the experiences of members of the adoption triad. Despite the fact that there does exist a significant body of evidence, including some that recognises the impact that differing adoption contexts have had on those experiences, there are also many gaps. Moreover, given that the cultural context within which adoption occurs appears to affect outcomes, the fact that there is limited research in Australia should be addressed.

11.2. Given the current climate surrounding adoption in Australia, some of the most useful research would be to examine in some detail the experiences of relinquishing parents, using a representative sample, and properly controlling for other factors such as prior and subsequent experiences, apart from the adoption, that may bear upon psychological well-being. This research should also include birth fathers, who have been a neglected party.

11.3. While we know something about the factors which led to relinquishment in the closed era, we know less about what those factors are in the open one; indeed, in Australia, we know very little at all about the circumstances leading to the 50 or so local adoptions occurring each year. What have been the experiences of these birth parents, and why did they adopt out their child? What has been their experience of openness and relating to their child and the adoptive parents? Have they been offered and benefited from psychological counseling targeted to their specific concerns?

11.4. To gain a more complete picture of birth parent experience, we also need information about intercountry adoption. As noted earlier, there has been some criticism that intercountry adoption may involve circumstances involving force, coercion or perhaps deception akin to what occurred for some birth parents in the closed era in Australia. However, that information primarily comes from anecdotes, so careful research is needed.

11.5. Given that there are large disparities between adoption numbers in Australia compared with other countries, we need to know why. Is there a unique cultural context that could explain this, or is there an anti-adoption mentality in Australia and why? How do the gatekeepers in State and Territory welfare departments view adoption and how does that differ, if at all, from how the public views adoption, and how similar gatekeepers in other nations view adoption?

11.6. Adoption from care involves characteristics that are different to other adoptions. What are the experiences of these birth parents and of possible ongoing contact with their child and the adoptive parents? Furthermore, given that adoptions from care in Australia are far fewer than in the UK or US, what is the reason for this?

11.7. While the experiences of adoptees have been studied at some length, and a reasonable picture has emerged about what factors may influence how well they fare, closer attention to the impact of pre-existing experiences, as well as biological factors, would help to isolate out the effect of adoption per se. Furthermore, to what extent does the quality of adoptive parenting influence the outcomes for adoptees, particularly those from a difficult past involving neglect and/or abuse? Such research would be of considerable benefit not only in selecting potential adoptive parents, but perhaps more importantly inasmuch as post-adoptive support can be offered to assist with the particular issues unique to adoptees, such as attachment and identity. Much could still be done about understanding adoptive identity and the impact of differing cultural contexts. While adoptees have been studied during their youth and early adulthood, little or no research has been done concerning their experiences in later adulthood, and particularly as regards parenting their own children.

11.8. As revealed in the AIFS Report, adoptive parents were poorly represented, and do not feature significantly in Australian research. More extensive research into their experiences is warranted. For those adoptive parents whose experience of adoption straddles the very significant changes in adoption practice in Australia over many years, what has been their experience of those changes and the impact not only upon them, but also upon their adoptive child? Again, the research must control for confounding factors and use a genuinely representative sample.

11.9. With regard to the alternatives to adoption for an unplanned pregnancy, there is very little available evidence about the relationship between adoption and the other prevalent choice, abortion. Is adoption available as a realistic choice for women with an unplanned pregnancy? Is there a link between prevalence of adoption and prevalence of abortion? What motivating factors may be common to adoption and abortion, and what is the role of cultural context, pressure, and stigma, and what are the psychological repercussions in each option?

11.10. With regard to adoption from care, there is evidence of the benefit to children of early removal from an abusive and/or neglectful environment. To assist in the process of the difficult task of decision-making in this context, there would be benefit from research that assesses how often family reunion actually does occur, and therefore how long children remain cycling through the foster care system. Concomitant with this would be research assessing comparative outcomes for all parties involved.

Endorsements

"I congratulate Women's Forum Australia on this very substantial compilation of the available research on adoption practice and experience. It should prove a very useful guide for future research and for the development of evidence-based policy in a field where Australia appears to lag behind developments in other advanced countries."

Thomas Bradley QC

About the Author

Dr Gregory K Pike is the founding Director of the Adelaide Centre for Bioethics and Culture in Adelaide, South Australia and former Director of the Southern Cross Bioethics Institute. He spent his early career as a neuroscientist before moving to clinical trials in surgery and then to bioethics. He has published widely in each of these areas. He has a particular interest in the relationship between bioethics and public policy, and has written and spoken extensively about issues like stem cells, cloning, euthanasia, reproductive technology and illicit drug policy. He has also served on various government committees including the Australian Health Ethics Committee.


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